



School of Human Development and Organizational Studies in Education  
*Counselor Education Program*  
**Spring 2025**  
**MHS 7431: Advanced Family Counseling**  
**(4 Credit Hours)**

<b>Meeting Time:</b>	Tuesdays 4:05-8:20 pm	<b>Professor:</b>	Amber Moss-Lazarczyk, PhD, LMHC, NCC
<b>Location:</b>	1707I Norman Clinic	<b>Phone (cell):</b>	(508) 254-5807
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<b>Doctoral student clinic supervisors:</b>	Paige Carter, MEd, EdS, Registered Mental Health Counseling Intern <a href="mailto:paige.carter@ufl.edu">paige.carter@ufl.edu</a>	<b>Office#</b>	1616 Norman Hall
		<b>Office Hours:</b>	The hour before and hour after class, and by appointment
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### Purpose of the Course

This four-credit course is designed to strengthen students' theoretical understanding and application of family counseling. A core emphasis is placed on the development of personal theory, professional development, and therapeutic change/outcome (mostly as it relates to common factors in family counseling). This course is designed to build upon the introductory overview of marriage, couple, and family counseling theories (in MHS 6430 & MHS 6440) with a focus on using counseling interventions with couples and families. Practice is provided with a diverse client population presenting a variety of issues in the Couple and Family Counseling Clinic. Through the use 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 utilization of self-as-therapist that influences the therapeutic system.

### Prerequisites

Students must have successfully completed **MHS 6430 Introduction to Family Counseling** (or an equivalent introductory family therapy course approved by course professor), and Practicum prior to enrolling in this course (or concurrently, on a case-by-case basis). **Students must also have current professional liability insurance.** You can obtain the insurance from professional organizations like ACA or AAMFT – see [www.counseling.org](http://www.counseling.org) or [www.aamft.org](http://www.aamft.org), respectively, both of which have been waiving the fee or have a reduced rate for liability insurance as part of the student membership fee.

### Statement of Affirmation and Vulnerability:

The counselor education program provides a highly unique educational experience, perhaps different from any program you have previously enrolled in. In our program, we first and foremost aspire to create the environment for intentional, ongoing personal growth and development. Furthermore, our faculty endeavor to offer a program that develops student capacity to become aware of and critically assess basic assumptions we have about the world and human behavior. Such a process can be scary, unsettling, and emotional. The faculty would like you to know that we will never ask you to engage in any type of personal development that we are not continuously engaging in ourselves. Because we want to maximize your growth and learning, as well as your ability to engage in mutually affirming and respectful relationships with individuals of diverse backgrounds, belief systems, sexualities, cultures, spiritualities, religions, and gender, racial, and ethnic identities, we ask that you affirm your commitment to courage, vulnerability, and imperfection.

“Courage is born out of vulnerability, not strength.”—Brené Brown

We hope that you have the courage to challenge yourself to engage in potentially uncomfortable discussions with professors and fellow classmates about emotionally charged topics which are integral to client identity development and positive outcomes in counseling. We want you to know that faculty are trained to intentionally engage students in such difficult conversations which facilitate personal development: as your faculty, we assert that student willingness to embrace vulnerability and imperfection is directly related to future success as a counselor. Toward this end, we will facilitate learning environments that lean into difficult discussions where emotional discomfort may occur. We trust students to develop the courage to do this work. Should the courage to experience discomfort and to become vulnerable feel too daunting, we invite students to consult with faculty and perhaps consider that the counseling profession may not be suited for everyone due to the personal reflection, growth, and changed required. Please approach me and/or refer to the professional dispositions of the Counselor Education program for any further clarification.

### Required Textbooks

#### Required

- Rivett, M. & Street, E. (2009). *Family therapy: 100 key points and techniques*. New York: Routledge. (ISBN-13: **978-0415410397** | ISBN-10: **0415410398**)
- Weeks, G. R. & Fife, S. T. (2014). *Couples in treatment* (3rd Ed.). New York: Routledge. (ISBN-10: **0415720311** | ISBN-13: **978-0415720311**)

#### Recommended

- Duncan, B.L., & Miller, S. D., Wampold, B., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy* (2nd Ed.). Washington, DC: American Psychological Association.
- Gottman, J.S., & Gottman, J. M. (2015) *10 principles for doing effective couples therapy*. New York: Norton & Company. (ISBN-10: **0393708357** | ISBN-13: **978-0393708356**)
- Halbur, D. A. & Vess Halbur, K. (2006). *Developing your theoretical orientation in counseling and psychotherapy* (2nd Ed.). Upper Saddle River, NJ: Pearson Education.
- Sperry, L. (2010). *Core competencies in counseling and psychotherapy*. New York: New York. Routledge Taylor & Francis Group.

**ALERT: This course includes client contacts, dialogues, discussions, interviews, live demonstrations, readings, slides, supervision, and videos 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 professor.**

### Course Objectives/Knowledge and Skill Outcomes

The development of a conceptual understanding of family counseling practice and theoretical integration will be emphasized along with the acquisition of specific treatment skills. Although students may draw from earlier traditional family counseling models (structural, strategic, trans-generational / psychodynamic, experiential, etc.), greater emphasis will be placed on more emergent postmodern ideas/approaches in the field of family counseling.

#### **1. Development of Personal Theory**

- a) Describe basic concepts relevant to the theory and practice of family counseling (i.e., related to historical/foundational & emergent/postmodern perspectives).
- b) Develop clearer conceptualization and articulation of a personal evolving model of systemic marriage, couple, and family counseling (informed by professional ethics, literature, and clinical experience).
- c) Identify and translate family process information into applied treatment directions and counseling goals in ways that are consistent with systemically oriented theoretical perspectives.

#### **2. Professional Development**

- a) Apply concepts learned through class activities and family counseling literature to assist the development of students' family counseling practice.
- b) Integrate procedures and processes pertinent to planning, organizing, and managing family counseling cases over time pertaining to case conceptualizations and fictional characters (e.g., media assignment).
- c) Identify, analyze, and implement relevant self of the therapist processes into clinical practice and theoretical development.
- d) Follow ethical and legal codes of conduct and standards (i.e., ACA/IAMFC, AAMFT, CACREP, Florida Statute 491 & Rule Chapter 64B4) and the values implicit in the philosophical assumptions driving practice and supervision in the Couple and Family Clinic.

#### **3. Therapeutic Change/Clinical Outcome**

- a) Analyze couple and family systems' interaction, conflict, and resilience factors through various lenses of family counseling theory, practice, and research (*with an emphasis on postmodern approaches, i.e., narrative family therapy*).
- b) Identify strategies for evaluating the effectiveness of therapeutic interventions based on outcome research literature & explore how they fit contextually within personal clinical practice at the present time.
- c) Implement interventions based on ideas/perspectives that attend to culture, gender, religion, family development, family organization and process, family patterns and sequences, and family resources and strengths.
- d) Attend to change over time as a family counselor-in-training while becoming familiar with principles of therapeutic change.
- e) Increase awareness of treatment effectiveness and knowledge about outcome factors in family counseling.

### Course Connection to Program Portfolio:

Students in **MHS 7431: Advanced Family** are required to include the *Final Theory Based Paper* as an artifact for their program portfolio. Students may choose to include other assignments as additional artifacts in their portfolios. Artifacts can take many forms but should assist students to support the assertion that they are competent in the domain or area of their respective program portfolios.

