



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

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## MCFT 582-05 Internship in Marriage, Couple, and Family Therapy FALL 2023

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Time & Day: 2-8pm Fridays(Includes 2 hours required for independent case review, case management, and case file maintenance)  
Location: L&C Community Counseling Center  
4445 SW Barbur Blvd., Portland, OR 97239  
Instructor: Stephanie Oliver, LMFT  
Office Hours: by appointment  
Phone: office – ; mobile -503-317-6220  
Email: lc21-0184@lclark.edu

### CATALOG DESCRIPTION

Supervised practicum bridging theoretical and practical topics; students apply their emerging skills and understanding of family therapy models to their work with individuals, couples, families, and groups; overview of basic family therapy concepts and skills, including skill development through role-playing and simulated family therapy experiences.

**Credits:** 4 semester hours.

### MCFT STUDENT LEARNING OUTCOMES

SLO 1.3 Students apply systems/relational theories to clinical case conceptualization.  
SLO 2.1 Students self-reflect on the implications of own and others' social location in clinical practice.  
SLO 2.2 Students' practice demonstrates attention to social justice and cultural democracy.  
SLO 3.2 Students draw on the research literature relevant to family therapy in case planning  
SLO 4.1 Students apply ethical decision-making process to clinical dilemmas.  
SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.  
SLO 4.3 Students demonstrate integration of family therapy theory, equity, and social location issues in clinical practice.

### REQUIRED TEXTS

ChenFeng, J.L., & Stone, D.J. (2019). *Finding your voice as a beginning marriage and family therapist (1<sup>st</sup> ed.)*. New York, NY: Routledge.

**RECOMMENDED TEXTS**

- Becvar, D.S. & Becvar, R.J. (2000). *Family therapy: A systemic integration*. Boston: Allyn & Bacon. ISBN 978-0205168132
- Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process*, 26, 405-413. doi:10.1111/j.1545-5300.1987.00405.x
- Combs, G. & Freedman, J. (1990). *Symbol, story, & ceremony: Using metaphor in individual and family therapy*. New York: Norton. ISBN-13: 978-0-393-33499-9
- Cozolino, L. (2016). *Why therapy works: Using our minds to change our brains*. New York, NY: Norton
- Dattilio, F. M., Jongsma, A. J., & Davis, S. (2014). *The family therapy treatment planner, 2<sup>nd</sup> Ed.* New York, NY: Wiley
- Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Jossey-Bass. ISBN-13: 978-0875895215
- Flemons, D. G. (1991). *Completing distinctions: Interweaving the ideas of Gregory Bateson and Taoism into a unique approach to therapy*. Boston, MA: Shambhala. ISBN: 1-57062-669-3
- Gehart, D. (2016). *Theory and treatment planning in family therapy: A competency-based approach*. Boston, MA: Cengage Learning. ISBN-13: 978-0840028600
- 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.
- Johnson, S. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York, NY: Guilford Press. ISBN: 1-59385-165-0
- Knudson-Martin, C., Wells, M.A., & Samman, S. K. (2015). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction*. New York, NY: Springer. ISBN: 978-3-319-13398-0
- Madigan, S. (1996). The politics of identity: Considering community discourse in the internalizing of internalized problem conversations. *Journal of Systemic Therapies*, 15(1), 47-62.
- McDowell, T., Knudson-Martin, C., & Bermudez, J. M. (2018). *Socioculturally attuned family therapy: Guidelines for equitable theory and practice*. New York, NY: Routledge.
- Minuchin, S., Reiter, M.D., & Borda, C. (2014). *The craft of family therapy*. New York, NY: Routledge. ISBN 978-415-70812-8

Penn, P. (1985). Feed-forward: Future questions, future maps. *Family Process*, 24, 299-310. doi:10.1111/j.1545-5300.1985.00299.x

Tomm, K. (1987). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing. *Family Process*, 26, 167-183. Doi:10.1111/j.1545-5300.1987.00167.x

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton. ISBN-13: 860-1419312795

## **COURSE DESCRIPTION**

This course includes:

- Eight hours weekly at the L&C CCC—in addition to the six hours scheduled per class meeting, students are required to dedicate approximately two hours to reviewing their clinical work, maintaining case files and documentation, conducting case management, etc. On occasion, students may need to attend to emergency client concerns outside of their internship day.
- Approximately 2-3 days at an externship site—includes supervision, client contact, and engagement in all responsibilities expected by the site.

