

MHS 7431 - ADVANCED FAMILY COUNSELING
FALL 2006

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Clinic Supervisors:

I. COURSE PREREQUISITES:

Students must have successfully completed **MHS 6430**-Introduction to Family Counseling (or an equivalent introductory family therapy course approved by Dr. Doan), and **Practicum I** prior to enrolling in this course. **Students must also have current professional liability insurance.** Necessary materials and application forms can be obtained through the professional organization you are a student member of (i.e. AAMFT or ACA).

II. GOALS & OBJECTIVES OF COURSE

This four-credit course is designed to introduce students to the practice of (1) **eco-systemic** family therapy based on concepts drawn from early family therapy models (structural, strategic, transgenerational, experiential, etc.) and (2) more emergent **postmodern** approaches in the field of family therapy (brief, narrative, meaning and language-based, resource-oriented and strength-based). The development of a conceptual understanding of family therapy practice will be emphasized along with the acquisition of specific treatment skills within the context of live supervision. This course builds upon the introductory overviews of couple and family therapy theory (MHS 6430 & MHS 6440) by focusing on the interventive aspects of couple and family therapy. This is accomplished through actual clinical work with a diverse population of clients presenting with a variety of issues in the Couple and Family Clinic. Within the context of live supervision, we will emphasize and encourage each student's development of a conceptual understanding of family therapy practice, an expanding repertoire of specific treatment skills and interventions, and a growing confidence in the utilization of self-as-therapist to influence the therapeutic system.

A. Theoretical & Research-based Goals

- ⇒ Review basic concepts relevant to the theory and practice of family therapy (i.e. related to historical/foundational & emergent/postmodern perspectives);
- ⇒ Examine couple and family systems, interaction, conflict, and resilience through various lenses of family therapy theory, research, and practice (*with a strong emphasis on family narratives and narrative therapy*);
- ⇒ Utilize concepts from class activities, clinical experiences, and family therapy theory, research, and practice literature to conceptualize and organize the student's clinical practice;
- ⇒ Developing clearer conceptualization and articulation of evolving model of systemic couple & family therapy (informed by professional ethics, literature, and clinical experience);

- ⇒ Identify strategies for evaluating the effectiveness of therapeutic interventions based on outcome research literature & explore how they fit contextually within current clinical practice.

B. Clinical Practice

- ⇒ Learn procedures and processes pertinent to planning and managing a family therapy case over time (in collaboration with co-therapist, team members, and supervisor);
- ⇒ Enhance skill in observing and translating family process information into specific treatment directions and goals in ways that are consistent with systemically-oriented theoretical perspectives and narrative approaches;
- ⇒ Practice implementing interventions based on integrated systemic family therapy perspectives that attend to culture, gender, religion, family development, family organization and process, family patterns and sequences, and family resources and strengths;
- ⇒ Attend to change over time as a family therapist-in-training;
- ⇒ Adhere to ethical and legal codes of conduct and standards (i.e., AAMFT, ACA, CACREP, Florida Statue 491 & Rule Chapter 64B4) and the values implicit in the philosophical assumptions driving practice and supervision in the Couple and Family Clinic.

ALERT: This course will include client contacts, dialogues, discussions, interviews, live demonstrations, readings, slides, supervision, and videotapes of sensitive material. Enrollment indicates a willingness to actively participate and to honor the privacy of those who have shared their stories so we can learn. Should there be particular concerns, please talk with the instructor.

III. This course is designed to meet the following Accreditation Standards:

Measures of Accomplished Practice (IPEP): Not applicable

Sunshine State Standards (U.S. DOE): Not applicable

CACREP Standards (listed by specific areas and numbers as per guidelines):

A. FOUNDATIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/THERAPY

1.history of marital, couple, and family counseling/therapy including philosophical and etiological premises that define the practice of marital, couple, and family counseling/therapy;

2. structure and operations of professional organizations, preparation standards, and credentialing bodies pertaining to the practice of marital, couple, and family counseling/therapy (e.g., the International Association of Marriage and Family Counselors);

3.ethical and legal considerations specifically related to the practice of marital, couple, and family counseling/therapy (e.g., the *ACA and IAMFC Code of Ethics*);

4.implications of professional issues unique to marital, couple, and family counseling/therapy including recognition, reimbursement, and right to practice;

5.the role of marital, couple, and family counselors/therapists in a variety of practice settings and in relation to other helping professionals; and

6. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in marital, couple, and family counseling/therapy.

