

Couple & Family Therapy Program
Department of Family Relations & Applied Nutrition
University of Guelph

FRAN 6200 Special Topics:
Solution Focused Therapy Theory in Couple and Family Therapy
and Introduction to “Electronic Practice”
COURSE OUTLINE - Spring 2020

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Course Description

In response to the COVID19 Pandemic and its impact on both clinical training and Centre operations, this course is designed as a partial replacement of Practicum II in the Solution Focused Therapy (SFT) model. The purpose of this course is twofold:

- 1) an introduction to the SFT model of therapy and
- 2) preparation for electronic practice service delivery.

Introduction to SFT Model

The Solution Focused Therapy Model 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, the practical model base skills and questioning stances, how to apply these in both clinical and non-clinical settings, and a theoretical exploration of how SFT's can be utilized with a number of life presenting problems. Students will have opportunity to practice the SFT strategies and skills in role play based activities and in their own lives. There will be opportunity for students to demonstrate SFT skill and competence in actual clinical setting (face to face and/or virtual) at a later date. Systemic thinking and practice will be highlighted, consistent with the training commitments of the CFT Program.

Preparation for Electronic Practice Service Delivery

Electronic practice is one of the terms used by the CRPO to encompass any service delivery provided through “communication technologies” or electronic means including and not limited to email, telephone, videoconferencing, text etc). [See *CRPO Professional Practice Standards (2016)*; and *Electronic Practice Guidelines (2019)*]. Students will learn about and explore the delivery of clinical services through a variety of electronic technologies with emphasis on video conferencing and telephone formats. Students will explore various ethical, privacy, jurisdictional and boundary implications of working while using this format and particularly given the training context of the program. Students will also have opportunity to practice using a yet to be announced videoconferencing platform. Additionally, students will develop an individualized electronic practice service delivery plan (EPP) with expectation for real time implementation in the Fall of 2020.

This course will also 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 course involves active participation in a range of academic, experiential, and clinical planning activities designed for the professional development of CFT therapist-interns and drawing on clinical experience to date.

Finally, we are living, working and learning in unprecedented and uncertain times as this pandemic evolves and as guidance from public health, the university, and local, provincial and federal governments changes. This course cannot be taught without consideration of this context and its significant impact on both students and the instructor. Time will be provided to address these impacts, respond to them as is necessary or possible while also working to focus on the learning before us.

Schedule of Meetings

The course will be delivered virtually primarily using Microsoft Teams.

Classes will be held Wednesday's 10-12 and 1-2PM (as option).

Additional meetings individually or in pairs with the course instructor will be setup and are designed to enhance and individualize student learning and mirror the "supervision" process.

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. Model-based Expected Learning Outcomes and Relevant AAMFT and CRPO Core Competencies* for more detail regarding other outcomes associated with this course.

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 role play and application to personal life settings and theorize application to 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 *theoretically* engage in SFT practices with respect to: assessment of the client presenting problems; goal setting; theoretical assessment of on-going progress toward goals; assessment of the helpfulness to therapy. *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. Diversity. To increase awareness of cultural and other differences and use this awareness to enhance effective therapeutic practice. *ESLOs 4c, 4d, 5b*.
6. 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*.
7. Electronic Practice to expand knowledge of electronic practice deliver, understand the ethical implications and risks/benefits for its use and develop a personalized plan for its implementation. *ESLO 3c, 3d, 4c, and SEUS*.

Creating a Generative Learning Environment

This course is based on the assumption of shared responsibility for developing a cooperative, collaborative and non-competitive learning environment where therapist-interns can constructively voice their ideas, address challenges, take appropriate risks to enhance learning and further develop clinical skills/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 instructor'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 instructor; (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 course objective and learning goals.

Required Readings and Resources

All readings will be accessed from those available through the University of Guelph online Library.

Primary resource/text: Nelson, T.S. (2019). *Solution-Focused Brief Therapy with Families*.

CFTC Policy and Procedures Manual and other relevant nonacademic documents (eg: CRPO Professional Practice Standards, Electronic Practice Guidelines; AAMFT Code of Ethics etc).

Additional readings/resources assigned will be accessible on-line or distributed by the instructor.

