

University of Guelph
Department of Family Relations & Applied Nutrition
FRAN 6090-IV – Practicum in Couple and Family Therapy
Winter 2015

COURSE OUTLINE¹

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Course Description

This practicum will focus on introducing participants to the theoretical bases and practice skills associated with emotion/emotionally focused couple therapy (EFCT). Exploration of the EFCT model will be set broadly in a social constructionist paradigm and modified to incorporate collaborative practices and analyses of power. In particular, students will continue practicing narrative therapy (NT) and integrating EFCT and NT when appropriate. Systems ideas and concepts will be thoroughly explored and utilized as one way to think about people in the context of their myriad relationships.

The first half of the course will primarily feature the conceptualizations and practice strategies of the two pioneers in this model—Drs. Leslie Greenberg and Susan Johnson. The second half of the course will continue this focus, with emphasis on issues of social power and oppression. In this practicum, EFCT will be applied primarily to therapist-interns' work with current and new couple clients, however the general principles and practices of Emotion Focused Therapy will also be used to supplement and strengthen work with individuals and families. The course builds on conceptual, assessment, and intervention skills developed in Practica I, II, & III.

Course Objectives

See *CFT Student Orientation Guide* pages 3-5 for details/text regarding specified Expected Student Learning Outcomes (ESLO). See *Appendix A. Model-based and AAMFT Core Competencies Expected Outcomes* for additional information.

- 1) Expand the clinician's conceptual skills, especially as pertains to the implications of collaborative positioning and working with the EFCT model.

¹ This outline was originally developed by Olga Sutherland, PhD and has been modified by Anna Toth, MSc. Modifications have been made primarily to the reading list only.

ESLO 1a-c

- 2) Expand skills in working with client concerns, especially identifying and tracking therapeutic themes as these relate to the identified goals.

ESLO 5a

- 3) Extend skills in intentionally structuring therapy sessions so as to facilitate movement towards client goals, especially employing thoughtful choices of intervention strategy.

ESLO 5a

- 4) Refine and expand skills in case management, particularly with respect to ending of therapy (or, in exceptional circumstances, transfer) effectively and therapeutically, given the limited time available in this last CFTC practicum.

ESLO 5a

- 5) Integrate the subtle dimensions of ethical decision-making, power relations, and professional conduct into appropriate therapeutic interventions with clients.

ESLO 3a-b, 4 a-d

- 6) Refine sensitivity to class, ethnicity, race, cultural, religious, sexual orientation, gender, ability and age and further explore how these dimensions may affect dynamics of power and privilege in both family and therapeutic relationships, while also expanding skills in addressing these issues with clients.

ESLO 4a-d

- 7) Integrate professional self-awareness regarding both personal resources and personal limitations that may influence working as a therapist, including explicit exploration of how one's personal history of experiences affect the therapist-intern's ideas about clients and responses to their concerns. Engage in receiving constructive feedback from both the supervisor and colleagues and extend capacity to provide critique and feedback.

ESLO 3e, 4a

- 8) Identify and focus on specific learning goals based on previous clinical supervision evaluations and/or current practice concerns or interests.

ESLO 3e

Course Organization

Seminar/Practice Full-Group Meetings (Group Supervision). Students will meet with Anna Toth on Wednesdays beginning January 6 until April 2 from 4:30 to 8:20 pm in Room F, CFT Centre. During these meetings we will engage in critical analysis of required readings, activities to strengthen counselling skills, and review of video recorded therapy sessions. Six of these Wednesday meetings will also involve participation in EFCT teamwork with client participation. We will utilize the reflecting team structures and processes developed by Tom Andersen.

Supervision/Consultation Meetings (Individual, Dyadic, or Group). In addition to the Seminar/Practice Meetings each therapist-intern will meet weekly with Anna for supervision of their clinical work with Centre clients for whom she has supervisory responsibility. These meetings will be dyadic. On average each therapist-intern will have 45 minutes of weekly supervision time to discuss client cases and professional development. Each therapist-intern is expected to prepare at least one case for consultation.

Each intern will also meet weekly for 2 hours of group supervision with Kevin Stafford.

See *Appendix C: Supervision and On-Call Schedule*.

Ad Hoc and Crisis Supervision/Consultation Meetings. There will always be a clinical supervisor available for consultation with respect to crisis situations.

Pedagogical Philosophy

My intention as course instructor/supervisor is to promote a *generative learning community* in which there is clarity with regard to power relations and the different responsibilities of practicum team members (instructor, supervisors, Client Services Coordinator) and interns. Belonging to the community involves active participation, mutual respect, exchanges that support diversity of viewpoints, and constructive commentary. Each community member is expected to extend encouragement, acknowledgement, and appreciation to the others with respect to their struggles and successes in learning and professional development. The community is based on an assumption of shared responsibility for developing a cooperative and non-competitive environment both within seminar and supervision meetings and within the Centre itself. Course participants (interns and the practicum team members) are expected to make suggestions on an on-going basis as to how to create and maintain this kind of community.