B. CONTEXTUAL DIMENSIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/THERAPY

1.marital, couple, and family life cycle dynamics, healthy family functioning, family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status, and belief systems;

2.human sexuality issues and their impact on family and couple functioning, and strategies for their resolution; and

3.societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual-career couples, and blended families).

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR MARITAL, COUPLE, AND FAMILY COUNSELOR/THERAPISTS

1. family systems theories and other relevant theories and their in working with couples and families, and other systems (e.g., legal, legislative school and community systems) and with individuals;

2.interviewing, assessment, and case management skills for working with individuals, couples, families, and other systems; and implementing appropriate skill in systemic interventions;

3.preventive approaches for working with individuals, couples, families, and other systems such as pre-marital counseling, parenting skills training, and relationship enhancement;

4.specific problems that impede family functioning, including issues related to socioeconomic disadvantage, discrimination and bias, addictive behaviors, person abuse, and interventions for their resolution; and

5. research and technology applications in marital, couple, and family counseling/therapy.

D. CLINICAL INSTRUCTION

For the Marital, Couple, and Family Counseling/Therapy Program, the 600 clock Hour internship (Standard III.H) occurs in a counseling setting, under the clinical Supervision of a site supervisor as defined by Section III, Standard C.1-2. The Requirement includes a minimum of 240 direct service clock hours, defined as Work with couples, families, and individuals from a systems perspective, with the Majority of the direct service clock hours occurring with couple and family units.

The program must clearly define and measure the outcomes expected of interns, Using appropriate professional resources that address standards A, B, and C (Marital, Couple, and Family Counseling/Therapy Programs).

IV. Texts for the course - Available at the Reitz Union Bookstore

A. Required Texts:

1. Nichols, M.P., & Schwartz, R.C. (2006). Family therapy: Concepts and method. Boston: Allyn & Bacon. [**NOTE:** The 2004, Sixth Ed. Is acceptable as well]
2. Freedman, J. & Combs, G. (1996). Narrative therapy: The social construction of preferred realities. NY: Norton.
3. Madsen, B. (1999). Collaborative therapy with multi-stressed families: From old problems to new futures. NY: Guilford.
4. Stoltenberg, C.D., McNeill, B., & Delworth, U. (1998/1997). IDM Supervision: An integrated developmental model for supervising counselors and therapists. San Francisco: Jossey-Bass/Wiley Publishers. (**COURSE RESERVE COPY** in COE Library)
5. Skovholt, T.M. (2001). The resilient practitioner. Boston: Allyn & Bacon. (**COURSE RESERVE COPY** in COE Library)
6. Hubble, M.A., Duncan, B.L., & Miller, S.D. (1999). The heart and soul of change: What works in therapy. Washington, DC: American Psychological Association. (**COURSE RESERVE COPY** in COE Library)
7. **E-RESERVES** – Articles accessible through Course Reserves Online

B. Optional Texts:

Other Useful References FYI – not required & not at Bookstore

Taibbi, R. (1996). Doing family therapy: Craft and creativity in clinical practice. New York: Guilford.

Brock, G.W., & Barnard, C.P. (1999). Procedures in marriage and family therapy. (3rd edition). Boston: Allyn & Bacon.

Pipher, M. (2003). Letters to a young therapist. New York: Basic Books.

Odell, M., & Campbell, C. (1998). The practical practice of marriage and family therapy: Things my training supervisor never told me. New York: Haworth Press.

