

**FRAN 6090-II Practicum in Couple & Family Therapy:
COURSE OUTLINE - Spring 2013**

Practicum Team

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Schedule of Meetings

Practicum meetings are on Thursdays from 4:30-8:20PM in Room F at the CFT Centre, beginning on May 9th. There will be a half-hour dinner break during the meetings. Supervision is scheduled weekly, beginning week of May 8th as per the course supervision schedule. Documentation Review meetings with Client Services Coordinator will begin the week of May 6th and will be arranged with him.

Course Description

This is the second in a series of four on-site practica in the CFT Program. The focus in this semester is on the Solution Focused Therapy (SFT) Model, which is one of the major strengths-based, collaborative models in the couple and family therapy field. Students will learn about the history of SFT, the model's underlying assumptions, and the therapy strategies and in-session skills associated most closely with the SFT model. Students will practice the SFT strategies and in-session skills in their on-going clinical work with couples, families and individuals at the CFT Centre. There will be a particular focus on working with couples, and with children and their families. Students will participate in therapeutic teamwork utilizing the SFT consultation framework outlined by Eve Lipchik (2002). Systemic thinking and practice will be highlighted, consistent with the training commitments of the CFT Program.

This practicum will promote therapy practice that includes consideration of the historical contexts, social locations, dominant discourses and social, political and economic structures affecting people's lives. This practicum involves active participation in a range of academic, experiential, and clinical activities designed for the professional development of CFT therapist-interns.

Course Objectives and Expected Student Learning Outcomes (ESLOs)

Each of the following objectives is linked to specific Expected Student Learning Outcomes (ESLOs). See *CFT Student Program Orientation Guide* (pages 3-5) for text regarding specified ESLOs. See *Appendix A ESLOs linked to MELOs for FRAN*6090-II Practicum in CFT II and Appendix B Model-based Expected Learning Outcomes and Relevant AAMFT Core Competencies* for more detail regarding other outcomes associated with this practicum.

1. Conceptual Understanding. To learn the underlying assumptions and major concepts of the Solution Focused Therapy (SFT) model. *ESLO 1a.*
2. Interviewing Skills. To learn to use the SFT techniques in on-going clinical work with clients across the life span and for a wide diversity of concerns and lived experiences. *ESLOs 5a, 5d.*
3. Assessment, Hypothesizing and Documentation Skills. To engage in SFT practices with respect to: assessment of the client's solution-oriented actions; setting goals with clients; assessment of on-going progress of the clients toward their goals; assessment of the helpfulness of the therapy. To write clinical documents that reflect an SFT approach. To engage in systemic hypothesizing and apply this to clinical practice. *ESLOs 3d, 5a, 5c, 5d.*
4. Critical Perspective. To evaluate SFT approaches and techniques and to become aware of extant research literature on the effectiveness of SFT. *ESLO 1a*
5. Client Focus. To learn how SFT can be used effectively with couples and families. *ESLO 1b*

6. Therapeutic Team Skills. To practice working on a therapeutic “consultation team” utilizing a format and process that reflects SFT assumptions. *ESLOs 5a, 5d.*
7. Diversity. To increase awareness of cultural and other differences and use this awareness to engage in effective therapeutic practice. *ESLOs 4c, 4d, 5b.*
8. Power Relations and Reflexivity. To expand skills in critical analysis of power relations inherent in all relationships (and especially in therapeutic relationships) and to act on this analysis. To practice a self-reflexive stance with respect to analyzing one’s own participation in power relations and how the effects of this participation that may be oppressive or empowering. *ESLOs 4a, 4b, 4d, 5b.*

Creating a Generative Learning Environment

This practicum is based on the assumption of shared responsibility for developing a cooperative and non-competitive learning environment where therapist-interns can constructively voice their ideas, address challenges, take appropriate risks to enhance clinical effectiveness, and further develop clinical strengths. Differences in perspectives and experience enrich learning opportunities; thus each person is asked to be responsible for listening with respect and curiosity to the differing view of others. The supervisor’s goal is to set the basic conditions for the development of a generative learning environment. The following commitments are expected from all participants: (1) clarity with respect to power relations; (2) goodwill between class members and between class members and the entire Practicum Team; (3) mutual respect for differences in personality, values and learning styles, and; (4) intense involvement in a reciprocal learning process. Interns will be expected to notice and celebrate their own and their colleagues’ steps of progress toward the practicum objectives and their own individualized learning goals.