Course Projects and Activities

Practicum interns are expected to complete several projects and activities. Each project or activity is specifically designed to increase the intern's competence in applying EFCT perspective to their clinical work and in development of general professional knowledge and skills. See *Appendix D: Course Projects and Activities*.

Specific Requirements of Clinical Training

Student interns are expected to participate fully in all of the following activities:

1. **Ethics, Professional Standards, and Clinical Responsibility.** Therapist-interns are required to follow the **Code of Ethics** of the American Associations for Marriage and Family Therapy, as well as the Couple and Family Therapy Centre procedures (see *CFT Centre Operations and Procedures Manual*). Ethical issues may be discussed during any dyadic/individual supervision session and/or any group supervision session/class. Students are to take responsibility to raise ethical issues. Should you have any question about whether a situation/concern is an ethical issue, raise it with the appropriate supervisor immediately.

In addition you must inform the appropriate supervisor when any of the following occur:

- *Immediately* when there is any danger or risk (physical, emotional, or sexual) to anyone connected to the clinical work, including yourself, a client, or anyone else in the client's network.
- *Immediately* when a client discloses recent or past incidents of abuse or violence.
- *Immediately* when the therapy demands are, for any reason, beyond your ability to reasonably meet them.
- At your *next* supervision session when there are changes in your therapy workload.

2. **Therapy with clients.** Each student is expected to work as a therapist-intern with couples, families, and individuals seeking therapy at the CFT Centre.

- All therapy sessions will be digitally-recorded (video + audio) with client consent (audio-taping is acceptable in rare cases).
 - Each intern will need to manage their caseload to ensure they meet, but do not exceed, the program requirements (see *CFT Centre Manual for the target number of hours for this semester*).
 - Practicum IV includes 12 weeks of client work. During this time interns must meet the program requirement of completing between *approximately 80 - 90* client contact hours (7-8 hrs/week). Interns are encouraged to utilize co-therapy and reflecting teamwork as appropriate ways to help meet the requirements for accumulation of therapy hours, as well as moving toward the target of at least 250 hours of relational therapy by the end of the program.
3. **Clinical Documentation.** Follow all procedures articulated in the CFT Centre Operations & Procedures Manual. Since we will be *closing all client files* for this cohort by the end of the semester, it is important to schedule file closing and final reports to avoid a rush in the last weeks of the semester. Plan to end with clients over the course of the semester and complete file closings in a timely fashion (within one week of the final session). For some clients it will make sense to write the final report prior to the final session and share it with the clients at the last meeting. Students will not be able to take on new client files until their documentation is up-to-date, as determined by the CSC.
 4. **Group Supervision, Reflecting Team Clinical Work, and Live Supervision.** Participating in collaborative therapeutic teams working directly with people seeking therapy is expected. This semester the therapeutic teamwork will be organized to feature on-going work with a client system. Members on the team will participate in various roles over the course of the teamwork with the client system. Reflecting Teams / Live Supervision will normally take place on Wednesday evenings. All therapist-interns are expected to attend all consultation team sessions. The format of the consulting teamwork will be consistent with the EFCT model. Consulting team/live supervision will privilege “couple therapy” this semester.
 5. **Individual/Dyadic/Group Supervision.** Participation in regular weekly supervision with both AAMFT approved supervisors is required. Preparation prior to supervision is required (Supervision Preparation Forms, Appendix G). Therapist-interns are expected to submit the Supervision Preparation Form to the supervisor in advance of the supervision meeting (by Friday of the prior week). Interns are to prepare sections of a video-taped therapy session for review and articulate a particular focus for the clinical discussion. The supervisor may at any time request to view, in part or whole, other sections of videotape for any client with which the therapist-intern is working. During the course of the semester each open client file is to be reviewed at least once, in supervision, with videotaped segments of a session.
 6. **Goal Setting and Critique of Clinical Work.** The course instructor will outline general learning goals. Goals will be reviewed and revised as necessary during the semester. Ongoing self-reflection on clinical work will be strongly emphasized.
 7. **Last Client Appointments.** The last day for client appointments will be **March 20, 2015**.
 8. **File Day.** A preliminary file day, **April 2, 2015**, is set for all files to be completed and reviewed by the Client Services Coordinator (Kara McFarlane), files not in good order by that date will be returned to interns for updating and/or revision. Each therapist-intern must have all their clinical files complete and closed by **Final File Day – April 8, 2015**. A **mid semester filing day is February 10, 2015**. If any file is incomplete or not up-to-date, the student will be assigned an Incomplete for this course. The incomplete mark must be cleared prior to the beginning of the next semester, as it is not possible to begin FRAN 6095 with an existing incomplete in FRAN 6090-IV.