This internship provides experience in applying family therapy theory to clinical practice in our departmental clinical training facility, the L&C Community Counseling Center, while concurrently beginning an externship in a community agency. Through live AAMFT approved supervision and team consultation as well as supplemental supervision provided by externship sites, students will have the opportunity to apply a variety of systemic ideas and practices reflective in social justice based Marriage and Family Therapy approaches. Throughout your clinical practice, you will participate in group and individual supervision. You may be asked to meet with your supervisor alone or with one other MFT trainee in the program. Individual supervision is defined as no more than two supervisees meeting with a supervisor face to face.

At least 50% of supervision must be based on observable data (i.e., live observation/video recordings/telesupervision of sessions with clients or co-therapy with your supervisor). Supervision must be maintained during academic breaks when you are not actually enrolled in the course but are seeing clients through your affiliation with Lewis and Clark College.

This syllabus serves as a contract between you, the program, and your individual faculty supervisor. The MCFT program requires students to complete 400 hours of direct client contact (of which a minimum of 150 hours should be relational) and 100 hours of supervision as detailed in the MCFT Clinical Training Handbook, in order to satisfy clinical training hours requirements.

## **COURSE OBJECTIVES**

As a result of this course students will:

1. Apply their developing skills and understanding of systemic clinical processes to treatment planning and practice of marriage, couple, and family therapy.

2. Engage in self-reflection and supervision practices that facilitate development of clinical skills.
3. Integrate family therapy theory, equity, and social location issues in clinical practice.
4. Demonstrate ethical clinical judgment in consultation with supervisor and practicum group.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. Areas that will be included in your evaluation at the end of the semester are outlined at the end of this document. Please review them.

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

<b>Course Objective</b>	<b>MCFT Student Learning Outcomes</b>	<b>AAMFT Core Competencies &amp; AMFTRB task statements</b>	<b>Evaluated by</b>
1. Apply their developing skills and understanding of systemic clinical processes to treatment planning and practice of marriage, couple, and family therapy.	SLO 1.3 SLO 3.2 SLO 4.1 SLO 4.2 SLO 4.3	CC 1.1.1; CC 1.1.2; CC 1.3.1; CC 2.1.1; CC 2.1.2; CC 2.1.4; CC 2.1.7; CC 2.2.3; CC 2.3.1; CC 2.3.6; CC 2.3.7; CC 2.4.2; CC 3.1.1; CC 3.2.1; CC 3.3.1; CC 3.4.5; CC 4.1.1; CC 4.1.2; CC 4.3.8; CC 4.4.1; CC 4.5.1; CC 4.5.3; CC 5.1.1; CC 5.1.2; CC 5.1.4; CC 5.2.1; CC 5.2.2; CC 5.3.8; CC 5.4.1; CC 5.4.2; CC 5.5.2; CC 6.1.1; CC 6.3.1; CC 6.3.2; CC 6.4.1  TS 01.01; TS 01.02; TS 01.04; TS 01.05; TS 01.06; TS 02.02; TS 02.21; TS 02.30; TS 03.04; TS 04.01	Reflective Case Analysis  Case Documentation  Externship Evaluations
2. Engage in self-reflection and supervision practices that facilitate development of clinical skills.	SLO 2.1 SLO 2.2	CC 1.1.3; CC 1.2.1; CC 1.2.2; CC 1.3.1; CC 2.1.4; CC 2.1.6; CC 2.3.1; CC 2.3.7; CC 2.3.8; CC 3.4.5; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.1 CC 4.4.6; CC 4.5.1; CC 4.5.3; CC 5.1.4; CC 5.2.2; CC 5.5.2  TS 01.04; TS 01.05; TS 02.06; TS 02.08; TS 02.18; TS 03.11; TS 03.23; TS 05.09; TS 06.04	Participation  Reflective Case Analysis