Therapy with Centre Clients

Each intern will work as a therapist with individuals, couples and families seeking therapy at the CFT Centre. Some co-therapy work is also expected. The target range of client contact hours for Practicum II is 110-125. By the end of Practicum II interns should have accumulated in total between 165 and 185 hours of client contact. Half of these client contact hours should be “relational” (with couples and families).

Last Client Appointments

The Practicum involves 14 weeks of therapy work with clients. The Centre will be closed to client work during the week of May 27-31st when the Sexuality course is being offered. The last client appointments for the term will take place on **August 16.**

Group Seminars and SFT Consultation Teams

The seminar, teamwork, and reading schedule for the semester is set out in detail in the *Seminars, Teams and Required Readings* document. Kevin VanDerZwet Stafford, as the Instructor/ Supervisor, will meet with interns weekly for 12 group Seminars usually on Tuesday evenings from 4:30-8:20 pm. Four of these 12 seminars are set-aside for Solution-Focused Therapy Consultation Teams. Guidelines for the SFT team-work will be provided. On the four evenings when SFT Consultation Teams are scheduled the interns will be divided into one group of four and one group of three; one group will work with Kevin VanDerZwet Stafford as supervisor and one group will work with Katherine Tomkinson as supervisor. Each intern is required to invite client(s) to participate with a Consultation Team once during the Practicum. Teams will be scheduled to begin at 6:30 pm.

Dyadic/Individual Supervision

In addition to the Group Seminars, Kevin VanDerZwet Stafford will meet weekly with interns for dyadic supervision (1.5 hours shared equally by two interns) or individual supervision (.45 hrs alone). Katherine Tomkinson will meet weekly with interns for dyadic or group supervision as per the supervision schedule. Kevin and Katherine together will meet with each intern individually for a mid-term dialogue. Dates and times for these meetings are in the Supervision schedule.

On-Call and Emergency/Crisis Supervision

There will always be a clinical supervisor available for consultation with respect to crisis situations. Katherine is the “First Response On Site Supervisor” (FROSS). This means that she is available (either in the office or by telephone) for crisis/emergency consultation for ALL clients between 8:30 AM and 4:30 PM. For emergency consultations after 4:30 PM, there is an on-call schedule. Katherine is the on-call supervisor Monday thru Thursday and Kevin will be the on call supervisor Friday’s.

Individualized Learning Goals for the Practicum

Each intern is required to set individualized goals for their professional development that are specific to this practicum. These goals are to be submitted in written form to their supervision partner and to both clinical supervisors by May 16.

Project SFT: Cultivating the Practice of Solution Focused Therapy (ESLO 1 a; 4 b, c, d & 5 a, b, c)

This project requires on-going work throughout the semester. Students will follow APA guidelines and reference the course reading, the SFT literature and their learning logs.