### Methods of Instruction

In order to meet objectives toward conceptual understanding and clinical skills in family counseling practice, the class format consists of a combination of learning environments including (a) a seminar class and (b) a clinical setting. *Preference is given to a dialogical and collaborative approach to learning that facilitates and sustains an experience of “shared influence” in which all can enjoy a sense of personal agency and involvement in course and clinic experiences.*

In supervising students in this course, I have five primary objectives this semester:

1. To provide opportunities for you to ***demonstrate the counseling skills and techniques that have been learned*** throughout the master’s program in an intentional manner and within a theoretical framework
2. To provide opportunities for you to ***demonstrate your ability to assess individual differences among fictional clients***, including cultural dimensions, in order to develop individualized plans to meet those needs
3. To provide opportunities for ***increased self-awareness of your own needs and attitudes that affect the therapeutic process***
4. To provide opportunities for you to ***demonstrate your understanding of the ethical and legal issues*** involved in counseling work
5. To provide opportunities for you to **learn effective workplace behaviors** and learn the special skills and norms appropriate to your field setting.

The class will be organized into Counselor/Consultation Teams, each team typically consisting of (a) 1 therapist or 2 co-therapists, (b) team consultants/members, and (c) a supervisor. The creation of teams is dependent on class size. Two scheduled appointment times, 5 PM & 6:30 PM (3 sessions at a time at most) are conducted per clinic evening. You will serve as a therapist or co-therapist as assigned by your instructor during the 1st or 2nd session. When not in session, you will participate as a member of the Consulting Team for the other team member(s) who are counseling. Pre-planning is conducted for 15 minutes before each session (i.e. pre-session), and debriefing for 15 minutes after sessions (called post-session). Please see Clinic Schedule.

#### Clinic Schedule

4:05 – 4:40 Meet in 1707I (clinic classroom for class discussion, lectures, presentations, clinic preparations (room assignments & setup)

4:40-4:45 Quick Break (restroom/stretch)

4:45 – 5:00 Pre-Session Planning for 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 Planning for Session 2

6:30 – 7:30 Session 2 (including 5-minute consultation break)

7:30 – 7:45 Post-session 2

7:45 – 8:20 Wrap-up for the evening (entire class in 1707I)

### Grading

Each of the four areas that constitute the requirements for this course is worth the following percentage points toward your final grade. Your grade in this course will be based on your performance for the following items:

		Points
<b>Participation (25%)</b>		
	Class Seminar Attendance (3.5%, 35 points), Class Participation (3%, 30 points), Reading Notes (5 weeks/notes, 2.5%, 5 points per note, 25 total), and Peer Chart Audit and Review Form (1.0%, 10 points)	100
	Clinic Participation (therapy, team, and supervision participation) (15%)	150
<b>Clinic Related Records (25%)</b>		
	Family Assessment & Treatment Plan (10%)	100
	Termination Summary	100
	Progress Records and Journal (15%) (Each of the 10 Progress Notes are 10 pts. Each Journal is 12.5 points)	150
<b>Technique demonstration and facilitation (15%)</b>		
	Demonstration and experiential activity	100
	Therapist technique and theory discussion post & responses to peers	50
<b>Family of origin expressive assignment (5%)</b>		
	Evaluation, Genogram and Treatment Plan	50
<b>Integration of self with theory &amp; practice (10%)</b>		
	In class presentation	100
<b>Theory-based paper (10%)</b>		
	Theory Paper Draft	20
	Final Theory Paper	80
<b>Total</b>		<b>1000</b>

### Grading Scale

1000-900	A
899-800	B
799-740	C

Grading is consistent with the UF grades and grading policies, as posted here:  
<https://catalog.ufl.edu/UGRD/academic-regulations/grades-grading-policies/>

### Classroom Policies

#### **Attendance and Participation**

An integral part of learning in this course takes place through discussions and interactive activities, which require your *active & thoughtful participation*. Therefore, students are expected to attend all classes and participate fully in exercises and assignments. In case of emergencies, please inform me and

I will work with you on a case-by-case basis.

Requirements for class attendance and make-up exams, assignments, and other work in the course are consistent with university policies. See *UF Academic Regulations and Policies for more information regarding the University Attendance Policies*. <https://catalog.ufl.edu/UGRD/academic-regulations/attendance-policies/>

**Participation in Class:** (Evaluation criteria will be based on the extent to which you meet the aspects of participation specified below):

**In seminar:** You need to complete the **assigned readings** for each of the class 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. It is most productive to come prepared with some perspective and reactions to readings. This will also facilitate your understanding and participation in class activities that will be based on readings as well.

**Reading Notes (5 notes, 2.5%, 5 points per note, 25 points total):** During weeks 8, 9, 11, 12, and 13 you are to complete reading notes, Part of your participation grade will be based on providing a **half to one-page summary** (that may be bullets) including (a) an intervention you note from the reading and how you might use it in counseling treatment, (b) two points that will affect your application of the topic and (c) one point you may have disagreed with or that you have further questions on and (d) a brief synthesis of the information you read.

**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 clients with whom you (and you) 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. You will need to be “present” as a contributing member of your team and of course, as a counselor to your clients.

You will be assigned a couple or family referred to our department’s Advanced Family Clinic. All participating family members must give written permission for observation and/or taping in order for you to work with them before first session takes place (see forms in separate clinic packet).

**Expected Attire for the Clinical Work** is professional/business casual; similar to any other professional setting where you would be employed. Some styles to avoid are (a) revealing attire, torn or ripped clothing, shorts, or flip-flop sandals.

**Cell Phones/Electronic Devices** All cell phones and other electronic devices are to be silenced while in class and the clinic. The only exceptions: (a) where outside pending emergency or on-call responsibility makes it necessary to use device, (b) when the use of devices would benefit the entire class (e.g. conducting research, communication, teaching purposes), (c) when client calls are being expected, or (d) when usage of the device will benefit a session.

### **Confidentiality**

We will be dealing with very personal and sensitive matters. It is imperative that we engage in a respectful dialogue, even when we disagree. Please remember that any personal information revealed during this class is confidential and should be confined to the class.

***Additional information on confidentiality can be found in Appendix***

**Penalty for late work**

Students will forfeit 10% of the possible points each day an assignment is turned in beyond the announced deadline, which is any time **beyond the class time it is due**. For instance, there will be a 10% deduction if the assignment is one day late, 20% if it is two days beyond due date, and so on... if the assignment is more than one week late it will not be accepted and will result in a 0 score. Please speak with the professor if there are extenuating circumstances.

**Punctuality**

As a clinician, a good portion of your day centers on a schedule. Because of this, punctuality is **HUGE** element in this class. Classes will begin at 4:05 PM, we will take a short break between class lecture & clinic at 4:40 PM and reconvene at 4:45 PM, pre-session planning will begin at 4:45 and 6:15, post-session planning will begin at 6:00 and 7:30, and our wrap up will begin at 7:45. It is your responsibility to ensure that you begin and end your sessions on time. Not doing so, will result in the loss of points and can eventually lower your final grade. For these reasons, make every effort to be punctual and ready to begin at the key times.