<p>3. Integrate family therapy theory, equity, and social location issues in clinical practice.</p>	<p>SLO 2.2 SLO 4.1 SLO 4.2 SLO 4.3</p>	<p>CC 1.1.1; CC 1.1.2; CC 1.1.3; CC 1.2.1; CC 1.3.1; CC 2.1.1; CC 2.1.4; CC 2.1.6; CC 2.2.3; CC 2.3.1; CC 2.3.6; CC 2.3.7; CC 2.3.8; CC 3.1.1; CC 3.2.1; CC 3.3.1; CC 3.4.5; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.6; CC 4.5.1; CC 4.5.3; CC 5.1.1; CC 5.1.2; CC 5.1.4; CC 5.2.1; CC 5.2.2; CC 5.4.1; CC 5.4.2; CC 5.5.2; CC 6.1.1; CC 6.3.2; CC 6.4.1</p> <p>TS 01.01; TS 01.02; TS 01.04; TS 01.05; TS 01.06; TS 02.01; TS 02.02; TS 02.06; TS 02.08; TS 02.18; TS 02.20; TS 02.30; TS 03.04; TS 03.11; TS 03.23; TS 05.09</p>	<p>Reflective Case Analysis</p> <p>Case Documentation</p>
<p>4. Demonstrate ethical clinical judgment in consultation with supervisor and practicum group.</p>	<p>SLO 2.2 SLO 3.2 SLO 4.1</p>	<p>CC 1.1.3; CC 1.2.1; CC 1.3.1; CC 2.1.2; CC 2.1.4; CC 2.1.6; CC 2.1.7; CC 2.3.1; CC 2.3.7; CC 2.3.8; CC 3.1.1; CC 4.1.1; CC 4.1.2; CC 4.3.2; CC 4.3.8; CC 4.4.1; CC 4.4.6; CC 4.5.3; CC 5.1.1; CC 5.1.2; CC 5.1.4; CC 5.2.1; CC 5.2.2; CC 5.3.8; CC 5.4.2; CC 5.5.2; CC 6.1.1; CC 6.3.1; CC 6.3.2</p> <p>TS 01.04; TS 01.05; TS 02.06; TS 02.08; TS 02.18; TS 02.20; TS 03.11; TS 03.23; TS 04.01; TS 05.09</p>	<p>Participation</p>

### INTERNSHIP IN THE EVOLVING COVID-19 CONTEXT

The COVID-19 context continues to evolve and we continue to work together in an academic and professional capacity for the purpose of learning and developing as therapists-in-training during a dynamic time.

It is crucial that we do our best to approach the learning process with grace and understanding for ourselves and one another. As we continue to learn and grow in our academic and

professional capacities, we must nurture sustainable self-care practices that enable us to be available for one another and our clients during periods of challenge and uncertainty.

**The Lewis & Clark Community Counseling Center (LC3C) will continue to offer training and clinical services through telemental health. Supervision will be conducted at the Center, but student interns will conduct teletherapy sessions through HIPAA compliant Center provided Zoom accounts. This will be our baseline mode of operations with flexible plans for reintegration to in-person services as circumstances allow.**

Please note that all students, faculty, and staff are required to follow the College's COVID policies and protocols outlined on LC's [COVID-19 Response](#) page.

If the College modifies their instructional plans for summer term, the L&C CCC will follow accordingly. Students will receive notifications of any changes from the Dean's office with follow-up from the L&C Clinic Director.

**In any event where MCFT 582 Internship meetings have to be conducted strictly via telemental health and telesupervision from trainees' and supervisors' individual locations at any time throughout the semester, you will need to ensure the following:**

- A computer - PC or Macintosh- with video capabilities and a stable Internet connection. Higher speed Internet connections (cable modem, DSL *with speed of at least 10 mbps*) are strongly recommended.
- The most current version of Zoom downloaded as an application on your computer
  - Download Zoom <https://zoom.us/download>
  - Sign in information and guidelines are provided on the LC3C Moodle page
  - For help and troubleshooting with Zoom, visit the Zoom Help Center: <https://support.zoom.us/hc/en-us>
- Follow LC3C instructions and protocol for using Zoom treatment rooms, treatment room emails, and google drive for storing client files
- Headphones with microphones highly recommended
- Computer skills - email, surf the Internet, create basic word processor files, use track changes feature in Word, upload and download documents.
  - Microsoft Office 2010 or higher (Must include Word and PowerPoint).
  - Familiarity with Google Suite and Drive features for documentation and record keeping
- Access to quiet, confidential space for the duration of the practicum hours to conduct therapy sessions and participate in supervision
- A reliable Lewis & Clark email address (lclark.edu) that will not change from the beginning until the end of the semester.
- A "technology back-up" plan. Students should plan out an alternative location in the event their computer or Internet connection is not working.

Students are also required to:

- Make use of the online course materials available via Moodle(<https://moodle.lclark.edu/>). You need to log into Moodle and give the system 24 hours for the courses to appear on

your dashboard. Access to these materials is available once you have registered for the course.

- Check your Lewis & Clark email (lclark.edu) on a daily basis for communication from the instructor and LC3C, and respond in a timely manner

### **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 may be 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.