Course Evaluation and Assessment

Final Grades. Grading for FRAN 6200 is on a graded 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. Assessment of this course is based up on the successful completion of the following activities:

Project: Cultivating the Practice of Solution Focused Therapy (ESLO 1 a, 4 b, & 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 will choose one "life presenting problem" (eg: alcohol misuse; eating disorders; childhood trauma; anxiety etc.) and research SFT resources related to that life presenting problem and create an annotated bibliography with a minimum of 7 multi-media resources, at least four of which must be academic (scholarly articles; books). Student's annotated bibliographies will be compiled into a unified collection by the instructor for distribution within the class at the end of the course.
2. Each student will present (30 minutes max) to class their research findings about the application of the SFT model to the selected "life presenting problem" and using the following questions as guide:
 - How does the SFT model approach this life presenting problem? Provide examples of how the underlying assumptions of the model are used to inform an understanding of the problem and generation of solutions?
 - How are the SFT skills and questioning stances used or adapted to interview clients about the problem and seek solutions?
 - What stands out for you as beneficial, intriguing, different, about the application of the SFT model to this life presenting problem?

- What stands out for you as being a difficulty, challenge or critique of the application of the SFT model to this life presenting problem?
 - A consideration of contextual factors including how the social location of client/therapist may impact its use?
 - What did you notice about yourself during the role play where you applied the SFT model to a fictional application of a life presenting problem?
3. While role play activities will be used and encouraged through-out this course, each student will team up with another student to more formally role play the application of the SFT model. Each student will develop a fictional character and fictional life problem which they will be asked to role play for another student who plays themselves as Therapist Intern. This role play will take place virtually and using MS Teams as the delivery platform and utilizing the “record” function. Role play teams for this exercise will be predetermined by the Instructor. Each Intern Therapist will write a 1-2 page reflection on their experience of using SFT in this setting. A meeting with the instructor will then be arranged to review the role play tape (mirroring supervision) to explore the experience and provide feedback.
 4. Delivering services through Electronic Means Reflection and Planning: Each student will develop a plan for providing therapy services remotely. This plan will be based on responding to and reflecting upon a series questions to be provided later. Students will also be expected to practice using the system in role play and other activities.

Assessment Weighting:

Activity	Weight	Due Date
Annotated Bibliography and Presentation	40%	<u>Week of June 24th</u>
Role Play and reflection meetings	30%	<u>July 22, 2020</u>
Electronic practice plan	30%	<u>Aug 5, 2020</u>

Participation and Absences

Satisfactory performance in this course depends on active engagement of all class members in weekly class activities and assigned tasks between classes. In the event that a student 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 by e-mail or text message in advance of class. The student is responsible for “catching up” on whatever they have missed.

Disclosure of Personal Information.

Self-awareness is an important component of this course and is linked to the development of SEUS – safe and effective use of self as defined by the CRPO. As a developing professional it is important to be able to identify what is happening for you now, in the moment, as well as how past experiences and social location influence your perspective on yourself and others. While you will be encouraged to explore your own responses and what they mean for you, you will not be expected to disclose personal information with the class, in large or small groups, or with the instructor that you do not feel comfortable sharing. Evaluation of your participation in this class and of your class assignments is not dependent on your disclosure of personal information. You will be asked to reflect, both in class and in written assignments, on what the process of self-examination is teaching you about how best to approach being in a therapist position. This attention to ‘process’ is different from a focus on content. If at any time you are unclear about this distinction, please talk to the instructor for clarification.

Intern's Evaluation of the Instructor

In the final seminar of the term students will be asked to fill out a departmental form to evaluate the Instructor and the course.

Accessibility

The University of Guelph is committed to creating a barrier-free environment. Providing services for students is a shared responsibility among students, faculty and administrators. This relationship is based on respect of individual rights, the dignity of the individual and the University community's shared commitment to an open and supportive learning environment. Students requiring service or accommodation, whether due to an identified, ongoing disability or a short-term disability should contact Student Accessibility Services (SAS) as soon as possible: <http://www.uoguelph.ca/csd/>

Academic Misconduct

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring. University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection. Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with the course instructor or faculty advisor.

The Academic Misconduct Policy is detailed in the Graduate Calendar:

https://www.uoguelph.ca/registrar/calendars/graduate/2014-2015/genreg/sec_d0e2097.shtml

The investigation of cases of academic misconduct cases and the cases that are heard at the Admissions and Progress Committee indicate that many graduate students, especially those new to Canada, are not aware of University regulations reflected in the attached statements. In particular, issues related to academic consideration, dropping courses, and lack of awareness of behaviour that constitutes academic misconduct may all lead to disruption or delay of a student's academic studies and require considerable time and effort from faculty and administrative staff to resolve resulting problems. In the case of the graduate academic misconduct policy, the Graduate Calendar states: "It should not be possible for a student to claim that he/she was not warned about the University's academic misconduct regulations, what constitutes academic misconduct and the potential consequences of transgressing."

