

“We are a community that commits itself to diversity and sustainability as dimensions of a just society” --*Lewis and Clark Mission Statement*

## LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

### MCFT 541 Systemic Assessment and Treatment Planning in MFT FALL 2023

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<b>Time &amp; Day:</b>	Tuesdays 5 pm to 8 pm [10/3/23 – 12/5/23]
<b>Place:</b>	York 107
<b>Instructor:</b>	Diane McLendon, LMFT
<b>Office Hours:</b>	By appointment only. Email to schedule.
<b>E-Mail:</b>	<a href="mailto:dianes@lclark.edu">dianes@lclark.edu</a>

#### CATALOG DESCRIPTION

Application of family systems theories, social equity, and evidence based practice to assessment, diagnosis, and treatment planning in marriage, couple, and family therapy. Course examines the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting issues such as child behavior problems, addiction, suicide, familial violence, and families managing acute and chronic medical conditions. Specific assessment techniques and tools are discussed, evaluated, practiced, and applied to clinical diagnoses and treatment planning, including risk assessment and crisis intervention.

Prerequisites: MCFT 504, MCFT 511, MCFT 543, and MCFT 553

Corequisites: CPSY 530 and CPSY 538

Credit: 2 semester hours

#### MCFT STUDENT LEARNING OUTCOMES

SLO 1.1 Students recognize the impact of power on individuals, families, and communities.

SLO 1.2 Students recognize the interconnections among biological, psychological, and social systems in people’s lived experience.

SLO 1.3 Students apply system/relational theories to clinical case conceptualization.

SLO 2.2 Students’ clinical practice demonstrates attention to social justice and cultural democracy.

SLO 3.1 Students are able to discern the implications of the sociopolitical context with which research is produced and applied.

SLO 3.2 Students draw on the research literature relevant to family therapy in case planning.

#### COURSE OBJECTIVES

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Understand models for assessment of relational functioning. (CC 2.1.6, 2.3.1)
2. Develop skills for crisis intervention and longer-term treatment planning in family therapy.

3. Assess risk factors (i.e., substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others) and develop adequate safety plans (CC 2.3.5, 3.3.6, 3.4.3, 5.3.4; TS 2.15, 3.04)
4. Consider the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting concerns, especially as they relate to social equity. (CC 2.1.6)
5. Assess bio-psycho-social-spiritual history and socioeconomic context to identify clients' strengths, resilience, and resources. (CC 2.3.6, 2.3.7; TS 2.18, 2.19)
6. Develop treatment plans that integrate DSM diagnosis into a systemic case conceptualization. (CC 2.1.4; TS 2.14)
7. Develop treatment goals based on contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context). (CC 1.2.1; TS 2.19)
8. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems. (CC 2.2.3; TS 2.01)
9. Apply current research and evidence-based practice to systemic treatment planning.
10. Demonstrate effective and systemic assessment techniques and strategies. (CC 2.3.3; TS 1.02)
11. Link treatment planning to specific MCFT theories.
12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes. (TS 3.05)

### **COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES**

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFTRB task statements	Evaluated by
1. Understand models for assessment of relational functioning.	SLO 1.3	CC 2.1.6, 2.3.1	Class participation (group discussion)  Societal & Relational Assessment & Case Planning  Final Case Assessment & Treatment Plan
2. Develop skills for crisis intervention and longer-term	SLO 1.3		Class participation