### **NON-DISCRIMINATION POLICY**

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

### **DISCLOSURE OF PERSONAL INFORMATION**

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requires the program to have “established policies for informing applicants and students regarding disclosure of their personal information” (COAMFTE Standard 140.02, 2003). 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).

## EVALUATION AND GRADING

Grade is Credit (CR)/No Credit (NC). Grades are based on your internship supervisor's comprehensive review of your end-of-term supervisee evaluations from all supervisors at all sites, satisfactory completion of course assignments, and demonstration of expected professional standards. As part of course requirements, students must upload copies of their supervisee evaluations and goals sheets to Taskstream, complete supervisor evaluations through emailed links sent to students, and submit signed copies of their semester summary hours to the CTSP office. A grade of No Credit (NC) means that the student may not move forward into the next term of internship and administrative withdrawal from the program. A copy of the supervisee evaluation with a list of the clinical competencies evaluated is included at the end of this syllabus.

## COURSE REQUIREMENTS

### 1) Attendance, participation, disposition, and dress code

- Timely attendance and active participation in all activities is expected.
- Participate in supporting the professional development of all class members.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- Dress code: business casual. How you dress always conveys a social message, even if none is intended.
- Learn how to use the recording equipment and computer related technology.
- Clean up after yourself and keeping the clinic space neat and clean.

### 2) Ethics

Practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your MCFT 582 instructor/supervisor, externship supervisor, and/or the program clinical coordinator of any potential ethical or legal infractions you may be involved in or know about.



### 3) Supervision

- Let your supervisor know about any situations that might limit your ability to perform your clinical role. Inform your L&C supervisor and the clinical coordinator of any problems you experience in your off-site placement
- Let your supervisor know when you have concerns about supervision so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s).

### 4) Professionalism

- Adhere to all policies, procedures, and expectations at each clinical site.
- Maintain complete and timely case notes.
- Maintain professional image and relationships.

### 5) Documentation—REQUIRED IN ORDER TO RECEIVE CREDIT FOR THE SEMESTER (Refer to the MCFT Clinical Paperwork Timeline Document on the MCFT [webpage](#))

- DOCUMENTING HOURS. Document your clinical contact and supervisor hours on the “Monthly Verification Logs” and have your supervisors sign them each month. Keep these for your records, but do not submit these to the CTSP office. Transfer cumulative totals from the “Monthly Verification Logs” to the “Semester Summary Log”, and submit this form to the CTSP office via taskstream. Keep a copy of this log for your record, too.
- SUPERVISEE EVALUATION and GOALS FORM. Approximately one month before the end of the term (mid-November), arrange for each of your supervisors to complete an electronic supervisee evaluation *and* print you a copy. (Clinical coordinator will send a link to your supervisors for this evaluation). Meet with each of your supervisors to review your supervisee evaluation and complete the signature and goals form.
  - \*Please note that goals forms are not required for Internship III and Internship IV.
- SUPERVISOR EVALUATIONS. You are required to complete evaluations of your supervisory relationships with your internship and externship supervisors before the end of the semester. The link to this evaluation will be sent to you by the Lewis & Clark Placement or Research & Assessment Office. A copy of your completed survey will be sent to your respective supervisors as well as the MCFT Clinical Coordinator.
- **SUBMIT BY December 16th,**
  - A copy of your “Semester Summary Log” for hours completed from August - November uploaded to Taskstream
    - Please note, December or partial December hours may be reported with spring term hours, if preferred.
  - On Taskstream, upload a copy of your supervisee evaluations from internship and externship and accompanying signed signature and goals forms (goals forms not required for Internship III and Internship IV).

- Complete a MCFT 582 course evaluation through the link sent from the L&C Research and Assessment office

**Each of the above MUST be completed before your instructor can give you your grade for the semester.**

## **COURSE ASSIGNMENTS**

The following assignments are also required to receive course credit. Unprofessional behavior and/or failure to demonstrate appropriate clinical progress could also result in **No Credit** for the course.

**1. Participation** Our practicum works as a clinical team. It is important to arrive promptly for all class meetings and fully engage in all class and clinical activities. You are required to dedicate 8 hours to internship each week. Therefore, in addition to the 6 hours you will meet as a group with your supervisor, you are required to dedicate an additional 2 hours to independently review videos of your own therapy once we have the capability for this via zoom or are back at the clinic, independently study therapy modalities, and complete clinical case paperwork.

**2. Readings.** Read the assigned/agreed upon readings prior to class. As you read them, reflect upon their application to your cases or other cases you've observed. Engage in shared discussion of the clinical questions, ideas, or applications raised from the readings.