**Student Responsibilities**

- 1.** Join the appropriate professional organizations (ACA, AAMFT AMHCA, ASCA) and purchase student liability insurance. Bring a copy of this insurance to our second class meeting. Reduced ACA and AAMFT student memberships are available for student members.
- 2.** You are responsible for practicing within, and abiding by the American Counseling Association's Code of Ethics (2014) (<http://www.counseling.org>) and the Association for Marriage & Family Therapy (AAMFT) Code of Ethics ([https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx)), and the Florida Laws and Rules (<http://www.doh.state.fl.us/mqa/491>).
- 3.** Display professional behavior at all times (e.g., timely completion of paperwork, being on time for scheduled hours, dressing professionally and appropriately, following policies and procedures of the clinic, and all other normal expectations of a representative of the UF Counselor Education Program).
- 4.** Familiarize yourself with all procedures regarding the clinic including knowing what is on the forms prior to your meeting the client(s).
- 5.** Other readings may be assigned throughout the semester to facilitate the supervision experience. These should be read and integrated into group discussions and client interactions.
- 6.** You may not "baby sit" children for your classmate's clients. Clients must take responsibility for outside arrangements.
- 7.** Complete all case management activities and/or assignments as required by your professor. This may include treatment planning, research, reviewing basic counseling skills, etc

**Written Assignments**

Use the 7th Edition of APA Publication Manual as the format for all written assignments, **with the exception of journals and case related records or other approved paper**. There are several online resources that define the APA Style and the manual (such as [https://owl.purdue.edu/owl/research\\_and\\_citation/apa\\_style/apa\\_formatting\\_and\\_style\\_guide/general\\_for\\_mat.html](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_for_mat.html)). Be sure to proofread your papers for spelling and grammatical errors.

**\*Please speak to the instructor individually for any extenuating circumstances that may need to be considered regarding assigned clients.**

### ***University and Course Policies***

- UF students are bound by The Honor Pledge which states “We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the Honor Code. On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied: “On my honor, I have neither given nor received unauthorized aid in doing this assignment.” The Conduct Code specifies a number of behaviors that are in violation of this code and the possible sanctions. See the UF Conduct Code website for more information. If you have any questions or concerns, please consult with the instructor or TAs in this class.
- Students with disabilities who experience learning barriers and would like to request academic accommodations should connect with the Disability Resource Center. *See the “Get Started With the DRC” webpage on the Disability Resource Center site <https://disability.ufl.edu/get-started/>.* It is important for students to share their accommodation letter with their instructor and discuss their access needs, as early as possible in the semester.
- Students are expected to provide professional and respectful feedback on the quality of instruction in this course by completing course evaluations online via GatorEvals. Guidance on how to give feedback in a professional and respectful manner is available at <https://gatorevals.aa.ufl.edu/students/>. Students will be notified when the evaluation period opens, and can complete evaluations through the email they receive from GatorEvals, in their Canvas course menu under GatorEvals, or via <https://ufl.bluera.com/ufl/>. Summaries of course evaluation results are available to students at <https://gatorevals.aa.ufl.edu/public-results/>.
- If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: <http://www.counseling.ufl.edu/>. Also, crisis intervention is always available 24/7 from: Alachua County Crisis Center: (352) 264-6789.
- On-Line Student Complaints: <http://www.distance.ufl.edu/student-complaint-process>

### ***Campus Resources***

#### ***Health and Wellness***

U Matter, We Care: If you or someone you know is in distress, please contact [umatter@ufl.edu](mailto:umatter@ufl.edu), 352-392-1575, or visit U Matter, We Care website to refer or report a concern and a team member will reach out to the student in distress. <https://umatter.ufl.edu/>

Counseling and Wellness Center: Visit the Counseling and Wellness Center website or call 352-392-1575 for information on crisis services as well as non-crisis services. <https://counseling.ufl.edu/>

Student Health Care Center: Call 352-392-1161 for 24/7 information to help you find the care you need, or visit the Student Health Care Center website. <https://shcc.ufl.edu/>

University Police Department: Visit UF Police Department website or call 352-392-1111 (or 9-1-1 for emergencies). <https://police.ufl.edu/>

UF Health Shands Emergency Room / Trauma Center: For immediate medical care call 352-733-0111 or go to the emergency room at 1515 SW Archer Road, Gainesville, FL 32608; Visit the UF Health Emergency Room and Trauma Center website. <https://ufhealth.org/locations/uf-health-shands-emergency-room-trauma-center/>

GatorWell Health Promotion Services: For prevention services focused on optimal wellbeing, including Wellness Coaching for Academic Success, visit the GatorWell website <https://gatorwell.ufsa.ufl.edu/> or call 352-273-4450.

### ***Academic Resources***

*E-learning technical support: Contact the UF Computing Help Desk <https://it.ufl.edu/helpdesk/> at 352-392-4357 or via e-mail at [helpdesk@ufl.edu](mailto:helpdesk@ufl.edu).*

*Career Connections Center: Reitz Union Suite 1300, 352-392-1601. Career assistance and counseling services. <https://career.ufl.edu/>*

*Library Support: Various ways to receive assistance with respect to using the libraries or finding resources. Call 866-281-6309 or email [ask@ufl.libanswers.com](mailto:ask@ufl.libanswers.com) for more information*

*Teaching Center: Broward Hall, 352-392-2010 or to make an appointment 352- 392-6420. General study skills and tutoring. <https://umatter.ufl.edu/office/teaching-center/>*

*Writing Studio: 2215 Turlington Hall, 352-846-1138. Help brainstorming, formatting, and writing papers. <https://writing.ufl.edu/writing-studio/>*

*Academic Complaints: Office of the Ombuds; Visit the Complaint Portal webpage for more information. <https://www.ombuds.ufl.edu/complaint-portal/>*

*Enrollment Management Complaints (Registrar, Financial Aid, Admissions): View the Student Complaint Procedure webpage for more information. <https://em.ufl.edu/complaint>*

## **Course Requirements/Student Performance Evaluation and Procedures**

### **CLINIC ASSIGNMENTS**

Family Treatment Plan Forms are included at the end of this syllabus and Case Record Forms included in your clinic packet. All completed multi-paged assignments must be clipped or stapled to turn in.

**Evaluation criteria.** All Clinic-related assignments are graded on demonstration of conceptual understanding, thoroughness/completion, and timeliness. The journal will include an additional aspect, making use of the journal for your own professional/personal development as a counselor.

- **Progress Notes & Journal (15%)**
  - **Progress notes** are due on a weekly basis as you would complete in any other practice setting. Progress notes are dated by session date and turned in the following week. Blank copies of Progress notes are included in your Clinic Packet. You can make duplicate hard copies and turn in legibly written progress notes OR locked/secure computer Word files,

turned in as signed hard copies. Hard copies of client records are kept in secure files in the HDOSE Office and can only be accessed by counselors and supervisors (with the help of office staff for the key to the drawer). The same applies to DVDs of client sessions – they must be kept with client files in the Advanced Family file drawer in the HDOSE office.

**\*Additional information on notes and charting can be found in Appendix E.**

- **Journal-** You will also keep a journal (starting the 1st day of clinic) reflecting upon your clinic experiences, observations, and personal development (as a counselor and/or consulting team member). You will turn in one quarterly journal for every 3 weeks of clinic covering experiences for those 3 weeks of clinic (see guidelines in clinic packet). The journal (and all assignments) should be turned in as a hard copy that is stapled or clipped together as well as on canvas.

**Evaluation criteria:** Evaluation criteria: Although the subjectivity of journal writing and evaluation is difficult, criteria will be based on adherence to instruction, especially with the focus on being a reflective practitioner as part of the development as a professional counselor.

- **DVDs**

You will need to purchase DVDs (1 per session). NOTE: In order to view DVDs on other departmental DVD players outside of the clinic (e.g. for supervision class or Exit Exams), you need to make sure your recorded DVD is “finalized” before ejecting it after taping. Confidentiality is of the utmost importance in terms of client information, therefore, all DVDs of taped sessions will be kept in the HDOSE office in our secure Advanced Family file drawer. The administrative staff will offer you assistance with this as needed (Penny has the key). DVDs can only be viewed on the premises in the clinic rooms. These are kept for a year and then destroyed (while files are kept for 7 years, as per Florida statutes).