treatment planning in family therapy.			(group discussion)  Final Case Assessment & Treatment Plan
3. Assess risk factors (i.e., substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others) and develop adequate safety plans	SLO 1.2 SLO 1.3	CC 2.3.5, 3.3.6, 3.4.3, 5.3.4 TS 2.15, 3.04	Class participation (group discussion)  Final Case Assessment & Treatment Plan
4. Consider the theoretical assumptions and values underlying approaches to the treatment of major mental health issues and other presenting concerns, especially as they relate to social equity.	SLO 1.1 SLO 1.3 SLO 2.2 SLO 3.1	CC 2.1.6	Class participation (group discussion)  Final Case Assessment & Treatment Plan
5. Assess bio-psycho-social-spiritual history and socioeconomic context to identify clients' strengths, resilience, and resources.	SLO 1.2	CC 2.3.6, 2.3.7 TS 2.18, 2.19	Societal & Relational Assessment & Case Planning  Final Case Assessment & Treatment Plan
6. Develop treatment plans that integrate DSM diagnosis into a systemic case conceptualization.	SLO 1.3 SLO 2.2	CC 2.1.4 TS 2.14	Final Case Assessment & Treatment Plan
7. Develop treatment goals based on contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).	SLO 1.3 SLO 2.2	CC 1.2.1 TS 2.19	Final Case Assessment & Treatment Plan
8. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.	SLO 1.1 SLO 1.2 SLO 2.2	CC 2.2.3 TS 2.01	Societal & Relational Assessment & Case Planning

			Final Case Assessment & Treatment Plan
9. Apply current research and evidence-based practice to systemic treatment planning.	SLO 3.1 SLO 3.2		Societal & Relational Assessment & Case Planning  Final Case Assessment & Treatment Plan
10. Demonstrate effective and systemic assessment techniques and strategies.	SLO 1.3	CC 2.3.3. TS 1.02	Class participation (group discussion)  Societal & Relational Assessment & Case Planning  Final Case Assessment & Treatment Plan
11. Link treatment planning to specific MCFT theories.	SLO 1.3		Final Case Assessment & Treatment Plan
12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.	SLO 2.2	TS 3.05	Class participation (group discussion)  Societal & Relational Assessment & Case Planning  Final Case Assessment & Treatment Plan

### REQUIRED TEXTS/READINGS

Williams, L., Edwards, T., Patterson, J., & Chamow, L. (2014). Essential assessment skills for couple and family therapists. New York, NY: Guilford Press.

### Recommended Texts

Dattilio, F. M., Jongsma, A. J., & Davis, S. (2014). *The family therapy treatment planner* (2<sup>nd</sup> ed.). New York, NY: Wiley.

Flemons, D. & Gralnik, L.M. (2013). *Relational suicide assessment: Risks, resources, and possibilities for safety*. New York, NY: W.W. Norton.

Gehart, D. (2014). *Mastering competencies in family therapy: A practical approach to theories and clinical case documentation* (2<sup>nd</sup> ed.). Belmont, CA: Brooks/Cole.

Sperry, L. (2012). *Family assessment: Contemporary and cutting-edge strategies* (2<sup>nd</sup> ed.). New York, NY: Routledge.

Tomm, K., St. George, S., Wulff, D., & Strong, T. (2014). *Patterns in interpersonal interactions: Inviting relational understanding for therapeutic change*. New York, NY: Routledge.

### REQUIRED ARTICLES

**All articles may be accessed through Watzek library or free access online.**

1. Omer, H. & Dolberger, D. I., (2015). Helping parents cope with suicide threats: An approach based on nonviolent resistance. *Family Process*, 54, 559-575.
2. Strong, T. (2015). Diagnoses, relational processes, and resourceful dialogs: Tensions for families and family therapy. *Family Process*, 54, 518-532.
3. Addison, S.M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. *Family Process*, 54(3), 435-453.
4. Akyil, Y., Prouty, A., Blanchard, A., & Lyness, K. (2016). Experiences of families transmitting values in a rapidly changing society: Implications for family therapists. *Family Process*, 55(2), 368-381.
5. Pandit, M. L., ChenFeng, J., Kang, Y. J., Knudson-Martin, C., & Huenergardt, D. (2014). Practicing socio-cultural attunement: A study of couple therapists. *Contemporary Family Therapy*, 36, 518-528.
6. Tuttle, A.R., Knudson-Martin, C., & Kim, L. (2012). Parenting as relationship: A framework for assessment and practice. *Family Process*, 51, 73-89.
7. Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470.
8. Cardoso, J.B., & Thompson, S.J. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society*, 91(3), 257-265. <https://doi.org/10.1606/1044-3894.4003>