9. **Evaluation.** Grading in FRAN 6090-IV is on a “satisfactory/unsatisfactory” basis. At mid-term the supervisor(s) will provide feedback to each intern regarding their progress in the clinical work. If the instructor/supervisor, in consultation with the other supervisor, assesses the intern’s work to be unsatisfactory in any way, action steps will be developed and documented with a copy to the intern. If the intern does not achieve an acceptable standard of clinical work by the end of the semester, s/he will receive an “unsatisfactory” grade and not be advanced to the externship. Review of relevant Expected Student Learning Outcomes (ESLOs), Model-specific Expected Learning Outcomes (MELOs) and designated AAMFT Core Competencies Expected Learning Outcomes will be part of the mid-term feedback and final evaluation process. In addition to the clinical work all other course requirements including projects and activities must be completed in order to obtain a “satisfactory” grade (*see Appendix D: Course Projects and Activities*).

Interns are required to develop a written evaluation of their progress (and learning goals) in the practicum. In addition they are asked to fill out checklists related to the Expected Student Learning Outcomes (ESLOs), the Model-specific Expected Learning Outcomes (MELOs), and the AAMFT Core Competencies that are designated for this practicum. Finally, interns are asked to provide Program-based evaluations of the Practicum (two checklists), one course evaluation requested by the Department, and evaluations of the work of each of the supervisors at the end of the term.

Both clinical supervisors (Anna and Kevin) will provide some written comments and/or complete students’ evaluation checklists at the end of the semester. The course instructors’ final evaluation will consist of two independently written documents: (a) a Self-evaluation written by the therapist-intern, and (b) the Course Instructor’s written evaluation document. **The student/therapist-intern’s self-evaluation is due on March 23, 2015.** Prior to a final supervision discussion, the clinical supervisor will share a draft of the Final Evaluation and MELOs and AAMFT Core Competencies checklists (Appendix F) with each therapist-intern. After discussion between the intern and the supervisor, relevant and agreed upon revisions may be made to each document; the documents will be co-signed. All evaluation documents are placed in the intern’s CFT Program file. These documents may be reviewed only by CFT Program supervisors and by COAMFTE site visitors. Evaluation will be based upon full participation in all course activities outlined above, as well as the supervisors’ assessments of the therapist-intern’s general development in the context of this practicum and general professional standards of clinical practice.

10. **Goal Setting and Review.** Each therapist-intern will work toward specific course goals. *See Appendix A: Model-specific and AAMFT Core Competencies Expected Student Learning Outcomes.* Each intern will review and revise his or her professional goals during the semester.
11. **Participation and Absences.** The learning and professional development of all course participants is dependent upon active and constructive engagement of everyone in weekly seminar/practice activities, scheduled supervision/consultation, and teamwork. This Practicum course is distinctive from academic courses given that the content relates specifically to providing “best practice” services to clients. Therefore in-person participation (not just reading a text and writing a paper) is essential.

Unique Considerations of Clinical Practica

Therapist-interns are involved in providing clinical services to the public through the Couple and Family Therapy Centre. The best interest of the client(s) is of the highest priority. The clinical supervisors are responsible for ensuring clients’ best interests are being served at all times. This requires a high level of communication between all interns and the supervisors. Interns are responsible for keeping the supervisors fully informed about their clients. Frequent, clear, verbal and/or written (as relevant) communication is essential to maintaining a focus on clients’ best interests.

Should there be any circumstances that may have an impact on the intern's ability to maintain a professional therapeutic relationship with any clients or to complete all the requirements for this course, **CONSULT** with the appropriate supervisor **as soon as possible** to negotiate a collaborative arrangement.

Should there be any circumstances that may have an impact on the intern's ability to maintain a professional and open relationship with a supervisor (with regard to any client situation or to the supervisory relationship itself), **CONSULT** with the Acting Area Coordinator (John Beaton) or another faculty/supervisor member of the CFT Area. Following consultation, the concerns will be discussed with the supervisor of this practicum; appropriate mediation or resolution will be sought as soon as possible in order that the best interests of clients and the therapist-intern may be addressed.

In order to facilitate responsiveness to the best interests of clients, therapist-interns are held responsible for reading, understanding, and enacting the guidelines and information contained in the *CFT Centre Operations and Procedures Manual*. Should there be any doubt or question about these guidelines with respect to any client situation, therapist-interns are expected to **CONSULT** with a supervisor.

Between-Supervisors Consultation. Clinical supervisors for Practicum IV consult with other members of the CFT Program Clinical Training Team (includes all clinical supervisors, the CFT Centre Manager, and the Client Services Coordinator) regarding both clinical situations and supervision issues as these arise during the semester. Clinical supervisors meet regularly (twice a month) throughout the semester.

Ad Hoc Supervision. Extra supervision may be arranged with a clinical supervisor in order to provide for the best interests of client(s) and to facilitate the achievement of therapist-intern goals for the practicum.