- **Family Assessment Plan and Treatment Plan (10%)**

- **Family/ Couple Treatment Plan-** Due in chart by second session. See description below and more information on canvas for details.
- **Family Assessment Plan-** Due by fifth session and consists of 8-10 page assessment, including eco map and genogram. See documentation details in appendix.

***Family/Couple Treatment Plan***

You will be expected to formulate a treatment plan for your client-family as well as keep a record of progress notes. This case Family Treatment Plan is due between your 2<sup>nd</sup> and 3<sup>rd</sup> session with your clients (i.e. due 3<sup>rd</sup> session latest). This will be useful in planning and evaluating your therapeutic efforts over the course of the term. Guidelines for developing your plan are also included in Dropbox as part of clinic packet. Turn in one Treatment Plan per counseling team (same grade for both counselors).

- **Termination Summary (10%)**

- **Termination Summary** Due in chart by week 14. Following example provided and documentation description in canvas.

- **Peer Chart Audit and Review Form (3%, 30 points)-** In class you will be asked to review each other's clinic chart. This is a peer review process. Complete the chart review document on your peers chart and provide feedback on form. This form is to be placed in the chart for which you are reviewing.

**Please note:** Although the clinic-related assignments & records are to be kept up to date throughout the semester, your completed case file is **due no later than the Monday of finals week**. This includes client forms, progress notes, a clean copy of the graded Treatment Plan, transfer/termination summary, and final reflective journals.

**Remember: respect your clients' right to privacy. Treat these documents with care!**

## CLASS ASSIGNMENTS

### **1. Advanced Technique Demonstration and Facilitation (10%, 100 points)**

Each individual will construct a 15-20-minute presentation describing a marriage, couples, and family counseling technique, the theory it originates from, and demonstrate a successful application of the technique. After the presentation, the individual will facilitate the practice of the technique with their audience. 20-30 minutes will be allocated for the class to discuss and practice the technique with feedback from you. The technique can be chosen from the following theories:

- i. Bowenian
- ii. Structural
- iii. Strategic
- iv. Experiential
- v. Solution-focused
- vi. Narrative
- vii. Emotion Focused Therapy
- viii. Other theories may be presented with the instructor's approval.

When developing the presentation, the student should assume their classmates are familiar with the technique from their Couples and Family classes and only provide a refresher on the theoretical foundations of the technique. The refresher is to provide enough information to make the exercise relevant for your classmates.

*Additional specifics for evaluating this assignment can be found in the rubric in Appendix C.*

### **2. Therapist Technique and Theory Discussion Post (5%, 50 points)**

In your discussion posts you are asked to integrate and apply the reading material to counseling practice. In order to receive full points on this assignment you must:

Complete both parts of the assignment: 1) The initial post (at least 350 words, 30 points), and 2) Respond to two peers posts (each response to a peers post should be at least 150 words, 10 points per response).

For this assignment you are to write a discussion post (**initial post should be at least 350 words and is due by Wednesday of Week 6**) that includes all of the following: (An expanded description of the assignment and additional details pertaining to each of the following are in canvas).

- a. Identify in what ways (at least one) in which you have used questions as it pertains to the roles of questions discussed in the reading and what the role of your use of questions were (use your reading as well as other sources to support your use of the technique).
- b. Identify at least one other technique discussed in the reading that you have used in sessions with clients and the role/purpose of your use of this technique.
- c. Provide your assessment and evaluation of your use of these techniques in both 1 and 2 above. (Details provided via the canvas assignment description)
- d. Identify and discuss important considerations regarding diversity, gender, power, and/or other sociocultural dimensions when considering the use of the techniques you identified for 1 and 2 above.

- e. Cite any sources used, writing should be clear and cogent, remember to proofread to correct grammar and punctuation issues.
- f. Respond to two peers initial posts (**each response to a peer's post should be at least 150 words, responses to peers are due by Friday of Week 6**).

### **3. Family of Origin Expressive Evaluation, Genogram and Treatment Plan (5%, 50 points)**

To support your understanding of family systems assessments and intervention strategies, as well as increase your self-awareness, you will create a family of origin expressive evaluation, genogram, and informal treatment plan. The expressive evaluation component of the assignment will be based on your perception of your family of origin and genogram. Information to consider in the genogram includes:

- (a) three (3) generational demographic information (including country of origin, marriages, divorces, deaths, ages, children).
- (b) family dynamics (closeness/separation, fused, diffused, enmeshed, conflicts, etc.).
- (c) presenting problems, issues, and conditions (including current/past mental status and counseling history).
- (d) chemical use and addictive behavior history
- (e) trans-generational projection patterns
- (f) medical history
- (g) social and cultural history
- (h) educational and employment history
- (i) legal history
- (j) financial history
- (k) religious and spiritual practices
- (l) political orientations
- (m) family strengths
- (n) family deficits and needs and
- (o) social/peer identify factors.

Once you consider this information, you will create a 10-15 minute written, auditory, visual, tactile, or dramatic representation of your family of origin. *Written examples* might include writing a story, poem, PowerPoint, or play based on your family dynamics. *Auditory examples* might include locating different songs to represent family members or different songs to represent different times in your family (representation of your family as a child, adolescent, and adult). *Visual representations* might include depicting the family members using well-known animal or insect characters or general characteristics of animals or insects. *Tactile examples* might include describing one's family members/dynamics using movement or dance. *Dramatic representations* might include describing your family through cartoon or sitcom characters in shows or movies. You will then develop an informal treatment plan to provide suggested treatment goals or suggestions for the family. This portion of the assignment can either be discussed verbally or depicted using the expressive arts (writing, music/sound, visual, movement/dance, or drama). Students may choose only personal information they wish to share with the class based on their comfort level.

*This is as much a creative as it is an evaluative assignment, so feel free to have fun with it.*

*Additional specifics for evaluating this assignment can be found in the rubric in Appendix D.*

### **4. Integration of Self as Therapist with Theory & Practice Presentation (10%, 100 points)**

Length of Individual Presentations: 20 minutes. The main questions this presentation should answer are:

- a) How do *you* (i.e., aspects of your "self") impact your counseling?

- b) How does your “self” intersect with the theories you gravitate toward, or are guided by in your thinking and practice? Please specify, and as you respond to B & C, identify/describe the theory(ies) you draw from.
- c) Do you think that the theory(ies) you utilize accommodate your “self” (i.e., who you are) adequately enough? If so, how? If not, how do you plan to address that gap?
- d) What aspects of your “self” are present in your current practice?
- e) Developmentally speaking (i.e., where you are at in terms of training/professional development), are you satisfied with how much you “show up” in the room, or are you hoping to develop this further with more experience? How will you make this happen?
- f) How much of your “self” do you bring into your supervisory process? Is this part of your supervisor or supervisory team’s focus? If so, how? If not, what would you like to do about that?

Your presentation must be based on class readings, as well as other literature cited in APA style (even though you may write it up in first person, present tense). You can also draw from class activities, exercises, discussion, and personal/professional experiences to respond to the questions.