### RECOMMENDED ARTICLES

9. Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process*. <https://doi.org/10.1111/famp.12588>

10. Love, H.A., Frey, L.M., & D, J.A. (2019). The practice of suicide assessment and management by marriage and family therapists. *The American Journal of Family Therapy*, 48(1), 16-35. Doi:10.1080/01926189.2019.1673262.
11. Myer, R. A., Williams, R. C., Haley, M., Brownfield, J. N., McNicols, K. B., & Pribozie, N. (2014). Crisis intervention with families: Assessing changes in family characteristics. *The Family Journal*, 22, 179-185.
12. Wamboldt, M., Kaslow, N., & Reiss, D. (2015). Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process*, 54, 6-16.
13. Giammattei, S.V. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process*, 54(3), 418-434.
14. Perez-Brena, N.J., Updegraff, K.A., & Umana-Taylor, A.J. (2015). Transmission of cultural values among Mexican-origin parents and their adolescent and emerging adult offspring. *Family Process*, 54(2), 232-246.
15. Bairstow, A. (2017). Couples exploring nonmonogamy: Guidelines for therapists. *Journal of Sex & Marital Therapy*, 43(4), 343-353.
16. Armstrong, J. (2020). The Talk: And other stressors related to Black fatherhood. Interview, V.Willis:  
[https://www.facebook.com/328082854313386/videos/841515649711235/?\\_so=\\_channel\\_t ab&\\_rv=\\_all\\_videos\\_card](https://www.facebook.com/328082854313386/videos/841515649711235/?_so=_channel_t ab&_rv=_all_videos_card). Facebook: @Blackonthecouch – MOVE TO IN CLASS ACTIVITY
17. Aramburu Alegria, C. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism*, 19(2), 132-143.
18. Harvey, R.G., & Stone Fish, L. (2015). Queer youth in family therapy. *Family Process*, 54(3), 396-417.
19. Campbell, A.M. (2020). An increasing risk of family violence during the COVID-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 1-3. <http://doi.org/10.1016/j.fsir.2020.100089>
20. Sheinberg, M., & Brewster, M. K. (2014). Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. *Family Process*, 53, 618-639.
21. Fishbane, M.D., Goldman, N., & Siegel, J.P. (2020). Couple impasses: Three therapeutic approaches. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-020-00764-x>

***Supplementary articles on assessment and treatment of IPV***

22. Todahl, J., Linville, D., Tuttle Shamblin, A.F., & Ball, D. (2012). Client narratives about experiences with a multicouple treatment program for intimate partner violence. *Journal of Marital and Family Therapy*, 38, 150-167.
23. Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy*, 38, 220-240.
24. Baker, N.L., Buick, J.D., Kim, S.R., Moniz, S., & Nava, K.L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles*, 69, 182-192.

***Supplementary articles on assessment and treatment of substance use and addictions***

25. Rentscher, K. E., Soriano, E. C., Rohrbaugh, M. J., Shoham, V., & Mehl, M. R. (2015). Partner pronoun use, communal coping, and abstinence during couple-focused intervention for problematic alcohol use. *Family Process*, 56(2), 348-363. doi: 10.1111/famp.12202
26. O'Farrell, T. J. & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy*, 38, 122-144.
27. Rowe, C. (2012). Family therapy for drug abuse: Review and updates 2003-2010. *Journal of Marital and Family Therapy*, 38, 59-81.