Emergency/Crisis Supervision. In crisis or emergency situations, supervision is available as necessary. In the event that neither Anna Toth nor Kevin Stafford is available, please contact Dr. John Beaton.

FRAN 6100. FRAN 6100-IV may require you to present clinical work in which you are currently engaged; if you are planning to present (formally, as opposed to spontaneous discussions) any current clinical work you will need to discuss this in advance with the appropriate clinical supervisor. Discussions about clinical work in the context of FRAN 6100 are **NOT** supervision. If you are considering making decisions about re-directing your clinical work with any current clients based on discussions in FRAN 6100, you need to check-in with the appropriate supervisor *prior* to your next session.

Disclosure of Personal Information

Professional development in the CFT field is often enhanced by the exploration of the personal and professional interface. Students are encouraged to thoroughly explore this interface generally and in specific instances where their personal history/experience closely parallels the course subject matter and/or client situation. Generally, a student should only reveal as little or as much information as he/she is comfortable sharing with the supervisors. The evaluation of student performance in this course is not dependent on student disclosure of personal information. Aspects of assignments in this course require each student to consider how the professional material intersects with personal values, beliefs, and experiences. Every effort has been made to minimize the requirement for the student to disclose personal information in assignments. Nonetheless, each student has the option to discuss alternative assignments with the course instructor.

Appendix A. Course-Specific Expected Student Learning Outcomes

1. Model-specific Expected Learning Outcomes (MELO's) (EFCT)

Learning Goals	Method of Achievement
1. Refine understanding of the conceptual basis of EFCT, including the pertinence of adult attachment and identity themes.	Assigned course reading Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions) Course Project and Paper
2. Establish solid therapeutic relationship, with attuned therapist responses and empathic connection with each partner.	In-class experiential exercises Ongoing client work Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
3. Consistently demonstrate multipartiality or 'neutrality' in working with clients.	Assigned course reading Ongoing client work Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
4. Assist each partner in articulating attachment emotions and needs underlying interactional positions. Demonstrate "emotional coaching" and "scaffolding" to facilitate each person's development of emotional awareness/intelligence and emotion regulation.	In-class experiential exercises Ongoing client work Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
5. Explore and formulate, jointly with the couple, the interactional cycle and each partner's positioning in the cycle (e.g., attachment style, primary/secondary emotions, attachment needs).	Assigned course reading Ongoing client work Therapeutic team contributions Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions) Course Project & Paper
6. Externalize the cycle (the problem is the cycle, not each partner).	Ongoing client work Therapeutic team contributions Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
7. Interrupt negative (problematic repetitive and/or escalating) cycles in the session.	In-class experiential exercises Ongoing client work Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
8. Develop, with the couple, preferred interaction cycles. Highlight for clients spontaneous displays of more helpful or preferred cycles in the session.	Ongoing client work Therapeutic team contributions Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
9. Facilitate couple awareness of their partner's vulnerabilities (disowned attachment emotions, needs, and aspects of self) and	In-class experiential exercises Ongoing client work

invite empathic understanding and/or acceptance	Therapeutic team contributions Self-Assessment (MELO & AAMFT CC checklists, class & supervision discussions)
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2. AAMFT Core Competencies (CC)

AAMFT Competency Number	Sub-domain	Competency
Admission to Treatment		
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care and payers.
Clinical Assessment & Diagnosis		
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.
2.5.1 *	Professional	Utilize consultation and supervision effectively.
Treatment Planning and Case Management		
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.4.3 *	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.
3.3.9	Executive	Develop termination and aftercare plans.
Therapeutic Interventions		
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
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 supervision 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.
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
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		
5.3.5 *	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		
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.

3. Educational Goals & Expected Student Learning Outcomes (ESLO)

EG-1 THEORETICAL FOUNDATIONS

ESLO 1 a. Students will critique and compare selected CFT approaches and their applications.

ESLO 1 c. Students will articulate the theoretical basis and practice implications of their preferred approach to couple & family therapy, including an examination of the congruency with the underlying values and assumptions of the approach and their personal professional positioning.

EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY

ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the *CFT Centre Operations & Procedures Manual*.

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. Self-evaluation of professional development will involve actively engaging in practices to increase self-awareness and critical reflexive self-monitoring including monitoring one’s own subjective frame (perceptions, insights, judgments etc.) and preferred interaction patterns as they inform one’s intentional contribution to and maintenance of a safe and effective therapeutic alliance.

EG-4 SOCIAL CONTEXT AND POWER RELATIONS

ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.

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.

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.

ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.

EG-5 CLINICAL APPLICATION

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.

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.

ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses including research informed possibilities and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.

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.

ESLO 5 e. Students will complete 500 hours of direct clinical practice with clients, with at least 250 hours with family and/or couple clients. Students will complete at least 150 hours of clinical supervision over five practica (four on-campus practica plus the Externship).

ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters (four on-campus practica plus the Externship).

**Appendix B. Schedule of Activities, Topics, & Readings
(this is offered as a possible structure, pending class approval)**

Week 1	Weeks 2, 3, 4, 5	Weeks 6, 8, 9, 10, 11, 12	Week 13
Introduction to Practicum IV	Training Seminar	Training and teams	Conclusion
4:30 – 6:00pm Introduction to Practicum IV	4:30 – 6:00pm EFT – concepts, assumptions, & interventions	4:30 – 6:00 pm Discussion of readings and incorporation into evening’s session	4:30 – 6pm Final Comments
<i>6:00 – 6:30pm BREAK</i>	<i>6:00 – 6:30pm BREAK</i>	<i>6:00 – 6:30pm BREAK</i>	<i>6 – 6:30pm BREAK</i>
6:30 – 8:20pm Introduction to EFT	6:30 – 8:20pm EFT – concepts, assumptions, & interventions	6:30 – 8:20pm Client Session (6:30 – 7:45) + EFT Debrief (7:45 – 8:20)	6:30 – 8:20pm Ending celebration

Topics and Required Readings
(readings can be accessed through the *Courselink*)

Week 1 (Jan 6) Introduction to Practicum IV and EFCT

Narrative therapy videos:

Part 1: <http://vimeo.com/34671797>

Part 2: <http://vimeo.com/36569211>

Part 3: <http://vimeo.com/36575119>

Week 2 (Jan 13) Emotion

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd Ed., Ch. 3-4). New York: Bruner-Routledge.

Greenberg, L. S., & Goldman, R. N. (2008). Emotion. In *Emotion-focused couples therapy: The dynamics of emotion, love, and power* (Ch. 2). Washington, DC: American Psychological Association.

Greenberg, L.S. (2002). Steps to emotion coaching. In *Emotion-focused therapy: Coaching clients to work through their feelings* (Ch. 4). Washington, DC: American Psychological Association.

Greenberg, L.S. (2002). Arriving at a primary emotion. In *Emotion-focused therapy: Coaching clients to work through their feelings* (Ch. 5). Washington, DC: American Psychological Association.

Week 3 (Jan 20) Interactional Patterns

Selvini-Palazzoli, M., Boscolo, L., Cecchin, G. & Prata, G. (1980). Hypothesizing, circularity, neutrality: Three guidelines for the conductor of the session. *Family Process, 19*, 3-12.

Greenberg, L. S., & Goldman, R. N. (2008). Interaction. In *Emotion-focused couples therapy: The dynamics of emotion, love, and power* (Ch. 5). Washington, DC: American Psychological Association.

Tomm, K. (1991). Beginnings of a 'HIPS and PIPS' approach to psychiatric assessment. *The Calgary Participator, 1*, 21-24.

Silverstein, R., Buxbaum, L. B., Tuttle, A., Knudsen-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process, 45*, 391-405.

Week 4 (Jan 27) Attachment

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd Ed., Ch. 2). New York: Bruner-Routledge.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships, 7*, 147-178.

Scheinkman, M & Dekoven Fishbane, M (2004). The vulnerability cycle: Working with impasses in couple therapy. *Family Process, 43*: 279-299.

Week 5 (Feb 3) Making authentic emotional contact using EFT

Pierce, R. A. (1994). Helping couples make authentic emotional contact. In S. M. Johnson & L. S. Greenberg (Eds.), *The heart of the matter: Perspectives on emotion in marital therapy* (pp. 75-107). New York: Brunner/Mazel.

Week 6 (Feb 10) EFT Tasks, Steps, & Interventions

- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd Ed., Chs. 5-6). New York: Bruner-Routledge.
- Greenberg, L. S., & Goldman, R. N. (2008). Therapeutic tasks: Focusing on interactional cycles. In *Emotion-focused couples therapy: The dynamics of emotion, love, and power* (Ch. 8). Washington, DC: American Psychological Association.

Week 7 (Feb 17) Reading Week

Week 8 (Feb 24) EFT Tasks, Steps, & Interventions

- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd Ed., Ch. 7-9). New York: Bruner-Routledge.
- Tilly, D & Palmer, G (2013). Enactments in emotionally focused therapy: Shaping moments of contact and change. *Journal of Marital and Family Therapy*. 39:3:299-313.
- Bradley, B & Furrow, J (2007). Inside blamer softening: Maps and missteps. *Journal of Systemic Therapies*. 26:4:25-43.

Week 9 (Mar 3) EFT: Gender, power and emotional labour

- Knudson-Martin, C., & Huenergardt, D. (2010). A socio-emotional approach to couple therapy: Linking social context and couple interaction. *Family Process*, 49, 369-386.
- Arlie Hochschild (2012). *The managed heart: Commercialization of human feeling*. Berkeley: University of California Press. Chapter 8: Gender, status and feeling, pp 162-184.