Rambo, A. H., Heath, A., & Chenail, R. J. (1993). Practicing therapy: Exercises for growing therapists. New York: W. W. Norton & Co.(ISBN 0-393-70161-1)

Waters, D. B., & Lawrence, E. C. (1993). Competence, courage, and change: An approach to family therapy. New York: W.W. Norton & Co. (ISBN 0-0393-70139-5).

Walsh, F. (1998). Strengthening Family Resilience. New York: Guilford Press. (ISBN 1-57230-408-1).

Bertolini, B., & O'Hanlon, B. (2002). Collaborative, competency-based counseling and therapy. Boston: Allyn & Bacon.

V. METHODS OF INSTRUCTION

In order to meet objectives toward conceptual understanding and clinical skills in family therapy practice, the class format consists of a combination of seminar discussion/presentation, and clinic experience. Each class session is divided into a seminar and a practice-related (Clinic) portion.

Full Class Schedule (Wednesday s):

2 to 3:30 pm - Seminar (1327 B)
 3:30 to 4:30 pm – Dinner Break
 4:30 to 4:45 pm – Preparation for evening's clinic
 4:45 to 8:00 pm* - Couples and Family Therapy Clinic
 (1327 B, C, D, E, F, G, H, I).

Class participants will be organized into 3 Therapy/Consultation Teams, each consisting of a therapist or co-therapists and a supervisor. Creation of Teams is dependent on Class Size. One co-therapy pair or therapist will conduct the first session while the remaining members of their consultation team observe, plan, and participate “behind the mirror.” Roles are then reversed during the second session. This plan allows us to conduct three simultaneous counseling sessions from 5:00-6:00pm (followed by time for debriefing Session 1 and planning Session 2), and three more simultaneous counseling sessions from 6:30-7:30pm (followed by time for debriefing and planning).

*The **clinic schedule** will be:

4:30 – 4:45	Return to 1327B for room assignments & setup for Clinic
4:45 – 5:00	Pre-Session 1
5:00 – 6:00	SESSION 1 (Includes 5 minute consultation break)
6:00 – 6:15	Post-session 1

6:15 - 6:30	Pre-Session 2
6:30 – 7:30	SESSION 2 (including 5 minute consultation break)
7:30 – 7:45	Post-session 2
7:45 – 8:00	Wrap-up for the evening (entire class in 1327B)

VI. COURSE POLICIES

A. GRADE-RELATED

a. **Class Attendance and Absences:** An integral part of learning in this course takes place through discussions and interactive activities, which require your active participation. Therefore, class attendance (and participation) is essential. You must notify me in case of absences, especially if this will require cancellation of client sessions (which you are to discuss with your clients directly). More than two excused absences will affect participation grade. Extenuating circumstances will be considered on an individual basis.

2. **Late Assignments** - For each day that an assignment is late there will be 5 points taken off from the earned grade.

3. **Incompletes** will only be submitted in cases of serious extenuating circumstances (e.g. prolonged illness, immediate personal/family crises, etc.). Appropriate documentation will need to be provided.

B. FAIRNESS & ACCOMODATION POLICY: Any individual needing specialized assistance due to a disability should inform Dr. Doan as within the first two weeks of the semester to plan for specific accommodations. Please bring your letter from the Dean of Students' Office with you when we meet. Every effort will be made to ensure that appropriate accommodations are made.

C. UF HONESTY POLICY: As a result of completing the registration form at UF, every student has signed the following statement: "I understand that the University of Florida expects its students to be honest in all their academic work. I agree to adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary action up to and including expulsion from the University" (see Student Handbook).

VII. COURSE EXPECTATIONS & ASSIGNMENTS:

A. PARTICIPATION in Class & Clinic

1. IN CLASS

You are expected to complete the assigned readings for each of the **class seminar sessions**. Please come prepared for class discussion and participation in the way of comments, questions, observations, reactions to the readings, etc. so that we may have useful and stimulating discussion throughout the seminar portion (2-3:30 pm.).