1. Each student chooses several clients they are beginning to work with (a minimum of one individual and one couple or family). In the therapy work with these client systems, the student will follow the SFT model as closely as possible. Each student will:
 - Use the SFT assumptions (as discussed in class and Walter and Peller and Lipchick) as a lens through which client conceptualization, hypothesising and question asking will be viewed
 - Articulate goals using the criteria for well-defined goals (in class and Berg and Miller)
 - Create a “system map” with thematic mapping.
 - Identify issues of diversity that may facilitate or constrain change
 - Assess the stage and readiness for change (eg: Selekman)
 - Formulate questions associated with a variety of questioning stances (various readings; in class)
 - Create and utilize a tool box of skills/techniques to interview toward solutions (in class and various readings)
 - Utilize the Outcome and Session Rating Scales in each session (see Miller and Duncan)
 - Complete the Review and Ending paperwork when appropriate
2. Each student identifies one clearly articulated learning goal related to their clinical practice and tracks their progress toward accomplishing this goal following the SFT model as closely as possible. Each student keeps a learning log tracking their progress and responding to weekly questions posed by the course instructor. These questions will correspond to the course reading.
3. Each student writes a culminating paper (8 to 10 pages, double spaced) that articulates their experience of utilizing the SFT model in their conversations with their selected clients and with themselves related to the identified learning goal addressing the following:
 - a. How does the model fit with your personal style and develop therapeutic style?
 - b. How did you experience the SFT model as facilitating change?
 - c. What do you see as the strengths and the limitations of the model?
 - d. What shifts or consolidations have occurred in your thinking regarding:
 - i. Assumptions about change and people who seek therapy
 - ii. The process of articulating well defined goals
 - iii. The influence of contextual factors and social locations
 - iv. The development of the therapist-client relationship
 - v. The role of emotion to facilitate solutions
 - e. What were some of the most helpful/effective items in your tool box? What made them helpful/effective?
 - f. What components of the model do you see yourself holding on to and/or letting go of as you move forward in your training

File Days (Mid-term and Final)

Each intern is required to complete a review and updating of all their client files at various points in Practicum II. Once the files are completely up-to-date, the interns will review their documentation with Kara McFarlane. File Days are as follows:

- Mid-term File Day for all client files is on **June 13th**.
- Final File Day for all client files is on **August 14th**.

Participation and Absences

Satisfactory performance in this course depends on active engagement of all class members in weekly class activities, weekly supervision, and the SFT teamwork. In the event that an intern is unable to attend any of the course activities, or knows in advance that they will be late, they are to contact the course instructor or relevant supervisor by e-mail or voicemail in advance of the scheduled activity. The intern is expected to take responsibility for “catching up” on whatever they have missed.

Supervisors' Evaluation of the Intern

Final Grades. Grading for FRAN 6090-II is on a “satisfactory/unsatisfactory” basis. It is expected that interns will follow the guidelines set out in the *CFT Program Supervision and Training Contract* and that their clinical work will meet the standard expected for this stage of the CFT Program. By mid-term, should the Instructor and Clinical Supervisor assess that the intern’s work is not satisfactory they will meet with the intern and jointly set up a plan to address the situation. The plan will be written and a copy given to the intern. Should the intern not attain an acceptable standard of clinical work by the end of the semester, the intern will receive an “unsatisfactory” for the practicum and will not advance to FRAN 6090 III.

A “satisfactory” grade will only be given if all the clinical documentation is completed by the designated File Day and the SFT Practicum Project has been completed and meets an acceptable standard. If either the clinical documentation or the Project is not submitted on time the intern will receive a grade of “incomplete”. The intern will then not be able to begin client work in the next practicum until the required work has been finished satisfactorily

Mid-term Verbal Feedback. Half-way through the term the Instructor and Clinical Supervisor will provide each intern with verbal feedback on their clinical work. The Client Services Coordinator will provide the Instructor and Clinical Supervisor with feedback on the intern’s clinical documentation.

Final Written Evaluation Report. At the end of the practicum the Instructor/Supervisor and Clinical Supervisor will provide each intern with a written evaluation of their progress over the term. Copies of these Evaluation Reports are filed in the locked CFT Program files which are kept in the Client Services Coordinator’s office. A copy is also provided to the Supervisors for FRAN 6090-III. In addition to the Evaluation Reports the supervisors will provide each intern with feedback related to the Model-based Expected Learning Outcomes (MELOs) and the specific AAMFT Core Competencies (CCs) associated with this practicum.

Intern’s Evaluation of the Instructor and Practicum

In the final seminar of the term interns will be asked to fill out a departmental form to evaluate the Instructor and the course/practicum. Interns will also be asked to fill out checklists regarding how well the practicum facilitated their achievement of the Model-based Expected Learning Outcomes (ESLOs) and the Core Competencies (CCs) that are associated with Practicum II.

Intern’s Evaluation of Clinical Supervisor (K. Tomkinson)

In the final seminar of the term interns will also be asked to fill out an evaluation regarding the supervision (dyadic and team) they participated in with Katherine.