### **3. Clinical skills development.**

Each student will conclude their 12-month internship at the L&C clinic with a final presentation designed to showcase their approach to systems/relational therapy. Rather than presenting issues for which you seek help, this is your opportunity to demonstrate to the group what you have learned and to showcase your evolving therapeutic identity.

- A. Over the course of the semester, identify aspects or moments of your clinical work that you believe best reflects your therapeutic approach.
- B. Consider which family therapy theory(ies) are foundational to your work and how you integrate concepts or skills from other approaches. Claim a theoretical position.
- C. Prepare a 40-minute presentation that includes:
  - What you experience as a significant aspect of your clinical development this semester
  - A brief overview of the family therapy theory(ies) and theoretical assumptions with which you identify
  - A video segment or verbal report about a case that highlights your therapeutic approach and style. In your case description, provide a summary of the client(s) social location, a brief overview of the client(s) genogram, a brief overview of the presenting issue, and a brief description of the work you have done with the client(s) to date.
- D. Following this formal presentation, the group will offer reflections and ask questions (20 mins).

## **COURSE SCHEDULE**

1:00-2:30 Independent review of your own therapy videos once we have the capability for this via zoom or are back at the clinic, review of therapy modalities, and clinical case paperwork.  
 2:30-2:45 Check in with supervisor and team, triage crisis issues, assign new cases, and review client schedule for the day  
 2:45-3:50 Share texts and resources, case consultation, case presentations  
 3:50-4:00 Break  
 4:00-8:00 Live supervision  
 8:00-8:30 Debrief and wrap-up

### Weekly Schedule

Date	Topic/Presentations	Reading
Week 1 9/5	General check-in and internship overview.	TBD
Week 2 9/11	Check-ins, case consultation, & debrief cases	
Week 3 9/18	Check-ins, case consultation, & debrief cases	
Week 4 9/25	Check-ins, case consultation, & debrief cases	
Week 5 10/2	Check-ins, case consultation, & debrief cases	
Week 6 10/9	Check-ins, case consultation, & debrief cases	
Week 7 10/16	Check-ins, case consultation, & debrief cases	
Week 8 10/23	Check-ins, case consultation, & debrief cases	
Week 9 10/30	Check-ins, case consultation, & debrief cases	

Week 10 11/6	Check-ins, case consultation, & debrief cases	
Week 11 11/13	Check-ins, case consultation, & debrief cases	
Week 12 11/20	Check-ins, case consultation, & debrief cases	
Week 13 11/27	Check-ins, case consultation, & debrief cases	<ul style="list-style-type: none"> <li>• <b>Meet with your externship supervisor to review supervisee evaluation and goals sheet.</b></li> </ul>
Week 14 12/4	<ul style="list-style-type: none"> <li>• <b>Supervisee evals</b></li> <li>• <b>Review and sign “Semester Summary Logs”</b></li> </ul>	
Week 15 12/11	<ul style="list-style-type: none"> <li>• <b>Supervisee evals</b></li> <li>• <b>Review and sign “Semester Summary Logs”</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Upload “SEMESTER SUMMARY LOG” TO TASKSTREAM</b></li> <li>• <b>UPLOAD SUPERVISEE EVALUATIONS AND GOALS SHEETS TO TASKSTREAM</b></li> <li>• <b>COMPLETE ELECTRONIC SUPERVISOR EVALUATIONS (A link will be emailed to students)</b></li> </ul>

## EXPECTED CLINICAL SKILLS

By the end of the term, you will be expected to demonstrate the skills listed as internship 3.

1. **Therapeutic Alliance** (convey respect to all clients; join and maintain relationship with all members of system; uses self of the therapist to promote working alliance, and attends to the impact of power on the therapeutic system) SLO 2.1, 4.2 & 4.3

<b>Internship 1.</b> Seeks to understand and empathize with each person's perspective.	<b>Internship 2.</b> Joins and maintains connection with all members in the relationship system, including those who may not be present.	<b>Internship 3.</b> Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	<b>Internship 4.</b> Skillfully manages relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.
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2. **Structuring and managing therapy** (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy) SLO 4.2

<b>Internship 1.</b> Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	<b>Internship 2.</b> Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	<b>Internship 3.</b> Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	<b>Internship 4.</b> Consistently manages progression of therapy toward attainment of systemic treatment goals.
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3. **Perceptual competency** (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, & 4.2