On certain dates students will be assigned to facilitate discussion of specific readings or will need to come prepared having completed exercises related to readings.

2. IN CLINIC

You are expected to participate as a **therapist or co-therapist and be part of an observation/ consultation team** each week. During this time you will have a client-family with whom you (and your co-therapist) will work while a team of other students and your supervisor will consult/supervise. Then you, in turn, will serve as a member of the observation/consultation team while other team members work with their clients.

Attire for Clinic is professional/ business casual, just as any other professional agency where you would be employed (no jeans or shorts please)

The counseling/consultation team experience is scheduled during the FAMILY CLINIC portion of our class from 4:30-8:00pm (**including a 15 minute wrap-up @ 7:45pm in 1327A**). You will be assigned a couple or family referred to our department's Couple and Family Clinic. All participating family members must give written permission for observation and/or videotaping in order for you to work with them (see forms in separate clinic packet).

B. CLINIC RELATED ASSIGNMENTS (Family Treatment Plan, Case Record Forms, and Reflective Journal guidelines are all included in your CLINIC PACKET).

1. Family Assessment Plan

You will be expected to formulate a treatment plan for your client-family as well as keep a record of case notes. This case **Family Assessment Form is due after your 4th session with your clients** (i.e. due 5th session date). This will be useful in planning and evaluating your therapeutic efforts over the course of the term. **Guidelines for developing your plan will be given out in class** (as is the case note format). Turn in one Tx. Plan per co-therapy team (same grade for both).

2. Case Notes

Case notes are due on a weekly basis as you would complete in any other practice setting. Case notes are dated by session date and turned in during class time the following week. Blank copies of Case notes are included in your **Clinic Packet**. You can either make copies and handwrite legibly OR Instructor can send you an electronic copy to fill out by computer. **COMPUTER FILES WITH CLIENT INFORMATION MUST BE LOCKED TO BE ACCESSED BY YOU ONLY.**

3. Tapes

You will need to purchase 2 videotapes for clinic use. These can be taped over from week to week. Confidentiality is of the utmost importance in terms of client information, therefore, **all videotapes of sessions will be kept in the main office (1215 Norman) in a locked cabinet** which the secretaries will offer you assistance with as needed. Tapes can only be viewed on the premises in the clinic rooms.

4. Journal

You will also keep a **journal** (*starting the 1st day of Clinic*) reflecting upon your clinic experiences, observations, and personal development. You will turn in one journal entry **every two weeks** covering experiences for those 2 weeks of clinic (see guidelines in clinic packet). A loose-leaf (rather than wire-bound) binder works best so you turn in pages rather than turning in an entire notebook.

Please NOTE: although most of the clinic-related assignments & records are to be kept up to date throughout the semester, **your completed case file is due NO LATER THAN DEC. 11.** This includes client forms, case notes, graded Tx. Plan, transfer/termination summary, and reflective journal .
**REMEMBER, YOU MUST RESPECT YOUR CLIENTS RIGHT TO PRIVACY
 ...TREAT THESE DOCUMENTS WITH CARE!**

C. CLASS PROJECTS

1. Midterm Project – Therapist Development and Process

This Semester presentations will take place during Class 10. Each of you will have 30 minutes to present.

(1) Utilizing **Stoltenberg, et al's (1997) model of therapist development** identify where you see yourself in your own development. Describe each of the **specific levels (1,2 ,3 or 3i), the structures** (i.e. self & other awareness, motivation, & autonomy), **and the domains** (i.e. competence in intervention & assessment skills, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, Tx. plan & goals, & professional ethics) that you currently identify with during THIS phase of your training - especially as it pertains to this clinic experience).

(2) Utilizing **Nelson & Johnson's (1999) Basic Skills Evaluation Device (BSED)**, evaluate your family therapy skills in terms of Conceptual Skills, Perceptual Skills, Executive Skills, Professional Skills, and Evaluation Skills.

(3) Utilizing **Skovholt's (2001) stages of practitioner development**, describe what stage(s) you identify with in his model (see Ch. 4) and why.