*Additional specifics for evaluating this assignment can be found in the rubric in Appendix A.*

#### **5. Final Project – Personal Theory Paper (80 points) and Draft (20 points) (20%, 100 points total)**

This assignment is intended for you to begin connecting the knowledge gained via your media assignment with a theoretical basis, especially as it relates to systemic/relational thinking. **The main purpose of this paper is for you to articulate your theoretical position on a number of different principles and practice-related concepts, and be able to acknowledge which theories, models, or approaches these concepts are being drawn from.** Rather than selecting a theory (or theories) first, you will be responding to a number of questions that will guide you to a theory (or theories) that fit you, examination and exploration of theory-based concepts that help you gain awareness of what informs and influences the work you do in the counseling room will be essential. This serves as a fundamental step in 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.* Completion of this paper will help you realize the choices you have made (or are making) along the way in your own development as a therapist or counselor. **This paper should include at least one couple or family systems theory.**

Helpful references to help you through this exercise include:

- Halbur, D. A. & Vess Halbur, K. (2006). *Developing your theoretical orientation in counseling and psychotherapy* (2nd Ed.). Upper Saddle River, NJ: Pearson Education.
- Sperry, L. (2010). *Core competencies in counseling and psychotherapy*. New York: New York. Routledge Taylor & Francis Group.
- Lebow, J. (1997). The integrative revolution in couple and family therapy. *Family Process*, 36(1), 1-17.
- Lebow, J. (1987). Developing a personal integration in family therapy. *Family Process*, 13(1), 1-14.

**(More resources are on Canvas)**

**Paper must cover:** (in 8-10 pages, APA 7<sup>th</sup> format) (These main areas should be the major headings in your paper)

1. Description of your guiding assumptions about: (a) the client system (i.e., who makes up the client system), (b) the role of the counselor (i.e., what are you there for? To coach, teach, support, etc.), (c) how your “self” influences the therapeutic process, and (d) interventions you use in your work with clients.
2. Your conceptualization of “**the problem**” (e.g., how you come to define the problem - you’re thinking about the problem in relation to what your clients think, how does the theory view diagnosis). 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 counseling, interventions used, etc.). How does change happen?
3. Key elements of your **assessment** process (topics might include assessment of resources & strengths, formal & informal assessments). How do you utilize this information in session?
4. Description of your **therapeutic objectives** (i.e., what guides you in counseling) and how you assess **progress and outcome in counseling**.
5. Description of how you address issues of diversity, gender, power, and other **sociocultural dimensions** that are significant in your work.
6. What aspects of self, or self of the therapist issues, are pertinent to the development of this theory paper? Describe and explain.
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 counseling and your actual practice as it pertains to your current development as a therapist. Do this by integrating the ideas you presented in #1-6 in this paper, and your actual practice. Simply, how do you see your thinking and practice coming together (i.e., how does one influence the other)?
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?).

*Additional specifics for evaluating this assignment can be found in the rubric in the Appendices*

#### **Schedule of Classes, Activities, and Assignments**

*Please note that the syllabus, tentative semester outline, format of assignments, and readings may be adjusted over the course of the semester*

<i>Class #, Date, Semester week</i>	<i>Topic</i>	<i>Come to class having read the Readings Due</i>	<i>Assignments Due</i>
<b>Class 1 – Jan 14- Week 1</b>			
	<p><b>Welcome to course &amp; clinic overview (forms, procedures, &amp; professional issues)</b></p> <p>Discuss MFC Identity: ACA and IAMFC vs. AAMFT</p> <p>Beginning therapy</p> <p>Preferences collected</p>	<p><b>Read: Rivett &amp; Street, #18, 21-26, 32-39</b></p> <p>Review ethics codes:</p> <p>ACA Code of Ethics  <a href="https://www.counseling.org/resources/aca-code-of-ethics.pdf">https://www.counseling.org/resources/aca-code-of-ethics.pdf</a></p> <p>IAMFC Code of Ethics  <a href="http://www.iamfconline.org/public/IAMFC-Ethical-Code-Final.pdf">http://www.iamfconline.org/public/IAMFC-Ethical-Code-Final.pdf</a></p> <p>AAMFT Code of Ethics  <a href="https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx">https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx</a></p>	
<b>Class 2 – Jan 21- Week 2</b>			
	<p><b>Beginning therapy, Systemic Conceptualization, Supervision group assignments</b></p> <p><b>Advanced Technique Presentation Date Sign Up</b></p> <p><b>Introduction to assigned to supervisors and small group time.</b></p> <p><b>One on ones.</b></p>	<p><b>Read text and Article: Weeks &amp; Fife, Chapters 1, 2, 3, &amp; 4</b></p> <p>Whiting, J.B. (2007). Authors, artists, and social constructionism: A case study of narrative supervision. <i>The American Journal of Family Therapy</i>, 35, 139–150. doi 10.1080/01926180600698434</p>	<b>Proof of liability insurance due</b>
<b>Class 3 – Jan 28- Week 3</b>			
	<p><b>Managing the session, treatment planning</b></p> <p><b>Review basic approaches and techniques</b></p> <p><b>Clinical 1 - First night of Clinic with CLIENTS •</b></p>	<p><b>Rivett and Street, # 40-48 (pages 113-138)</b></p>	<b>Clinic Supervision Goals Due on Canvas</b>

<b>Class 4 – Feb 4 - Week 4</b>			
	<b>Therapist techniques</b> <b>Advanced Technique Presentations</b>  <b>Clinical 2</b>	<b>Weeks &amp; Fife</b> , Chapters 5, 6, <b>Brown, J. (1997)</b> , Circular Questioning: An Introductory Guide. <i>Australian and New Zealand Journal of Family Therapy</i> , 18: 109-114. doi:10.1002/j.1467-8438.1997.tb00276.x	Progress Note for clinical 1  <b>Journal 1 Due</b>
<b>Class 5 – Feb 11 –Week 5</b>			
	<b>Common factors of change, Therapist’s Techniques Questioning, reframing</b>  <b>Advanced Technique Presentations</b>  <b>Clinical 3</b>	<b>Rivett &amp; Street</b> , # 49-61 (pages 141-177) & # 62-67 (pages 181-200)	Progress Note for clinical 2 <b>Signed Treatment Plans due in Charts</b>  Discussion post due Weds and responses to peers due Friday
<b>Class 6 – Feb 18- Week 6</b>			
	<b>Couples Dynamics and Managing Intensity</b>  <b>Advanced Technique Presentations</b>  <b>Clinical 4</b>	<b>Weeks &amp; Fife</b> , Chapters 7, 8 & 9 <b>Read Pursuer-Withdrawer</b> handout (Njue, 2024) (provided in Canvas)	Progress Note for clinical 3  *Reminder Family Assessment Plan due in chart night of 5 <sup>th</sup> session
<b>Class 7 – Feb 25- Week 7</b>			
	<b>Advanced Technique Presentations</b>  <b>Clinical 5</b>	<b>Weeks &amp; Fife</b> , Chapters 10 & 11	Progress Note for clinical 4  <b>Journal 2 Due</b>