Intern’s Evaluation of Their Own Progress

Interns are required to provide a written evaluation of their clinical work in this practicum at the end of the term. The SFT practicum self-evaluation includes: Skills Brought to Practicum II (as gleaned from the last evaluation), Goals for the Practicum, Strengths Tapped for Goal Attainment, Noted Successes, and Areas for Further Growth. A copy of this self-evaluation is filed in the locked CFT Program files that are kept in the Client Services Coordinator’s office.

APPENDIX A
ESLOs linked to MELOs for FRAN*6090-II Practicum in CFT II

EDUCATIONAL GOALS AND EXPECTED STUDENT LEARNING OUTCOMES	INCORPORATION & ASSESSMENT
EG-1 THEORETICAL FOUNDATIONS	
Educational Goal EG-1: Students will gain a broad understanding of the range of epistemological assumptions and core theoretical frameworks within the field of couple & family therapy, including an historical and critical analysis of significant theoretical issues and developments.	Assigned readings; class discussions; Project SFT; supervision conversations; clinical documentation practices; written self evaluations at end of term.
ESLO 1a. Students will critique and compare selected CFT approaches and their applications.	Project SFT MELO 3b;4b;5b,f;7a;
EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY	
Educational Goal: Students will develop a professional identity as a couple & family therapist who consistently applies the principles of ethical practice in their work with clients, maintains high standards of conduct – including following “best practices” regarding the delivery of therapy services, and engages in critical, reflexive self-evaluation.	Assigned readings; class discussions; supervision conversations; clinical documentation practices; written self-evaluation at end of term.
ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFT Centre Operations & Procedures Manual</i> .	Meetings with CSC & File Day clearance; supervision. MELO 4b,c;5a,b,c,d,e,f;7a,c,e,g;8c;9a,d
ESLO 3 d. Students will demonstrate an ability to maintain professional accountability practices, including consistently working in the “best interests of clients”, engaging clients in on-going informal review of the progress and fit of the therapeutic work, regular review of personal/professional learning goals, and self-evaluation of professional development.	Supervision; midterm learning goals; written self-evaluation MELO 3b;4b,c;5b,f,g;7a,c,e,g;8c;9d
EG-4 SOCIAL CONTEXT AND POWER RELATIONS	
Educational Goal: Students will integrate a sophisticated sensitivity to diversity into their professional identity as a couple and family therapist, privileging attention to social location/socio-cultural context and including an understanding of social justice issues and awareness of how direct and systemic marginalization, discrimination, and abuse may impact people’s everyday lives.	Assigned readings; class discussions; Project SFT; client system mapping; supervision conversations.
ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.	Supervision conversations; discussion of class readings; client system mapping; MELO 8b,c,e;9a,d,e
ESLO 4 b. Students will develop abilities to critically and reflexively analyze power relations of a given situation and/or embedded in the construction of knowledge, including attention to one’s own participation in these processes	Supervision conversations; discussion of class readings; Project SFT. MELO 8a,b,c,
ESLO 4 c. Students will demonstrate awareness of and sensitivity to multi-dimensional aspects of diversity in the everyday lives of clients, including an ability to explore and articulate with clients the pertinence of potential social location issues on their experience of current concerns for therapy.	Supervision conversations; discussion of class readings; client system mapping; Project SFT. MELO 8a,b,d,
ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.	Class discussions; readings; supervision; Project SFT. MELO 8a,c,
EG-5 CLINICAL APPLICATION	
Educational Goal: Students will integrate theory, research, and practice skills in on-going clinical work with clients seeking therapy.	Assigned readings, class and supervision discussions; clinical presentations; clinical team-work
ESLO 5 a. Students will develop beginning to intermediate level practice skills associated with the featured post-modern couple and family therapy approaches, including engaging clients, “assessing” presenting concerns, setting therapeutic goals, and collaborating with clients to create desired changes.	Supervision discussions; clinical presentations; clinical team work; Project SFT. MELO: Skill Dev 1a,b;2a,b;3a,b,4a,b;5a,b,c,d,e,f,g;6a,b; 7a,b,c,d,e,f,g