Your presentation should include:

1. A description of yourself according to these models of therapist development stating where you perceive yourself developmentally within these frameworks. Provide explanations and illustrations substantiating your views.
2. Discuss how your level of development & self as a therapist impacts those you work with (e.g. your co-therapist, your client-family, your clinic supervisor).
3. Present actual clinical examples illustrating at least one of the points you make about your current development. Be creative (e.g., use videotaped segments of actual or

- role-played sessions and/or supervision segments; create specific class exercises or use someone else's work to illustrate your points, etc.).
4. Place all this in the context of where you've been and where you're going as a therapist.
 5. Which of these developmental/evaluative models were more useful to you and why?

NOTE: A written summary of your presentation to the class needs to be turned in to the instructor on the day you present.

2. Final Project – Personal Theory Paper (Due Class 14)

This assignment is intended for you to begin connecting your therapy/practice with its theoretical basis. *It is not necessarily a matter of selecting any one theory or theories as your base, but rather to have you begin articulating what your theoretical position is on a number of different practice-related concepts.* If one theory does this for you, then that is perfectly okay also. The intent of this paper is to examine theory-based concepts that will help you gain awareness of what informs and influences the work you do in the therapy room. Taking note of this will be essential for your continued professional development as a therapist. As Lebow (1997, 1987) suggests, we make a number of choice points along the way that create our “personal paradigm” of practice. **Therefore, your paper will describe some of the choices you have made along the way in your own development as a therapist.**

Helpful references to help you through this exercise include (last 2 articles in Packet):

Lebow, J. (1997). The integrative revolution in couple and family therapy. Family Process, 36(1), 1-17 (**Course Reserve**)

Lebow, J. (1987). Developing a personal integration in family therapy. Family Process, 13(1), 1-14 (**Course Reserve**)

PAPER MUST COVER: (in 10– 12 pages, APA style)

1. Description of your guiding assumptions about (a) the client system (i.e. who makes up the client system), (b) the role of the therapist (i.e. what are you there for? To coach, teach, support, etc.), (c) the therapeutic process, and (d) interventions used in your work with clients.
2. Your conceptualization of “the problem” (e.g. how the problem became the problem, your thinking about problem in relation to the client(s)). Also discuss your view of therapeutic change in a client system (i.e. what makes change happen as it relates to the client system, your role, the nature of therapy, interventions used, etc.).
3. Key elements of your assessment process (including assessment of resources & strengths). How do you utilize this information in therapy?
5. Description of your therapeutic objectives (i.e. what guides you in therapy) and how you assess progress in therapy.

6. Description of how you address issues of diversity, gender, power, and other socio-cultural dimensions that are significant in your work.
7. Include references/citations that inform your work throughout your paper (i.e. in terms of specific approaches, theories, and models).
8. Make connections between your thoughts/ideas about therapy and your actual practice as it pertains to your current development as a therapist. Do this by integrating the ideas you presented in your Midterm Project, what you have discussed in #1-#6 in this paper, and your actual practice (particularly in Clinic this semester). **Simply, how do you see your thinking and practice coming together?**
9. Future development of your theoretical position in terms of continued practice, scholarship, research, etc. (i.e. where do you see yourself going with this?).

Final Paper will be graded on its completion of the items listed above, your understanding of theory and practice concepts, your synthesis and integration of ideas, your writing style (in terms of the flow and connection of ideas and thoughts, grammar, spelling, etc.) and overall presentation of paper.

VIII. Grading Plan for Course:

Each of the four areas which constitute the requirements for this course are worth the following percentage points toward your final grade.