Week 10 (Mar 10) EFT: Culture, power and anger

- Flam, Helena (2004). Anger in repressive regimes: A footnote to *Domination and the Arts of Resistance* by James Scott. *European Journal of Social Theory* 7(2): 171-188.

Week 11 (Mar 17) EFT: Trauma, power & shame

- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd Ed., Ch. 12). New York: Bruner-Routledge.
- Greenberg, L. S., & Goldman, R. N. (2008). Shame in couples therapy. In *Emotion-focused couples therapy: The dynamics of emotion, love, and power* (Ch. 13). Washington, DC: American Psychological Association
- Jenkins, Alan (2009). *Becoming ethical: A parallel political journey with men who have abused*. Dorset, UK: Russell House Publishing. (Chapters 3 – 5). (Optional)

Week 12 (Mar 24) EFT & Families (or EFT and sexuality, or queering EFT, your choice)

To be determined

Week 13 (March 30) Conclusion

Appendix C. Supervision and On-Call Schedule

A. On Call Schedule

First Response On-Site Supervisor (Monday-Friday: 8:30-4:30pm). This semester Olga Sutherland will be consistently available to respond to “crisis” and/or “emergency” clinical situations during the day-time when the CFT Centre is open. She will work with therapist-interns who require consultation regardless of whether he or Anna is the “supervisor of record” for the specific client in question.

On-Call Evening Hours Schedule (Monday-Friday: 4:30-9:00pm). On-Call is to be reserved for situations that require supervision and/or consultation “immediately” given the crisis/emergency nature of the clinical situation and/or the potential that the therapist-intern has been provided with information that may require reporting to Family and Children’s Services or other authorities.

Primary on call supervisor: Monday & Wednesday evenings: John Beaton, Thursday evenings - Olga Sutherland

Back-up: Monday & Wednesday evenings: Olga Sutherland, Thursday evenings, John Beaton

Appendix D. Course Projects and Activities

Transcript Analysis (to be submitted to the *Dropbox*): Throughout the course, you will be asked to develop 4 transcripts of your interaction with clients (5-6 min each). Each transcript will focus on one of the following tasks:

1. Being empathically attuned: entering, tracking, and exploring the client's immediate and evolving experience (**DUE Jan 30**)
2. Helping the couple recognize the interactional cycle: linking, jointly with clients, their interactional responses, emotions (primary and secondary), and attachment fears/themes (**DUE Feb 27**)
3. Softening in a blaming partner (e.g., from anger/frustration to hurt/fear) (**DUE Mar 13**)
4. Changing the cycle: facilitating a bonding event in which one partner becomes vulnerable and shares an emerging (primary) emotion and the other validates and comforts the partner (**DUE Mar 27**).

Please use the following template:

Client-therapist dialogue	Therapist's Immediate Response (name the specific practice/ intervention you used and provide a rationale – what are you doing and why?)	Reflections (comments on its effectiveness or impact on your clients and/or identify possible alternative responses and/or comment on your own emotional experience at that moment and its contribution to your choices)
C: T: C:		

Specific Required Activities with Due Dates

Model-specific Expected Learning Outcomes (MELO) and more general Expected Student Learning Outcomes (ESLO) related to this practicum are noted for each required activity.

Activity # ESLO & MELOs	Description of What to Do	Date Due
1. Readings & Transcript Analysis ESLO 1a & c, 5a, 5c MELO 1-9	(a) Critically review and be ready to discuss readings for each week. (b) Apply ideas from readings to your clinical work.	Tuesday group meetings and in supervision On-going Transcript analysis due dates (see above)
2. Video-recording Review ESLO 1a-c, 3a-e, 4a-d, 5a, 5b, 5c, 5d MELO 1-9 (depending on the stage of EFCT)	Hand in video-recording showing some aspects of EFCT practice along with the supervision form	In supervision On-going
3. File Day ESLO 3c	File Day (all clinical documents and files must be up-to-date and reviewed by Kara)	February 10, 2014, April 2, 2015 and April 8, 2015

Appendix E. Evaluation of Practicum

Student's Rating of Practicum FRAN 6090 – IV Winter 2015

Model-based Expected Learning Outcomes (MELOs) & Specific AAMFT Core Competencies (CC) Expected Student Learning Outcomes (ESLOs) and Educational Goals (EG)

Rate each expected outcome and competency *according to how well the practicum enhanced your learning*. Consider all the practicum activities including; feedback on documentation, supervision meetings (partner, individual), Wednesday group meetings, reflecting teams, etc.