<p>ESLO 5 b. Student will integrate analysis of social context and power relations into clinical conceptualizations and will respond sensitively to the differential needs and circumstances of each client system.</p>	<p>Supervision discussions; clinical presentations; clinical / consultation team work; Project SFT. MELO 1c;3a,b,c;5a;6b;8a,b</p>
<p>ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.</p>	<p>Supervision conversations; clinical/consultation; clinical team-work; Project SFT. MELO 3a,b;4a;6a</p>
<p>ESLO 5 d. Students will be introduced to the AAMFT Core Competencies and will be able to connect their clinical practice to the Core Competencies featured in the CFT program for specific training and practice skill evaluation.</p>	<p>Supervision; meetings with CSC See AAMFT Core Competencies; MELO 7a,c,g</p>
<p>ESLO 5 e.</p>	
<p>ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters (four on-campus and one Externship)</p>	<p>Goals submitted to supervisors and reviewed at mid-term. MELO 7a,c,e,g</p>

APPENDIX B
FRAN*6090-II Model-based Expected Learning Outcomes (MELOs)
for Solution Focused Therapy and Relevant AAMFT Core Competencies (CC)

Model-based Expected Learning Outcomes (MELOs) for Solution Focused Therapy
1. THERAPIST’S STANCE (ESLO 1 b)
a. Maintain awareness of strengths and resources that every client can draw upon to help themselves.
b. Practice with attention to every client’s uniqueness.
c. Focus on the idea that “you cannot change clients; they can only change themselves”.
d. Focus on the future.
2. THERAPEUTIC RELATIONSHIP (ESLO 5 a)
a. Refine engagement skills to include SFT attention to clients’ “readiness to change”.
b. Specifically work towards developing a collaborative relationship that is consistent with SFT model.
3. SYSTEMIC CONCEPTUALIZATION AND HYPOTHESIZING (ESLO 5 b, c)
a. Practice expanding a “system map” with thematic mapping.
b. Develop and integrate solution-focused hypotheses from individual development, family life-cycle, and family systems into on-going work with clients.
4. “ASSESSMENT” AND DOCUMENTATION SKILLS (ESLO 3 c, d & 5 a, c, d)
a. Use approaches to assessment consistent with the SFT model and as discussed in class and or readings.
b. Engage in SFT goal setting and tracking client progress as routine activities in client sessions, including “Outcome Rating Scale” and the “Session Rating Scale”.
c. Engage in documentation that reflects an SFT perspective (Therapy Session Notes, Initial Therapy Agreements, etc.)
5. THERAPY SKILLS AND PRACTICES (ESLO 5 a, c)
a. Listen for and develop client awareness of strengths and resources.
b. Collaboratively set achievable goals for brief therapy work.
c. Use (when appropriate) the “miracle” question and other change focused questions.
d. Use scaling.
e. Listen for and develop “exceptions”.
f. Engage clients in change-oriented tasks and “experiments”, including “homework”.
g. Include emotions in change oriented goals and tasks.
6. SOLUTION FOCUSED CONSULTATION TEAM-WORK (ESLO 5 a, b, c,
a. Develop “summation messages” with team colleagues (Lipchik, 2002)
b. Practice the teamwork utilizing SFT procedures for consultation teams (Lipchik, 2002).
7. SUPERVISION/CONSULTATION SKILLS (ESLO 5 e, f)
a. Highlight personal development of new skills during supervision consultations (including “exceptions” that reflect positive directions).
b. Refine selection of therapy video segments to use SFT consultation effectively
c. Focus during consultation on development of SFT skills.
d. Focus on alternative directions for SFT work with specific clients.
e. Assess personal “readiness to change” regarding aspects of therapy practice.
f. Provide strength-based consultation to supervision partner that highlights “solutions”, resources, and “exceptions”.
g. Experiment with ways to “track” progress in developing new SFT skills as a therapist.
8. DIVERSITY AND SOCIAL JUSTICE PRACTICES (ESLO 4 a, b, c, d & 5 b)
a. Recognize and begin to understand how Solution Focused Therapy needs to take into account cultural and other differences
b. Recognize the people’s lives are affected by structural inequalities (e.g., poverty, discrimination, ability, etc.) that constrain the “solutions” they are able to develop and achieve.
c. Actively explore and analyze the intersections of one’s own history re: power, privilege and social location with the clients’ histories. Identify the influence of these intersections on the therapeutic system.