<b>Class 8 – Mar 4- Week 8</b>			
	<b>Advanced Technique Presentations</b>  <b>Clinical 6</b>	<b>Weeks &amp; Fife</b> , Chapters 12 & 13	Progress Note for clinical 5  <b>Family Assessment Plan due</b>
<b>Class 9 – Mar 11- Week 9</b>			
	<b>Approaches and techniques with couples, Cognitive techniques</b> <b>Clinical 7</b>	<b>Weeks &amp; Fife</b> , Chapters 14 & 15	Progress Note for clinical 6 (remind clients about no session next week due to spring break)  <b>Theory Paper Draft Due</b>
<b>No Class- March 18 Week 10 - Spring Break -No Class this Week</b>			
Spring Break -No Class this Week			
<b>Class 10 – Mar 25- Week 11</b>			
	<b>Emotion focused techniques Family Interventions</b> <b>Clinical 8</b>	<b>Weeks &amp; Fife</b> , Chapters 16 & 17	Progress Note for clinical 7
<b>Class 11 – Apr 1 - Week 12</b>			
	<b>Infidelity</b>  <b>Clinical 9</b>	<b>Weeks &amp; Fife</b> , Chapters 18	Progress Notes for clinical 8  <b>Journal 3 Due</b>
<b>Class 12 – Apr 8- Week 13</b>			
	<b>Solidifying change, termination, discharge planning activities</b>  <b>Clinical 10</b>	<b>Weeks &amp; Fife</b> , Chapters 20 <b>Rivett &amp; Street</b> , Part 7 (pages 201-212)	Progress Note for clinical 9  <b>Personal Theory Paper Due</b>
<b>Class 13 – Apr 15- Week 14</b>			
	<b>Chart Review</b>  <b>Self of the Therapist</b>	<b>Rivett &amp; Street</b> , Part 8 (pages 215-236)  <b>Rober</b> , P. (1999). The therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic	Progress Note for clinical 10 <b>Discharge Summary Due</b> <i>Be sure to have Completed Client Case File* *</i> <b>Completed Case File consists of all Clinic related materials (i.e. progress notes, termination/transfer summary), and Fam. Assessment Plan.</b>

Class 14 – Apr 22- Week 15			
	<b>Self as therapist Presentations</b>  Culminating Activity  Review and Wrap up		<b>Self of therapist presentations Due Journal 4 Due</b>
Finals Week - Apr 29- Week 16			
	No Class		

### Additional Resources

(Other readings that were required in the past, or may be useful)

- Bertolini, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling, and therapy*. Boston: Allyn & Bacon.
- Brock, G.W., & Barnard, C.P. (1999). *Procedures in marriage and family therapy*. (3rd edition). Boston: Allyn & Bacon.
- Cozolino, L. (2004). *The making of a therapist: A practical guide for the inner journey*. NY: W. W. Norton & Company.
- Freedman, J. & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. NY: Norton.
- Madsen, B. (2007). *Collaborative therapy with multi-stressed families*, 2nd ed. NY: Guilford. ISBN 9781593854348
- Nichols, M.P., & Schwartz, R.C. (2006). *Family therapy: Concepts and method*. Boston: Allyn & Bacon.
- Odell, M., & Campbell, C. (1998). *The practical practice of marriage and family therapy: Things my training supervisor never told me*. New York: Haworth Press.
- Pipher, M. (2003). *Letters to a young therapist*. New York: Basic Books.
- 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)
- Skovholt, T.M. (2001). *The resilient practitioner*. Boston: Allyn & Bacon.
- Stoltenberg, C.D., McNeill, B., & Delworth, U. (1997). *IDM Supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco: Jossey-Bass/Wiley Publishers.
- Taibbi, R. (2007). *Doing family therapy: Craft and creativity in clinical Practice*, 2nd ed. New York: Guilford.
- Walsh, F. (2006). *Strengthening Family Resilience*, 2nd ed. New York: Guilford Press.
- 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).
- Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. NY: Harper Collins Publishers.

### Appendix A

#### Integration of Self as Therapist with Theory & Practice - Presentation Rubric

This rubric is used to assess each presentation. Please be sure to review this document in its entirety. The standards described below are based on research in best practices for individual faculty websites within higher education.

EVALUATION CRITERIA (100 points possible)		
	Points Earned	Comments
<b>Self (40 points possible)</b>		
The presenter: <ul style="list-style-type: none"> <li>• Identifies the aspects of self that are present in counseling.</li> <li>• Addresses the aspects of self that influence counseling</li> <li>• Addresses the parts of self that are fine as they are, ones that need to be strengthened and ones that need to be lessened.</li> <li>• Discusses how the self influences the supervisory process</li> </ul>		
<b>Theory (20 points possible)</b>		
The presenter examines how the aspects of self interact and influence with the theories that resonate with him or her. The discussion includes a discussion of how well the theory(ies) match his or herself and how to address the gap.		
<b>Creativity (20 points possible)</b>		
The presenter discusses how creativity is used in the practical application of theory <i>and</i> integrating creativity into the presentation to increase the interest during the class presentation.		
<b>Presentation (20 points possible)</b>		
The presentation should be organized in a manner that makes sense as to the elements of theory, self, and application.  The presenter uses good presentation skill. Those skills include (but are not limited to) good pacing (not too rushed or too slow), using good voice projection, connecting with those in the audience and finding a way the presentation can be meaningful to the audience.		
<b>Total</b>		

## Appendix B

### Final Personal Theory Paper Rubric

This rubric will be used to assess the paper submitted. Please be sure to review this document in its entirety. The standards described below are based on research in best practices for individual faculty websites within higher education.

EVALUATION CRITERIA (80 points possible)		
	Points Earned	Comments
<b>Paper Format &amp; Writing Quality (10 points)</b>		
1. Eight (minimum) to ten (maximum) pages (not including title page and references), Times New Roman 12 pt. font, double spaced, 1-inch margins.		
2. A well-written paper that meets graduate-level expectations (spelling, grammar, APA format, title page, headings, etc.).		
3. At least five scholarly peer-reviewed and/or seminal sources are cited as references/citations and are used to support claims in your writing throughout your paper (i.e., in terms of specific approaches, theories, and models).		
4. The paper demonstrates the synthesis and integration of ideas, and your understanding of theory and practice concepts.		
5. The paper is well written, there is a logical flow, and there is a connection of ideas.		
6. The use of grammar and spelling are consistent to what is expected at the graduate level.		
<b>Therapeutic change (10 points)</b>		
The paper discusses how “the problem” is conceptualized through an MCFC lens and how therapeutic change happens in a client’s system. (Foundational systems theory or theories are integrated into the core understanding of clients).		
<b>Utilization (10 points)</b>		
The paper discusses (a) the key elements of the assessment process and (b) how this information is used in the counseling process.		
<b>Objectives (10 points)</b>		
The paper discusses the objectives of counseling and how the objectives are assessed (outcomes).		
<b>Diversity and Culture (10 points)</b>		
The paper discusses how issues of diversity, gender, power, and other sociocultural dimensions are identified and addressed during counseling.		
<b>Self (10 points)</b>		

The author describes and discusses the aspects of self (more importantly, self as the therapist) that contributed to the development of this theory paper.		
<b>Integration (10 points)</b>		
The paper connects the thoughts and ideas you hold about counseling and your actual practice as a counselor and explores how those thoughts and ideas have developed during this semester.		
<b>Future development (10 points)</b>		
The topic of how you plan to continue developing your theoretical orientation in future work and how you plan to accomplish this (scholarship, training, research).		
<b>Total</b>		

### Appendix C Techniques Presentation Rubric

Name: \_\_\_\_\_ Date \_\_\_\_\_

Technique \_\_\_\_\_

EVALUATION CRITERIA (100 points possible)		
	Points Earned	Comments
<b>Technique (30 points possible)</b>		
Technique is clearly, thoroughly, and accurately described and includes the theory it originates from.		
<b>Demonstration (20 points possible)</b>		
The demonstration of the technique is informative and clear to be understood by the audience. The demonstration can be using another student as “client” in a role-play, or any other method approved by the professor that would demonstrate the technique.		
<b>Facilitate technique (30 points possible)</b>		
The student develops a process for the in class to practice the technique allowing each student in the class an opportunity to practice the skill.		
<b>Presentation Quality (20 points possible)</b>		
Presenter is clear and appear knowledgeable of the technique; professional <i>delivery</i> ; remains <u>within 20-minute limit but must be at least 15 minutes.</u>		
<b>Total</b>		

**Appendix D**  
**Family of Origin Expressive Evaluation, Genogram and Treatment Plan -  
 Presentation Rubric**

This rubric is used to assess each presentation. Please be sure to review this document in its entirety. The standards described below are based on research in best practices for individual faculty websites within higher education.