Rating scale: 1 = very little, 2= somewhat, 3= an adequate amount, 4= a lot, 5= a great deal

Rating 1....5	MODEL BASED EXPECTED LEARNING OUTCOMES (Emotionally Focused Couple Therapy)
	Refine understanding of the conceptual basis of EFCT, including the pertinence of adult attachment and identity themes.
	Establish solid therapeutic relationship, with attuned therapist responses and empathic connection with each partner.
	Consistently demonstrate multipartiality or neutrality in working with clients.
	Assist each partner in articulating attachment emotions and needs underlying interactional positions. Demonstrate “emotional coaching” and “scaffolding” to facilitate each person’s development of emotional awareness/intelligence and emotion regulation.
	Explore and formulate, jointly with the couple, the interactional cycle and each partner’s positioning in the cycle (e.g., attachment style, primary/secondary emotions, attachment needs).
	Externalize the cycle (the problem is the cycle, not each partner).
	Interrupt negative (problematic repetitive and/or escalating) cycles in the session.
	Develop, with the couple, preferred interaction cycles. Highlight for clients spontaneous displays of more helpful or preferred cycles in the session.
	Facilitate couple awareness of their partner’s vulnerabilities (disowned attachment emotions, needs, and aspects of self) and invite empathic understanding and/or acceptance

Rating 1....5	AAMFT CC #	Sub-domain	AAMFT Core Competency
Admission to Treatment			
	1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care and payers.
Clinical Assessment & Diagnosis			
	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.
	2.5.1 *	Professional	Utilize consultation and supervision effectively.
Treatment Planning and Case Management			
	3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
	3.3.5	Executive	Manage progression of therapy toward treatment goals.
	3.3.6	Executive	Manage risks, crises, and emergencies.
	3.3.9	Executive	Develop termination and aftercare plans.
	3.4.3*	Evaluative	Evaluate level of risks, management of crises and emergencies
Therapeutic Interventions			
	4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
	4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
	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 supervision 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.
	4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
	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

Rating 1.....5	CFT Expected Student Learning Outcomes (ESLO's) and Educational Goals (EG')
THEORETICAL FOUNDATIONS	
Educational Goal 1: Students will gain a broad 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	
	ESLO 1 a. Students will critique and compare selected CFT approaches and their applications
	ESLO 1 c. Students will articulate the theoretical basis and practice implications of their preferred approach to couple & family therapy, including an examination of the congruency with the underlying values and assumptions of the approach and their personal professional positioning.
PROFESSIONALISM, ETHICAL CONDUCT AND ACCOUNTABILITY	
Educational Goal: 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.	
	ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFTC Operations & Procedures Manual</i>
	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. Self-evaluation of professional development will involve actively engaging in practices to increase self-awareness and critical reflexive self-monitoring including monitoring one’s own subjective frame (perceptions, insights, judgments etc.) and preferred interaction patterns as they inform one’s intentional contribution to and maintenance of a safe and effective therapeutic alliance.
SOCIAL CONTEXT AND POWER RELATIONS	
Educational Goal 4: Students will integrate a sophisticated sensitivity to diversity into their professional identity as a couple & 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.	
	ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity

	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 the processes.
	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.
	ESLO 4 d. Students will learn strategies to explore and address issued of diversity, marginalization, discrimination and abuse in therapy with clients.
CLINICAL APPLICATION	
Educational Goal 5: Students will integrate theory, research and practice skill in on-going clinical work with clients seeking therapy	
	ESLO 5 a. Students will develop beginning to intermediate level practice skills associated with the featured post-modern couple & family approaches, including engaging clients, “assessing” presenting concerns, setting therapeutic goals, and collaborating with clients to create desired changes.
	ESLO 5 b. Students will integrate analysis of social context and power relations into clinical conceptualizations and will respond sensitively to the different needs and circumstances of each client system.
	ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses including research informed possibilities and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.
	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.
	ESLO 5 e. Students will complete 500 hours of direct clinical practice with clients, with as least 250 hours with family and/or couple clients. Students will complete at least 100 hours of clinical supervision over five practica (four on-campus and one Externship)
	ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters (four on-campus practica plus one Externship)

Comments:

Appendix F. Evaluation of Students

Supervisor's Evaluation of Student Learning FRAN 6090-IV

Model-based Expected Learning Outcomes (MELOs) & Specific AAMFT Core Competencies
Expected Student Learning Outcomes (ESLOs) and Educational Goals

Taking into consideration the various activities of **Practicum-IV** the clinical supervisors rated the level of learning evident for the student over the course of the semester. These ratings take into account an appropriate developmental theory trajectory associated with the first semester of specific clinical training and direct work with clients. Given this is the first semester of exposure to the theory and practice skills in the Emotionally Focused Therapy Model, the acceptable (met expectations) level of learning is at the beginner level