<b>Internship 1.</b> Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-contextual processes.	<b>Internship 2.</b> Able to distinguish process from content in session; Recognizes issues related to social justice and cultural democracy. Reflects on own role in the therapeutic process.	<b>Internship 3.</b> Regularly recognizes and focuses on patterns of interaction and considers how these relate to larger societal processes. Observes impact of self in the therapeutic process.	<b>Internship 4.</b> Consistently recognizes the interconnections among biological, psychological, and social systems, including the impact of power on the presenting issues and own role in the therapeutic system.
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4. **Intervention skills** (link interventions to theory; intervene intentionally and consistently throughout the therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; Deliver

interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). SLO 2.2, 4.2, & 4.3

<b>Internship 1.</b> Applies techniques from at least one systemic therapy approach.	<b>Internship 2.</b> Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	<b>Internship 3.</b> Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	<b>Internship 4.</b> Uses a variety of skills to achieve specific systemic goals; consistently attuned to client's unique social location
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**5. Contextual awareness, knowledge and skill** (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 2.1, 2.2, & 4.2

<b>Internship 1.</b> Identifies own cultural biases and assesses relevant larger systems issues.	<b>Internship 2.</b> Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	<b>Internship 3.</b> Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	<b>Internship 4.</b> Clinical practice regularly demonstrates integration of family therapy theory, equity, and social location issues.
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**6. Assessment and diagnosis** (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.3. 4.2, 4.3

<b>Internship 1.</b> Completes case assessments for each case that take into account multiple systemic levels; able to assess level of risk and seek help as needed. Routinely identifies areas of resilience.	<b>Internship 2.</b> Draws on observation and formal assessments to formulate systemic hypotheses that connect to goals, diagnoses, and intervention, including management of risks and crises and relevant DSM diagnoses.	<b>Internship 3.</b> Regularly Integrates multiple levels of analysis and theories in conceptualizing and managing a case (biological, sociological, interpersonal, spiritual, etc.), including areas of resilience and relevant DSM diagnoses.	<b>Internship 4.</b> Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management
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**5. Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other

stakeholders, including family members, other significant persons, and professionals not present; respect multiple perspectives) SLO 4.2

<b>Internship 1.</b> Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.	<b>Internship 2.</b> Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.	<b>Internship 3.</b> Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.	<b>Internship 4.</b> Works collaboratively with other all other stakeholders as they intersect in client care.
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8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.2 & 4.2

<b>Internship 1.</b> Shows interest in determining relevance of research to own practice.	<b>Internship 2.</b> Seeks opportunities to read and/or participate in research and begins to apply to own practice.	<b>Internship 3.</b> Critically evaluates research related to the family therapy and integrates into case planning.	<b>Internship 4.</b> Critically uses research to improve and evaluate own practice.
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9. **Self of the Therapist** (monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct; monitor personal reactions to clients and treatment process; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1 & 4.2

<b>Internship 1.</b> Open to feedback from other students, clients, and supervisors and uses it positively.	<b>Internship 2.</b> Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.	<b>Internship 3.</b> Is aware of implications of own and other's social location during therapy sessions	<b>Internship 4.</b> Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.
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10. **Social Justice Advocacy** (demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity; dedication to social justice and global citizenship) SLO 2.2, 4.2., & 4.3

<b>Internship 1.</b> Articulates and applies systemic social justice principles in case planning and supervision.	<b>Internship 2.</b> Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.	<b>Internship 3.</b> Explores own use of power and privilege as they relate to therapist roles and development, intersect with client identities and roles, and foster global citizenship.	<b>Internship 4.</b> Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.
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**11. Legal/Ethical Practice** (know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

<b>Internship 1.</b> Knows legal, ethical, and professional standards of practice that apply to MFT.	<b>Internship 2.</b> Can apply ethical, legal, and professional standards of practice appropriately in therapy.	<b>Internship 3.</b> Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	<b>Internship 4.</b> Has developed a process for addressing ethical issues in case conceptualization/management and professional responsibility.
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**12. Professionalism** (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

<b>Internship 1.</b> Engages in professional manner within clinical setting; seeks and utilizes supervision.	<b>Internship 2.</b> Demonstrates initiative in carrying out professional responsibilities associated with role as therapist; identifies specific supervision needs; and maintains positive workplace relationships.	<b>Internship 3.</b> Appropriately utilizes consultation and communication with supervisor, treatment team, and other stakeholders into the treatment process; supports the professional development of colleagues.	<b>Internship 4.</b> Effectively engages with other stakeholders, family members, professionals, or significant persons in the treatment process and in the workplace.
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