## CLASS ASSIGNMENTS

### 1. Attendance & Participation (10 points)

This course emphasizes shared engagement with the assigned readings, class discussions, and in-class activities. Toward this end, you are expected to:

- Attend and actively participate in all scheduled class meetings. This includes being on time, coming to class having completed the readings for the day, giving attention to the instructor and/or other students when they are speaking or making a presentation, and engaging in group discussions.
- Becoming a therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal and sometimes emotional process. Treating colleagues with respect, listening deeply to their experiences, and being open and curious about different worldviews encourages a collaborative milieu of care in which we can all challenge ourselves and one another to critically examine and develop new skills and perspectives.
- Please put your cell phones on silent or vibrate mode to reduce the distraction to your classmates and instructor. Also, do not view text messages during class. Also, in order to facilitate a climate of learning and to reduce the distractions for yourself and others, please refrain from engagement in social media or other personal business. On-going use of cell phones and other media unrelated to the course, during class, will negatively reflect in your final grade.
- In the event that you must miss a class, please email the instructor to discuss the potential of any make-up assignments.
- For questions related to COVID-19 protocol, please refer to the [COVID-19 Response page](#) or email [COVID19info@lclark.edu](mailto:COVID19info@lclark.edu) to consult.

CLASS PARTICIPATION COMPETENCIES	Possible points	Points demonstrated
Prompt and dependable presence in the class.	2	
Prepares for class by immersing self in course readings and reflecting on its application to practice.	3	
Engages in course activities with a spirit of openness, vulnerability, and curiosity.	3	

Helps to create an atmosphere of safety, mutual respect, and professionalism among all class members.	2	
TOTAL	10	

## 2. Family Assessment Tool Group Presentation (30 points) – All groups will present on 10/17/23

This assignment is designed to introduce students to four of the well-known formal family assessment tools in the field – the Beavers Systems, the FACES, the FAD, and the FOO. Students will work in groups, and each group will be assigned a different family assessment tool. It is also designed to get students thinking about how they might want to conduct an assessment and what questions they will ask.

Groups will be responsible for the following:

1. Giving a 10-15 minute presentation to the class that describes the tool's theoretical foundations, uses and applications, and how to score it.
2. Designing your own assessment "tool" – or rather a list of questions – by taking what's helpful from the tool and integrating what you believe might be missing. Please take into account the larger social context factors and aspects of diversity and human difference that are not in the tool and integrate them into your version.
3. Conducting a mock assessment session (20-25 minutes) to the class using the tool you have created.

Groups will submit their own designed assessment tool, as well as a copy of the assigned assessment tool that they each took and scored individually. The instructor will share the group-designed assessment tools with the class via Moodle.

The following rubric will be used to evaluate students' work:

FAMILY ASSESSMENT TOOL GROUP PRESENTATION COMPETENCIES	Possible points	Points demonstrated
Class presentation about the assigned tool and individual completed assessment tool.	10	
Group-developed assessment tool.	10	
Mock assessment session.	10	
TOTAL	30	



### **3. Expanding the Lens: Societal & Relational Assessment & Case Conceptualization (50 points) – Due 11/07/23 on Taskstream**

A. Watch the documentary “Meet the Patels.” (A copy of the DVD has been placed on reserve at Watzek library. However, it is also available online on YouTube as a YouTube movie, iTunes, Amazon video, and Netflix). After viewing the documentary, imagine the following case: Geeta has brought her mother, Champa, in to see you. Geeta is worried about her mom and reports that she has become increasingly irritable and withdrawn over the past month. She reports that her mother has been experiencing insomnia, chronic headaches, and has been losing interest in social activities. She casually mentions that there has been some unresolved conflict in the family.

B. Acknowledging that there are many ways in which one could define the presenting problem and think about this case, write a case conceptualization and develop three treatment goals. Draw from course readings, course discussions, and relevant research to inform your work. Include the following:

1. Description of the presenting problem.
2. Background to the presenting problem.
3. A biopsychosocial spiritual analysis about the potential biological, psychological, social (relational factors and contextual), and spiritual factors that might be influencing the presenting problem. Use this framework to link individual and family patterns to larger contexts, and discuss how these bear on the presenting problem. That is, explain the family’s structure, relational dynamics, interaction patterns, and strengths in the context of racial and cultural identity, gender identity and roles, migration status, cultural ideology, socioeconomic status, social capital in a dominant white society, privilege/marginalization, etc.
4. DSM diagnosis that is systemically integrated.
5. Systemic hypothesis of the presenting problem.
6. Develop 3 treatment goals based on your case conceptualization above. Cite relevant research, particularly from family therapy journals, to support your work. Your integration of research should demonstrate an awareness of the sociopolitical context of research.