Rating Scale: 1= Not yet evident 2= Met Expectations 3= Exceeded Expectations

Rating 1-3	MODEL BASED EXPECTED LEARNING OUTCOMES (Emotionally Focused Couple Therapy)
	Refine understanding of the conceptual basis of EFCT, including the pertinence of adult attachment and identity themes.
	Establish solid therapeutic relationship, with attuned therapist responses and empathic connection with each partner.
	Consistently demonstrate multipartiality or neutrality in working with clients.
	Assist each partner in articulating attachment emotions and needs underlying interactional positions. Demonstrate "emotional coaching" and "scaffolding" to facilitate each person's development of emotional awareness/intelligence and emotion regulation.
	Explore and formulate, jointly with the couple, the interactional cycle and each partner's positioning in the cycle (e.g., attachment style, primary/secondary emotions, attachment needs).
	Externalize the cycle (the problem is the cycle, not each partner).
	Interrupt negative (problematic repetitive and/or escalating) cycles in the session.
	Develop, with the couple, preferred interaction cycles. Highlight for clients spontaneous displays of more helpful or preferred cycles in the session.
	Facilitate couple awareness of their partner's vulnerabilities (disowned attachment emotions, needs, and aspects of self) and invite empathic understanding and/or acceptance

Rating 1-3	AAMFT CC #	Sub-domain	AAMFT Core Competency
Admission to Treatment			
	1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care and payers.
Clinical Assessment & Diagnosis			
	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.
	2.5.1 *	Professional	Utilize consultation and supervision effectively.
Treatment Planning and Case Management			
	3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
	3.3.5	Executive	Manage progression of therapy toward treatment goals.
	3.3.6	Executive	Manage risks, crises, and emergencies.
	3.3.9	Executive	Develop termination and aftercare plans.
	3.4.3*	Evaluative	Evaluate level of risks, management of crises and emergencies
Therapeutic Interventions			
	4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
	4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
	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 supervision 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.

	4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
	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

Rating 1-3	CFT Expected Student Learning Outcomes (ESLO's) and Educational Goals (EG')
	<p>EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY Educational Goal: 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.</p>
	<p>ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFTC Operations & Procedures Manual</i></p>
	<p>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. Self-evaluation of professional development will involve actively engaging in practices to increase self-awareness and critical reflexive self-monitoring including monitoring one’s own subjective frame (perceptions, insights, judgments etc.) and preferred interaction patterns as they inform one’s intentional contribution to and maintenance of a safe and effective therapeutic alliance.</p>
	<p>EG-4 SOCIAL CONTEXT AND POWER RELATIONS Educational Goal 4: Students will integrate a sophisticated sensitivity to diversity into their professional identity as a couple & 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.</p>
	<p>ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity</p>
	<p>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 the processes.</p>
	<p>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.</p>
	<p>ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination and abuse in therapy with clients.</p>
	<p>EG-5 CLINICAL APPLICATION Educational Goal: Students will integrate theory, research and practice skill in on-going clinical work with clients seeking therapy</p>
	<p>ESLO 5 a. Students will develop beginning to intermediate level practice skills associated with the featured post-modern couple & family approaches, including engaging clients, “assessing” presenting concerns, setting therapeutic goals, and collaborating with clients to create desired changes.</p>
	<p>ESLO 5 b. Students will integrate analysis of social context and power relations into clinical conceptualizations and will respond sensitively to the different needs and circumstances of each client system.</p>
	<p>ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses including research informed possibilities and to translate their conceptualization into therapeutic</p>

	conversations that are consistent with the selected practice model.
	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.
	ESLO 5 e. Students will complete 500 hours of direct clinical practice with clients, with as least 250 hours with family and/or couple clients. Students will complete at least 100 hours of clinical supervision over five practica (four on-campus and one Externship)
	ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters (four on-campus practica plus one Externship)

Comments:

Appendix G
Supervision Preparation Form (supervisor: Anna Toth)

Therapist Intern _____	Date _____	Client # _____
Clients' First Names _____	Number of Sessions _____	
Current Safety Risks and Severity _____		
Overall Therapy Focus/Goal _____		
Video: Yes	<input type="checkbox"/>	No <input type="checkbox"/>

YOU

1. What is your question or hope for supervision?

2. What emotions do you experience working with this client? What aspects of your personal emotional experience and current context are relevant to our dialogue today (e.g. level of stress etcetera)?

CLIENTS

3. What is your 'assessment' of your therapeutic emotional alliance/relationship with this client? (e.g. how 'safe', connected and understood do they feel by you?)

4. Describe the 'problem' from an EFT perspective (for example you might explain how each client's emotions/working models/attachment fears influence the 'problem' in a circular manner).

5. Describe a possible **alternative, preferred emotion or interactional cycle**.

6. Which **task/step** are you currently addressing in your work with this client/couple?

7. What specific in-session practices you could use to help the client(s) **identify** interactional cycles, **deepen** emotional experiencing, and **restructure** relational bonds?

8. What relations of power are important in your work together (e.g. their and your various social locations, discourses of normalcy and failure against which they and/or you struggle, systemic issues regarding power)?

9. *Leave Blank (for Supervisor's notes)*