EVALUATION CRITERIA (50points possible)		
	Points Earned	Comments
<b>Expressive Evaluation (20 points possible)</b>		
The expressive evaluation component of this assignment is based on your perception of your family of origin and genogram. The presenter includes a description of the family members, their relationships within the family, key dates and events and a visible representation of the family that is easily understood by the group being presented to.		
<b>Treatment Plan (10 points possible)</b>		
An informal treatment plan is created for the family that discusses what future interventions or treatment the counselor would use with this family that may reduce some of the symptomology.		
<b>Creativity (10 points possible)</b>		
The use of creativity is evident in the practical application of case conceptualization <i>and</i> integrating creativity into the presentation to increase the interest during the class presentation.		
<b>Presentation (10 points possible)</b>		
The presentation should be organized in a manner that makes sense as to the elements of the case, how the presenter can envision the application of interventions will look in practice and which populations this would be applicable for.  The presenter uses good presentation skill. Those skills include (but are not limited to) good pacing (not too rushed or too slow), using good voice projection, connecting with those in the audience and finding a way the presentation can be meaningful to the audience.		
<b>Total</b>		

## Appendix E

### Charting Instructions

This semester, you will have an opportunity to counsel a couple or family for a semester. To gain experience and understanding of the process of charting, you and your team partner will maintain your own case chart for the couple/family. You will be required to submit your progress notes for review every Tuesday by 5:00 following the previous week's class. Listed below are instructions and guidelines for charting, based on the expectations of counseling and accreditation agencies. Please note that chart ORDER may vary by agency or accreditation.

#### *Chart format*

#### **Charting instructions for five-sided clinic charts:**

##### *Location and documents*

- a. Left side 1: Treatment plan on top (signed by ct's, counselors, supervisor) and FAP underneath.
  - b. Right side 1: Progress notes – from the oldest on the bottom to the most recent, on the top; At the end of the semester, the last paper on this side will be the Termination Summary.
  - c. Left side 2: Bottom to the top: Client Information Sheet /contact information sheet/ and Consent form (signed by both partners/or one signed by each), Client BioPsychoSocials for both partners.
  - d. Right side 2: DVDs, labeled by session number, and client initials.
  - e. Left side 3: Any activities, drawings, notes the client(s) have produced in session.
  - f. Right side 3: Additional paperwork that may be included, including miscellaneous documents such as school records, medical files, etc., and the Client Evaluation of Services (at end of semester – on top).
  - g. Make sure DVD's labeled and secured in chart.
- Files will be coded by therapy room and time, by semester and the therapist's initials –remember HIPPA – no identifying information on the outside of the file and files are to be kept in the locked file cabinet in the Clinic office.
  - All client paperwork, progress notes, assessments are to be completed in black ink. If typed- do not include client names, use first initials. Once printed you can write client names on document before placing in chart.
  - All written material must be LEGIBLE. If you make an error, use one line to cross if out and initial the change.
  - **Write all your chart information with the assumption that it will be read by a judge in a court of law.** Therefore, be brief. Use words like seems like, appears, may be. State behaviors that you see. Provide observational and behavioral justification to clinical assessments that you make.
  - When you sign your name, you always put your degree. Some agencies will request that you put your title. Always sign and date the bottom of every progress note.

*\*Use The Progress Note Form Document Provided on Canvas for your weekly progress notes.*

#### *Additional Progress Note Example Language*

The DAP Progress Note

**Note:** For continuity sake, every goal found on the treatment plan should be on every progress note written. If something new was addressed in session that did not coincide with the overall treatment plan, note this as an additional goal addressed during that session and follow the DAP format for what did occur.

- **Data** – The *subjective* (e.g., this might include specific client statements) and *objective* (e.g., everything that you observed or measured) information that notes what occurred during the session relevant to the fulfillment of each goal. If a goal was not addressed in session, note “Goal was not addressed in this session” and then move onto the next goal that was addressed.
- **Assessment** – What assessment and/or interventions did you implement? What is your assessment/hypothesis/conclusion about what you wrote in the **Data** section? (e.g., what is *happening* with this client)? To the best of your ability, use the language from the theory that you are using with this client.
- **Plan/Prognosis** – What work remains on this goal? How did you evaluate your client’s progress above (in **Assessment**)? What are your recommendations/follow-up plans based on this evaluation? What homework was assigned related to the treatment goal/problem (if any)?

**Common Progress Note Goals for the First Session:**

- 1) Begin/Complete Intake Process
- 2) Establish Rapport with Client(s)
- 3) Determine motivation to seek counseling

**Common Progress Note Goals for the Second Session:**

- 1) Complete Intake Process/Establish Rapport with Client(s)
- 2) Determine motivation to seek counseling
- 3) Begin to establish treatment goals

**Clinical writing example for progress notes:**

SESSION SUMMARY (*Please note this is a very long example to provide suggestions for clinical writing and examples on discussing different topics*): Stephanie (Ct) attended the individual session and was on time for her scheduled appointment. Therapist followed up with client about the time since the previous appointment. Ct responded positively and noted she had been “doing good” (per client). When asked about her level of depressive symptoms on the previously identified depression scale of 1-10 (1-lowest, 10 highest), Ct identified her current level of depression as a 4 and denied any suicidal ideation during the past 6 weeks. Therapist engaged Ct in further dialogue focused on helping Ct identify depressive symptoms and evaluate the use and effectiveness of previously identified coping skills. Ct expressed fatigue, sadness, and feeling like she is stupid and not enough after a conversation with her mother. Continued to facilitate client’s completion of worksheet from previous session focused on helping Ct to identify negative cognitions, situational and environmental triggers, and signs she can use to identify when to implement helpful coping skills she has learned throughout treatment. Continued to help client identify positive cognitions she can use to counter negative thoughts and beliefs about self that she identified as resulting in an increase in depressive symptoms.

She reported the use of going outside with a journal as most helpful when noticing feelings of sadness and her plan to use positive affirmations identified on this date when experiencing negative thoughts about herself. Stephanie discussed her plan to continue to use identified helpful skills at onset of triggering situations and signs.

Stephanie informed this therapist she has a scheduled hearing for her disability benefits on 6/9/10 but she was “trying not to get too excited about it”. During the remaining portion of session, this therapist assisted Ct in further exploring feelings and expectations related to upcoming hearing in preparing for any outcome. She also reported having several upcoming

medical doctor appointments Stephanie reported she has been sleeping better and she continues to go to the library and rent movies to watch while at home as a part of her weekend self-care activity.

**ASSESSMENT - (Cause, Clinical opinions, Interpretations)**

Stephanie presents as alert, OX4, dressed casually, and groomed adequately. She presents with euthymic affect, mood congruent. Stephanie appears to have experienced a reduction in depressive symptoms AEB her reported symptoms reduction, and therapist observation of ct's presented mood and affect, to include increased laughing and smiling, as well as her identification of things she is looking forward to, and statements indicating increased feelings of confidence when managing challenges related to interactions with family members, to include, "I handled it well and responded calmly to her" when discussing interactions with her mother. At times, she continues to struggle with identifying positive things about herself AEB stating "I can't think of anything" when discussing positive things she likes about herself.