Participation (30%)

Class Seminar (15%) –150 points

Clinic (therapy and team participation) (15%) – 150 points

Clinic related records (25%)

Family Assessment Plan (10%) – 100 points

Case Records and journal (15%) – 150 points

Midterm Project & Presentation (20%) – 200 points;

Final Theory-based Paper (25%) – 250 points

Grading Scale:

920-1000	A
860-919	B+
800-859	B
740-790	C+
680-739	C
Below 680	D

IX. COURSE OUTLINE & CALENDAR

(NOTE: Be prepared with Reactions and/or Questions to Class Readings on Weekly Basis)

#1 Aug. 28 Course overview
 Family Clinic (Forms, Procedures, Professional Issues)
 Live Supervision Exercise 1

Read: Nichols & Schwartz Ch. 1-4 (for review of Family Therapy Hx. & Concepts)

AAMFT Code of Ethics < <http://www.aamft.org/resources/LRMPlan/Ethics/ethicscode2001.asp>>

Sept. 4 – LABOR DAY HOLIDAY

#2 Sept. 11 **Live Supervision & Isomorphism**
 Live Supervision Exercise 2

Read: (All Course Reserves)

Berger & Dammann (1982), Live supervision as context, treatment, and training, Family Process, 21(3), 337-344.

Young (89/90). A critical look at the one-way screen. Dulwich Centre Newsletter, 1989/90.

Katrit. R. (1996). Open live supervision in family therapy. Contemporary Family Therapy, 18, 69-83.

Locke, L.D., & McCollum, E. E. (2001). Clients' views of live supervision and satisfaction with therapy. Journal of Marital and Family Therapy, 27, 129-133.

Moorehouse, A., & Carr, A. (2001). A study of live supervisory phone-ins in collaborative family therapy. Journal of Marital and Family Therapy, 27, 241-250.

Wark, L. (1995). Live supervision in family therapy: Qualitative interviews. The American Journal of Family Therapy, 23, 25-37.

Smith, R.C., Mead, D.E., & Kinsella, J.A. (1998). Direct supervision: Adding computer-assisted feedback and data capture to live supervision. Journal of Marital and Family Therapy, 24, 113-125.

Elizur, J. (1990). 'Stuckness' in live supervision: Expanding the therapist's style. Journal of Family Therapy, 12, 267-280.

White, M. B. & Russell, C. (1997). Examining the multifaceted notion of isomorphism in marriage and family therapy supervision: a quest for conceptual clarity. Journal of Marital and Family Therapy, 23, 315-33.

#3 Sept. 18 **Narratives and Stories in a Postmodern World**
(CLINIC BEGINS)

Read:

Fivush & Duke (2002) –Narratives and Resilience in Middle Class, Dual Earner Families - MARIAL Working Paper 19
 From **Myth and Ritual in American Life** (Website)
<http://www.marial.emory.edu/about/news/index.html>

Parry, A. (1991) . A Universe of Stories, Family Process, 30(1), 37-54.
(COURSE RESERVE)

Freedman & Combs – Ch. 1 & 2

Madsen – Ch. 1

#4 Sept. 25 **Circular, Interventive, & Resource-based Questions**

Read: (All Course Reserves)

Tomm. K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions? Family Process, 27(1), 1-15.

Fleuridas, Nelson, & Rosenthal (1986). The evolution of circular questions: Training family therapists. Journal of Marital and Family Therapy, 12(2), 113-127.

Echevarria-Doan, S. (2001). Resource-Based Collaborative Consultation: Accessing client resources through interviews and dialogue. Journal of Marital and Family Therapy, 27(2), 201-212.

#5 Oct. 2 **Narrative Assessment & Questions;**
Engaging & Opening Space

Read:

Madsen – Ch. 2 & 3

Freedman & Combs – Ch.3

DUE: Journal 1 (for Week #3 & #4)

#6 Oct. 9 More Narrative Questions & Story Development

Read:

Freedman & Combs – Ch. 4 & 5

Madsen – Ch. 4

Minuchin (1998). Where is the Family in Narrative Therapy, JMFT, 24(4), 397-403. **(COURSE RESERVE)**

#7 Oct. 16 Development as a Therapist – Part 1

Read:

Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). IDM supervision: An integrated developmental model for supervising counselors and therapists. San Francisco: Jossey-Bass – Ch. 1 & 2. **(BOOK ON COURSE RESERVE)**