SEUS

One of the defining competencies of psychotherapy practice, safe and effective use of self, refers to the psychotherapist's learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her participation in the therapeutic relationship with the client. It also speaks to the psychotherapist's self-reflective use of his or her personality, insights, perceptions and judgments in order to optimize interactions with clients in the therapeutic process.

Psychotherapeutic traditions and practices related to the development of a psychotherapist's safe and effective use of self in the therapeutic relationship are diverse. Some applicants will have developed this competency while engaging in their own personal psychotherapy. Others will have taken courses that address use of self. These may include, for example, personal family history and dynamics, anti-oppression and diversity, power dynamics, relational boundaries, experiential practice as client or interpersonal relationship development. Others may have engaged in a guided and reflective Indigenous practice, such as the four directional way. For some practitioners, this competency may also be addressed in a particular form of clinical supervision.

DRAFT: Tentative class and reading schedule (subject to change and development)

Week	Date/Class	Topic/activity	Online readings
1	May 13	Introduction and figuring our way; history	
23	May 20	SFT Assumptions	Nelson
4	May 27	SFT Goal Setting	Nelson
5	June 3	SFT Skills - Questioning Stances	Selekman; Nelson
6	June 10	SFT Skills - Questioning Stances	Nelson
7 (100 th day)	June 17	SFT and electronic practice	<i>forthcoming</i>
8	June 24	TBD Day (floater class content TBD)	<i>forthcoming</i>
9	July 1	Canada Day – No Class	
10	July 8	EPP	<i>forthcoming</i>
11	July 15	EPP – Ruth Neustifter guest Speaker	<i>forthcoming</i>
12	July 22	Class Presentations	
13	July 29	Class Presentations	
14	Aug 5	EPP - Wrap up! Fall Planning	<i>forthcoming</i>

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

EDUCATIONAL GOALS AND EXPECTED STUDENT LEARNING OUTCOMES	INCORPORATION & ASSESSMENT
<u>EG-1 THEORETICAL FOUNDATIONS</u>	
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; Assessment Activities; conversations with Instructor.
ESLO 1a. Students will critique and compare selected CFT approaches and their applications.	Assessment Activities MELO 3b;4b;5b,f;7a;
<u>EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY</u>	
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; conversations with instructor.
ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFT Centre Operations & Procedures Manual</i> .	Assessment Activities (ie: EPP) and conversations with Instructor. 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.	Assessment Activities; role plays and conversations with instructor. MELO 3b;4b,c;5b,f,g;7a,c,e,g;8c;9d
<u>EG-4 SOCIAL CONTEXT AND POWER RELATIONS</u>	
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; assessment activities and conversations with instructor.

ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.	Assigned readings; class discussions; assessment activities and conversations with instructor. 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	Assigned readings; class discussions; assessment activities and conversations with instructor. 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.	Assigned readings; class discussions; assessment activities and conversations with instructor. 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.	Assigned readings; class discussions; assessment activities and conversations with instructor. MELO 8a,c,
<u>EG-5 CLINICAL APPLICATION</u>	
Educational Goal: Students will integrate theory, research, and practice skills in on-going clinical work with clients seeking therapy.	Assigned readings; class discussions; assessment activities and conversations with instructor.
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.	Assigned readings; class discussions; assessment activities and conversations with instructor. 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>Assigned readings; class discussions; assessment activities and conversations with instructor. 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>Assigned readings; class discussions; assessment activities and conversations with instructor. 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>Assigned readings; class discussions; and conversations with instructor. See AAMFT Core Competencies; MELO 7a,c,g</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>Conversation with instructor. MELO 7a,c,e,g</p>

APPENDIX B

Model-based Expected Learning Outcomes (MELOs)

for Solution Focused Therapy and Relevant AAMFT Core Competencies (CC)

These are derived from those used in Practicum II. Given the context for this course and the restrictions associated with the pandemic; the absence of direct clinical experience, it will not be possible to address all of these outcomes. They are, therefore, provided as information and with an eye to consider how they may be addressed theoretically.

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