Expected page length: 6-8 double-spaced pages.

The evaluation rubric for this assignment is provided at the end of the syllabus.

### **4. Final Case Assessment & Treatment Plan (60 points) – Due 12/05/23 on Taskstream**

For this assignment, think of a presenting issue that is of interest to you and create a case vignette that illustrates the symptoms and relational and societal contexts surrounding the problem. Possible topics to build your vignette around might be: depression, anxiety, post-traumatic stress disorder (PTSD), intimate partner violence (IPV), infidelity, divorce and co-parenting problems, parent-child relational problems, partner relational problems, etc. The case you construct may be one you have observed or are familiar with, one drawn from the literature, one you make up, or a combination of these. Alternatively, you may use one of the cases we

discussed in class. If you draw from a real case, remember to change all names and identifying information to protect confidentiality.

Write up a case assessment and treatment plan. Use the following as headings:

- a) Name(s) and demographic information (discuss social location) of client(s). Include genogram if you desire.
- b) Presenting problem. Referral source. How is the presenting concern a problem and for whom?
- c) Risk assessment (addresses any relevant medical issues, crisis issues, suicidal risk, substance use, child/dependent adult/elder abuse, and partner violence)
- d) Family history and social stressors
- e) Influence of sociocultural context on the clients and therapeutic problem at hand
- f) DSM-5 diagnosis (Discuss the issue in relation to the DSM-V and consider the relational and systemic contexts related to the client's problem).
- g) Systemic hypothesis (Discuss your conceptualization of the presenting issue from a systems/relational perspective. Refer to the rubric at the end of the syllabus for additional information).
- h) Summary of research on relevant treatment approaches and/or assessment instruments and tools that might be used (no more than 3 paragraphs). Literature review must include family therapy journals, but can also include other related literature. Analyze the research from a socio-contextual perspective. Discuss how it informs treatment planning or critique its applicability in light of the contexts in which the various research findings were developed.
- i) Treatment plan that includes 3 treatment goals and at least 3 therapeutic approaches. Your work should demonstrate links between assessment/conceptualization, treatment goals, and treatment plan. Provide a rationale for your thinking.

Write clearly, concisely, and demonstrate analytic thinking. Consciously avoid use of pathologizing language. Assignment should be between 8-10 double spaced pages, including title page and references.

Evaluation rubric for this assignment is provided at the end of the syllabus.

## EVALUATION & GRADING

Participation	10 pts
Family Assessment Tool Group Presentation	30 pts
Societal & Relational Assessment & Case Plan	50 pts
Final Case Assessment & Treatment Plan	<u>60 pts</u>
Total	150 pts

139.5-200 = A	135-139 = A-	132-134.5 = B+
124.5-131.5 = B	120-124 = B-	117-119.5 = C+
109.5-116.5 = C	105-109 = C-	

According to the Graduate School policy, grades lower than B- may not apply towards graduation. Students earning a C+ or lower will need to repeat the course.

**LATE ASSIGNMENTS & GRADING**

Written assignments should be submitted in class when directed or via Taskstream by 11:59 pm on the day it is due, unless otherwise specified by the instructor. Any assignment turned in beyond this deadline will be reduced in score by 10% for each day it is late. Please be sure to speak with the instructor if you have any questions or concerns.

**CPSY DEPARTMENTAL ATTENDANCE POLICY**

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness maybe seen as an absence that requires make-up work.

**DISABILITY SERVICES STATEMENT**

- Option 1: If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Office of Student Accessibility in Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.
- Option 2: If you require academic accommodations please contact the Office of Student Accessibility in Albany Quadrangle (503-76-7192 or [access@lclark.edu](mailto:access@lclark.edu)). Once you complete the intake process and the Accommodations Agreement, you may Request to Send your Accommodations Letter. Student Support Services staff will then notify faculty of the accommodations for which you are eligible.