Skovholt – Ch. 4 **(BOOK IS ALSO ON COURSE RESERVE)**

DUE: Journal 2 (for Weeks #5 & #6)

#8 Oct. 23 Development as a Therapist – Part 2

Read:

Skovholt – Ch. 5 **(BOOK ON COURSE RESERVE)**

Bischoff, R., Barton, M., Throber, J., & Hawley, R. (2002). Events and experiences impacting the development of clinical self confidence: A study of the first year of client contact. Journal of Marital and Family Therapy, 28, 371- 382. **(COURSE RESERVE)**

Nelson, T. & Johnson (1999). The Basic Skills Evaluation Device. Journal of Marital and Family Therapy, 25, 15-30. **(COURSE RESERVE)**

#9 Oct. 30 Self/Person of the Therapist

Read: (ALL COURSE RESERVES)

Satir, V. (1987). The therapist story. Journal of Psychotherapy and the Family, Haworth Press, 3(1), 17-25.

Rober, P. (1999). The therapist's inner conversation in

family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection. Family Process, 38, 209-228.

Lum, W. (2002). The use of self of the therapist. Contemporary Family Therapy, 24, 181-197.

Protinsky, H., & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: A qualitative investigation. Journal of Marital and Family Therapy, 27, 375-384.

Carlson, T. D., & Erickson, M. J. (1999). Recapturing the person in the therapist: An exploration of personal values, commitments, and beliefs. Contemporary Family Therapy, 21, 57-76.

DUE: Journal 3 (for Weeks #7 & #8)

#10 Nov. 6 MIDTERM PRESENTATIONS (30 minutes each)

#11 Nov. 13 Reflecting Teams & Solidifying Alternative Stories

Read:

Madsen – Ch. 5-8
Freedman & Combs – Ch. 7-9

DUE: Journal 4 (for Weeks #9 & #10)

#12 Nov. 20 Integration of Theory and Practice

Read: Nichols & Schwartz Ch. 14

Lebow, J. (1997). The integrative revolution in couple and family therapy. Family Process, 36(1), 1-17 (**COURSE RESERVE**)

Lebow, J. (1987). Developing a personal integration in family therapy. Journal of Marital and Family Therapy, 13(1), 1-14 (**COURSE RESERVE**)

#13 Nov. 27 Effectiveness of Family Therapy: Common Factors Across Models

Read: (All Course Reserves)

Lambert & Barley (2001). Research summary on the therapeutic relationship and psychotherapy outcome, Psychotherapy, 38(4), 357-361.

Pinsof (1989). A conceptual framework and methodological criteria for family therapy process research, Journal of Consulting and Clinical Psychology, 57,(1), 53-59.

What Works in Therapy (Talking Cure Web Page) by Miller & Duncan)

Reference: Hubble, Duncan, & Miller (1999) – Ch. 1-6

DUE: Journal 5 (for weeks #11 & #12)

**#14 Dec. 4 Family Therapy Research - Effectiveness of models
(Last Clinic)**

Read: Nichols & Schwartz - Ch. 16

Sandberg, et al. (1997). Demonstrated efficacy of models of marriage and family therapy: An update of Gurman, Kniskern, and Pinsof's chart. The American Journal of Family Therapy, 25(2), 121-137 (**COURSE RESERVE**)

Shadish, et al., (1993). Effects of family and marital psychotherapies: A meta-analysis. Journal of Consulting and Clinical Psychology, 61, 992-1002. (**COURSE RESERVE**)

Miller & Duncan Outcome Scales (**COURSE RESERVE**)

Review of Hubble, Duncan, & Miller – Ch.14 (**COURSE RESERVE**)

DUE: Final Paper

#15 Dec. 11 Reflective Closure Exercise

DUE: All Clinic-related Material (i.e. case notes, termination/transfer summary, graded Assessment Plan) & Journal 6 - for weeks #13 & #14)

Enjoy your Holiday Break!
SED, 8/06