d. Explore ways to work collaboratively with clients to be resilient and to resist in the face of constraining structures and ideologies.		
e. Begin to engage in the de-construction of dominant discourses that constrain the intern's own preferred way of being a therapist and of meeting the standards for professional competence.		
9. ACCOUNTABILITY PRACTICES (ESLO 3 d & 4 a, b)		
a. Reflect on how therapist's actions and positioning affect the therapy process.		
b. Invite clients to provide feedback as on-going part of therapy, in addition to "outcome forms".		
c. Act upon feedback from clients.		
d. Develop and engage in "self-reflective" practices that involve analysis of how the work with clients impacts the therapist's sense of personhood and professionalism.		
e. Articulate theoretical basis and practice implications of SFT approach to couple and family therapy, including an ability to examine of the congruency with the underlying values and assumptions of the SFT approach and their personal professional positioning.		
AAMFT Competency Number	Sub-domain	AAMFT CORE COMPETENCY
Admission to Treatment		
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.
Clinical Assessment & Diagnosis		
2.2.1	Perceptual	Assess each client's engagement in the change process.
2.2.3*	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.4*	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
2.2.5*	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.1*	Executive	Diagnose and assess client behavioural and relational health problems systemically and contextually.
2.3.3*	Executive	Apply effective and systemic interviewing techniques and strategies.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder management, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6 *	Executive	Assess family history and dynamics using a genogram or other assessments instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the client's problems.
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic team.
2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1 *	Professional	Utilize consultation and supervision effectively.
Treatment Planning and Case Management		
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3 *	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4 *	Evaluative	Assess session process for compliance with policies and procedures of practice setting.

3.4.5*	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behaviour, relationship with clients, process for explaining procedures, and outcomes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.
Therapeutic Interventions		
4.2.1*	Perceptual	Recognize how different techniques may impact the treatment process.
4.3.2	Executive	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).
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.
4.3.7*	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.8 *	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.10 *	Executive	Modify interventions that are not working to better fit treatment goals.
4.3.11 *	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12 *	Executive	Integrate supervisor/team communication into treatment.
4.4.1*	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2*	Evaluative	Evaluate ability to deliver interventions effectively.
4.4.3*	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.6*	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1*	Professional	Respect multiple perspectives (e.g. clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2*	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3*	Professional	Articulate rationales for interventions related to treatment goals, and plan, assessment information, and systemic understanding of clients' context and dynamics.
Legal Issues, Ethics, and Standards		
5.1.3 *	Conceptual	Know policies and procedures of the practice setting.
5.3.1 *	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.5 *	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6 *	Executive	Report information to appropriate authorities as required by law.
5.3.7 *	Executive	Practice within defined scope of practice and competence.
5.5.1 *	Professional	Maintain client records with timely and accurate notes.
5.5.2 *	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
Research and Program Evaluation		
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence based practice.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4*	Executive	Determine the effectiveness of clinical practice and techniques.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.

* intentionally included in all four practica

APPENDIX C
FRAN 6090-II Practicum in Couple & Family Therapy II:
Seminars, Teams and Required Readings

Interns are expected to come to all seminars and consultation teams prepared to discuss all of the designated readings. They are also expected to come to partner supervision meetings prepared to apply material from the readings to their own and their supervision partner's clinical work.

Classes begin at 4:00 pm and will usually end by 8 pm (unless the scheduling for an SFT Team requires a change).