**DISCLOSURE OF PERSONAL INFORMATION**

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

**LINKS TO LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES**

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: [go.lclark.edu/gsec-nondiscrimination](http://go.lclark.edu/gsec-nondiscrimination);
- Standards for professional student conduct and academic integrity: [go.lclark.edu/gsec-conduct](http://go.lclark.edu/gsec-conduct);
- Sexual misconduct: [go.lclark.edu/titleIX](http://go.lclark.edu/titleIX).

### WEEKLY COURSE SCHEDULE – (10 WEEKS)

Class Format	Topics	Readings due	Assignments due
<b>Week 1</b> <b>10/03/23</b>	<b>Syllabus overview</b>  <b>Intro to theoretical framework and assessment</b>  <b>Biopsychosocial spiritual cultural framework</b>		Review syllabus prior to first day of class.
<b>Week 2</b> <b>10/10/23</b>	<b>Social location and intersectionality</b>  <b>Discuss “Meet the Patels” considering client/therapist intersections and sociocultural attunement</b>	<b>Text:</b> Ch. 1 <b>Articles:</b> Addison, S.M., et.al. Malpas, J. Cardoso, J.B., et.al.	Watch “Meet the Patels”
<b>Week 3</b> <b>10/17/23</b>	<b>Family/Systemic Assessments: FAD, FOO/FOS, FACES, Beavers</b>	<b>Text:</b> Ch. 2 <b>Articles:</b> Pandit, M. L., et.al. <b>Moodle:</b> Review PHQ-9, GAD-7, and PCL-5	<b>Group Presentations</b>
<b>Week 4</b> <b>10/24/23</b>	<b>DSM-5 in Systems and Relational Context of Psychology</b>  <b>V codes and SMART treatment planning</b>  <b>Progressive Case Analysis (PCA) #1</b>	<b>Text:</b> Ch. 3, 5, 6 <b>Articles:</b> Strong, T.	

<p><b>Week 5</b> <b>10/31/23</b></p> <p>Happy Halloween!</p>	<p><b>Crisis Intervention &amp; Safety</b></p> <p><b>Addiction, disordered eating</b></p> <p>Assessing for risk to self and others  (practice safety assessment in dyads/groups)</p>	<p><b>Text:</b> Ch. 4 <b>Articles:</b> Omer, H. &amp; Dolberger</p>	
<p><b>Week 6</b> <b>11/07/23</b></p>	<p><b>Co-constructing reality: Relational interviewing and developing systemic hypotheses</b></p> <p>Genograms, timelines, ecomaps (practice in triads/quads, process as a group)</p> <p><b>PCA #2</b></p>	<p><b>Text:</b> Ch. 9, 10 <b>Articles:</b> Akyil, Y., Prouty, et.al.</p>	<p><b>Societal &amp; Relational Assessment Due (based on “Meet the Patels”)</b></p> <p><b>(Submit on Taskstream)</b></p>
<p><b>Week 7</b> <b>11/14/23</b></p>	<p><b>Child and Adolescent Assessment and Treatment Planning</b></p> <p>Kinetic Family Drawings – class activity</p> <p>Create list of treatment goals in groups</p>	<p><b>Text:</b> Ch. 7, 8 <b>Articles:</b> Tuttle, A.R., et.al.</p>	
<p><b>Week 8</b> <b>11/21/23</b></p>	<p><b>Practicing Assessment and Note Writing</b></p> <p><b>PCA #3</b></p> <p>Create list of interventions in groups</p>	<p><b>Text:</b> Ch. 11, 12 <b>Moodle:</b> Info on Documentation (TBD)</p>	
<p><b>Week 9</b> <b>11/28/23</b></p>	<p><b>Treatment planning practice</b></p>	<p><b>Text:</b> Ch. 13</p>	
<p><b>Week 10</b> <b>12/05/23</b></p> <p><b>Last Class!</b></p>	<p><b>Progressive Case Study Finale</b></p>		<p><b>Final Case Assessment &amp; Treatment Plan Due (Taskstream)</b></p>