Therapeutic teams will usually be scheduled to begin at 6 pm. Readings for class meetings when teamwork is scheduled will be discussed before 6 pm. The schedule of class activities and required readings is as follows:

Week	Date	Class Activity (guide only)	Required Reading
# 1	May 9	Setting the stage for working together Introduction to Solution Focused Therapy SFT – Assumptions	Walter and Peller Ch. 2 Lipchik, (2002) Chs 1, 3. Bannink, F. (2007).
# 2	May 16	SFT- Overview of key skills and the role of emotions.	Lipchik. (2002) Chs 2, 4 5. Miller, S., & Duncan, B. (2000) Kiser, D., Piercy, F., and Lipchick E. (1993).
# 3	May 23	Consultation team and the summation message. Well-formed goals Genograms. Start booking teams!	Lipchik (2002) Chs 6 & 7. Campbell, J. et al (1999) Miller S. & Kim Berg I (1992). Ch 3
# 4	May 30	No Class (Sex Intensive)	
# 5	June 6	Working with couples Using the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS)	Lipchik (2002) Ch 8. Review the IPV section of the Manual. Miller, S.; Duncan, B. & Brown, J. (2003). Duncan, B.; Miller, S. & Sparks, J.(2003).
# 6	June 13	Formula first session task and between session change Consultation Teams	Adams (1991). Molnar, A. (1987). OR Herrero de Vega, M., & Beyebach, M. (2004).
# 7	June 20	Where are we now: a look at what we have accomplished so far. Working with families & engaging children Consultation Teams	Duvall, Clouthier & Dumbrill (1999). (Scott Miiller interview) Lipchik, (2002) Ch 9 Selekman Chapter 4 (readiness for change and question stances)
# 8	*June 27 (class start 6.15)	Single session therapy	Harper-Jaques, et al (2008). Slive, A., McElheran, N., & Lawson, A. (2008). OR Young, K., Dick, M., Herring, K., & Lee, J. (2008).
# 9	July 4	Culture Consultation Teams	Lee, M. (2003). Lee, M., & Mjelde Mossey, L. (2004).
# 10	July 11	Suicide/Self Harming Consultation Teams	Castro, S. D., & Guterman, J. T. (2008). Selekman, M., & King, S. (2001)
# 11	July 18	Addictions Project due	Smock, S., et al. (2008).
# 12	July 25	Review and Wrap-up Instructor, Course, and Supervisor Evaluations	Bliss, V. E., & Bray, D. (2009).

Course Text

Required:

Lipchik, E. (2002). *Beyond technique in solution-focused therapy: Working with emotions and the therapeutic relationship*. New York: Guilford.

Recommended:

Reading: Walter J. & Pellar J. (1992). *Becoming Solution Focussed in Brief Therapy*. New York: Brunner Mazel.
Selekman, M.D. (2005). *Pathways to change: Brief therapy with difficult Adolescents*. New York: Guildford Press.