**MCFT 541: Societal & Relational Assessment and Case Conceptualization Rubric**

CASE PRESENTATION				
	Unacceptable (0-3)	Below Expected (4-7)	Expected/Exemplary (8-10)	Total Points (out of 10 possible)
Assessment considers interconnections among biological, psychological, and social systems as they relate to presenting issues.	Issues and behaviors lack biopsychosocial framework and are described individually without awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns lack biopsychosocial framework and are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained through a biopsychosocial framework.	
DSM diagnosis is integrated into systemic context.	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
A systemic hypothesis is stated.	Systemic hypothesis is not clearly defined or focuses on individual problems and concerns.	Systemic hypothesis includes systems/relational processes but is not clearly articulated.	Systemic hypothesis includes relationship patterns, their bearing on the presenting problem, and the sociocultural contexts.	
Application of research to case assessment and treatment goals takes into account the sociopolitical context of research and case.	Research is identified with little or no analysis of the context in which it was produced or how it applies to this case.	Research is summarized and applied with limited awareness of sociopolitical context of the issues and research.	Implications of relevant research are analyzed socio-contextually with rationale for how the literature informs treatment planning in this particular case.	
Case conceptualization and treatment goals are written clearly, concisely, and demonstrate strong	Case conceptualization and treatment goals do not meet the standards of graduate level writing and does not demonstrate	Case conceptualization and treatment goals are written clearly and concisely, but analytic thinking is not strongly demonstrated.	Case conceptualization and treatment goals are written clearly and concisely, and strong analytic thinking is demonstrated.	

analysis of theoretical ideas.	strong analysis of theoretical ideas.			
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**MCFT 541: Final Case Assessment and Treatment Plan Rubric**

	Unacceptable (0-3)	Below Expected (4-7)	Expected/Exemplary (8-10)	Total Points (out of 10 possible)
Ability to integrate DSM diagnosis into systemic context	Diagnosis is incomplete or not systemically integrated	DSM diagnosis is complete but not appropriate or integrated	Diagnosis is complete, appropriate, and systemically integrated	
Individual and family patterns are assessed within familial and sociocultural context	Issues and behaviors are described individually without attention to familial context or awareness of larger sociocultural context.	Sociocultural context is identified, but individual and family patterns are not well linked to larger contexts	The link between individual and family patterns with larger sociocultural contexts is clearly explained	
Problematic and healing interpersonal interactions are assessed	Assessment focuses on individual behavior and experience only.	Interpersonal interactions are accessed but the focus is almost entirely on problems without identifying potential resources or potential for healing.	Interpersonal interactions that maintain problems as well as those with healing potential are identified.	
Systemic hypothesis and related treatment goals are identified.	Systemic hypothesis is not clearly defined or focuses on individual problems and concerns and/or clear systemic treatment goals not provided	Systemic hypothesis includes systems/relational processes but is not clearly articulated and/or related treatment goals are not clearly developed.	Systemic hypothesis includes relationship patterns, their bearing on the presenting problem, and the sociocultural contexts that impact these relationships and these are linked to clear treatment goals.	

A treatment plan that considers at least 3 therapeutic approaches and includes assessment for safety and addiction.	Treatment plan is not specific to identified treatment goals or only one possible approach is suggested. Assessment of safety and addiction is not evidenced.	Safety and addiction are assessed but treatment plan includes only two possible approaches or is not clearly linked to treatment goals.	Safety and addiction are assessed and a treatment plan with at least 3 different possible approaches is clearly linked to identified treatment goals.	
Treatment plan draws on relevant research	Little or no research is identified.	Research is identified but not well linked to plan.	Plan is clearly linked to identified research.	