Required Readings

- Adams, J. F., Piercy, F. P., & Jurich, J. A. (1991) Effects of Solution Focused Therapy's "Formula First Session Task" on Compliance and Outcome in Family Therapy. *Journal of Marital and Family Therapy*, 17, 277-290.
- Bannink, F. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy*, 37(2), 87-94.
- Bliss, V. E., & Bray, D. (2009). The smallest solution focused particles: Toward a minimalist definition of when therapy is solution focused. *Journal of Systemic Therapies*, 28, 62-74.
- Campbell, J., Elder, J., Gallager, D., Simon, J., & Taylor, A. (1999). Crafting the "tap on the shoulder": A compliment template for solution-focused therapy. *The American Journal of Family Therapy*, 27, 35-47.
- Castro, S. D., & Guterman, J. T. (2008). Solution-focused therapy for families coping with suicide. *Journal of Marital and Family Therapy*, 34(1), 93.
- Duncan, B.; Miller, S. & Sparks, J. (2003). The Session Rating Scale: Preliminary psychometric properties of a working alliance measure. *Journal of Brief Therapy*, 3(1), 3-12.
- Duvall, J., Clouthier, K., Dumbrill, G. (1999). All have won, therefore, all deserves prizes: an Interview with Scott Miller. *Journal of Systemic Therapies*. 18(3).
- Harper-Jaques, S., McElheran, N., Slive, A., & Leahey, M. (2008). A Comparison of Two Approaches to the Delivery of Walk-In Single Session Mental Health Therapy. *Journal of Systemic Therapies*, 27(4), 4053.
- Herrero de Vega, M., & Beyebach, M. (2004). Between-session change in solution-focused therapy: A replication. *Journal of Systemic Therapies*, 23(2), 18-26.
- Kiser, D., Piercy F., & Lipchick E. (1993). The integration of Emotion in Solution Focused Therapy. *Journal of Marital and Family Therapy*. 19(3), 233-242
- Lee, M. (2003). A solution-focused approach to cross-cultural clinical social work practice: Utilizing cultural strengths. *Families in Society: The Journal of Contemporary Human Services*, 84, 385-395.
- Lee, M., & Mjelde Mossey, L. (2004). Cultural dissonance among generations: A solution-focused approach with east Asian elders and their families. *Journal of Marital and Family Therapy*. 30(4), 497-513.
- Miller, S., & Duncan, B. (2000). Paradigm lost: From model-driven to client-directed, outcome-informed clinical work. *Journal of Systemic Therapies*.
- Miller, S., Duncan, B., & Brown, J. (2003). The outcome rating scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, 2 (2) 91-100.
- Miller S. & Kim Berg I (1992). *Working with the problem drinker*. New York: Norton.
- Molnar, A. (1987). Solution focused therapy: Toward the identification of therapeutic tasks. *Journal of Marital and Family Therapy*, 13(4)349-358.
- Selekman, M., & King, S. (2001) "It's my drug": Solution-oriented brief family therapy with self-harming adolescents. *Journal of Systemic Therapies*, 20, 88-105.
- Selekman, M., (2005). "The first Interview: Co-creating a context for change" in *Pathways to Change* Guilford: New York. pp: 68-108.
- Slive, A., McElheran, N., & Lawson, A. (2008). How brief does it get? Walk-in single session therapy. *Journal of Systemic Therapies*, 27(4), 5-22.
- Smock, S., Trepper, T., Wetchler, J., McCollum, E., Ray, R., & Pierce, K. (2008). Solution-Focused Group Therapy for Level 1 Substance Abusers. *Journal of Marital and Family Therapy*, 34(1), 107-120.
- Young, K., Dick, M., Herring, K., & Lee, J. (2008). From waiting lists to walk-in: Stories from a walk-in therapy clinic. *Journal of Systemic Therapies*, 27, 23-39.

Supplementary Readings

Books

- Berg I. K. (1994). *Family-based services: A solution-focused approach*. New York: W. W. Norton.
- Berg, I. K., & Dolan, Y. (2010). *Tales of solutions: A collection of hope-inspiring stories*. New York: W. W. Norton.
- Corcoran, J. (2002). *Developmental adaptation of solution-focused family therapy*. Cambridge: Oxford University Press.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.
- Dolan, Y. M. (1991). *Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors*. New York: W. W. Norton.
- Dolan, Y. (2009). Respectful optimism and satisfying subtlety. In C. Elliott & L. Metcalf (Eds.), *The art of solution focused therapy* (pp. 65-75). New York: Springer.
- Lipchik, E. (2009). A solution focused journey. In C. Elliott & L. Metcalf (Eds.), *The art of solution focused therapy* (pp. 45-63). New York: Springer.
- MacDonald, A. J. (2007). *Solution focused therapy: Theory, research, and practice*. London: Sage.
- O'Hanlon, B. (1999). *Do one thing different*. New York: Harper Collins.
- Pichot, T., & Dolan, Y. (2003). *Solution-focused brief therapy: Its effective use in agency settings*. Binghamton, NY: Haworth.
- Selekman, M. D. (1997). *Solution-focused therapy with children: Harnessing family strengths for systemic change*. New York: Guildford Press.
- Seligman, M. (2006). *Learned optimism: How to change your mind and your life*. New York: Vintage.
- Talmon, M. (1991). *Single-session therapy*. San Francisco: Jossey-Bass.
- Thomas, F. N., & Nelson, T. S. (2007). *Handbook of solution-focused brief therapy clinical applications*. New York: Haworth Press.
- Miller, S., Hubble, M., Duncan B. (1996). *Handbook of solution-focused brief therapy* New York: Jossey Bass.