**PLAN - (Interventions, Next step)**

Therapist used Solution Focused scaling question to help client identify her perception of current level of depressive symptoms. Therapist used active listening skills and Socratic questioning and dialogue to assist in further building rapport and obtaining further information about client and what she wanted to work on during session. Therapist offered support and validation of client feelings. Therapist provided positive feedback regarding client's efforts made to use skills learned during treatment. Therapist encouraged client to utilize coping skills and plan that she identified to reduce depressive symptoms prior to the following session. Therapist utilized CBT techniques and facilitated client completion of worksheet and related discussion focused on helping client identify positive qualities and self-esteem, and the connection these have to her depressive symptoms. Stephanie is recommended to participate in individual counseling sessions once every two weeks.

**EVALUATION - (Outcomes/effectiveness, Progress of goal completion)**

Stephanie identified further improved mood at the end of session. Stephanie seems to be receptive to interventions presented on this date AEB participating in session dialogue and worksheet activity and presenting with a willingness to implement helpful coping strategies discussed.

Stephanie seems to be making progress towards goals and objectives AEB medication compliance and reports use of coping skills. There is present difficulty with positive self-statements. This will further be discussed in future sessions. She will continue to be monitored during individual sessions.

**\*\*\*Each goal should be noted in weekly Progress Notes as well in terms of progress!\*\*\***

***Why does all this matter?***

Counseling facilities pursue accreditation in order to be licensed to provide services. Part of the accreditation process includes chart reviews. If charts lack key information (i.e., diagnosis, forms missing, improper billing for services, treatment plans) or if they are illegible or written in such a way that the reader is not able logically follow the course of treatment or recognize "the person" in the chart, then the agency may be sanctioned. Sanctions may range from poor reviews to fines and a loss of license and accreditation.

## APPENDIX F

### Confidentiality

Confidentiality represents the essence of therapy, a safe place where secrets and hidden fears can be exposed. (Bernard and Goodyear, 1998).

#### **Counselor or Supervisor:**

1. Keep all client information confidential
2. In group, remind people of confidentiality and that this information cannot be repeated
3. Notes on clients should use code numbers rather than names and be guarded with great care
4. Information received in a supervision, clinic and class is also confidential
5. Client and supervisee has the right to privacy

Siefler (1979) defines:

Confidentiality: involved professional ethics rather than legalism and indicates an explicit promise or contract to reveal nothing about an individual except under conditions agreed to by the subject.

Privacy: It is the client's right not to have private information divulged without informed consent, including the information gained in therapy.

Privileged Communication: (Client's right to privacy) – Legal concept and is result of state statute. It refers to the right of client's not to have their confidential communications used in open court without their consent.

*These are not absolute.*

#### **Exceptions:** (Kitchener, 2000)

1. When a client's mental condition is raised in a court proceeding
2. When a legal dispute arises between therapist and client
3. When a psychological evaluation is court ordered
4. When a client is a danger to others
5. When a client is involuntarily hospitalized
6. When there is suspect child abuse or neglect
7. When a client's competency is an issue

And Bernard and Goodyear (1998)

8. When a client is suicidal
9. When a client expresses intent to commit a crime Others:
10. Elder abuse
11. Medical emergency
12. Third Party Reimbursement
13. In some states: Spouse abuse

#### **Important**

- Remember to say to your client – “I must break confidentiality when there is a threat to self or others.”
- ALWAYS WISE to get legal counsel when confidential information is demanded.

#### **Informed Consent**

Purpose of Informed Consent (Kitchener, 2000): “Informed consent is tied to the idea that respect for autonomy requires that people must have the information necessary to make reasonable choices...Providing informed consent allows people to make decisions about events that may affect them and to weigh the risks and benefits for themselves and loved ones” (pp. 56-57).

Does your site have an informed consent that you should be using?

Counselors and Supervisors (Bernard and Goodyear, 1998):

1. Have you informed the clients regarding the parameters of therapy (the procedures of therapy?) Type of therapy, risks and benefits, length of session, costs, opportunity for telephone consultation?
2. Have you informed the clients that you are in a clinic, having supervision or a registered mental health intern and how that affects them? Will the sessions be video or audio taped? Who is involved in the supervision and class? What is the emergency access to a supervisor? Is the supervisor available to the client? Is your client clear that you are in training as a practicum I or II or intern student?
3. Has your supervisor provided you with informed consent? Do you know how you will be evaluated? Do you understand your responsibilities? Do you understand your recourse if you are unhappy with a site, your supervisor or your evaluations?

## APPENDIX G

### Guidelines for the Couple/Family Assessment Plan

This assignment will require you to use a structured outline to compose a family assessment report based upon the information you gather from your client couple or family. Hopefully, this assignment will assist you in: (1) learning to think in terms of the multiple levels of system boundaries and organization existing over time (I.e. from individual to family, and from family as a whole to extended family, community, and society), (2) formulating presenting problems into observational language by taking into account the family's structure, their socio-cultural aspects, interactional patterns, developmental stages, and strengths, and therapeutic recommendations related to your observations. Include the eco-map.

Your report should be approximately 8-10 pages in length (double-spaced) and should include the following information:

#### A. Identifying Information (Demographics)

1. Description of Family (I.e. household members, living arrangements, ages, sexes, relationship status, any recent changes). Attach genogram (separately, or as part of the eco-map).
2. Living environment (e.g. type of dwelling, neighborhood, community).
3. Socio-cultural data (e.g. occupations, income, education, ethnic/racial, religious affiliations).

#### B. Presenting Problems/concerns in their relational context:

1. Couple's/Family's definition of their concerns (in rank order of priority)
2. Why are they seeking help now? `
3. Interactions around the problem(s); Situations in which problem(s) is/are most & least likely to occur; Specific constraints keeping them from desired change; How are clients affected by problem(s)?
4. Pertinent medical/mental status information related to problem(s).
5. Client/family vision of life when concerns are no longer a problem
6. What are the exceptions to the problem situation (i.e. times in the past or present when they did not have the problem when they normally would)? What was different about these times, and what was different about them?

#### C. Couple's/Family's Experience with Counselors/Therapists/Service Providers:

1. Their current involvement with counselors/therapists/ service providers
2. Their past experience with counselors/therapists/service providers
3. The impact of past experiences on their view of counselors/therapists/ service providers

#### D. Family Structure and Organizational Patterns

Describe what you perceive the patterns of alignments/coalitions, triangles, and the rules of affiliation, participation, and power that exist within/between specific family subsystems, such as:

1. The marital subsystem
2. Parental subsystem
3. Sibling subsystem
4. Extended family subsystem (e.g. who, level of involvement, etc.)
5. Gender/Cultural aspects related to organization & rules of family Describe family's (external) community relations (e.g. with referring person, therapists, employer, school, medical, legal, religious persons, etc.).
6. Eco-map -- see Eco-Map instructions & example below.

#### E. Chronic & Acute Stresses in the Family (Risk Factors)

Describe the kinds of stresses the family faces and how they have responded to these stresses. Consider the following questions:

1. Within the time frame since problem has existed, have any significant changes/stresses taken place (e.g. persons leaving or moving into family, illnesses, job loss, deaths, financial crises, medical, psychological crises. etc.)?
2. Are any problems/stresses chronic and ongoing (e.g. drug use or abuse, legal transgressions, chronic illness, unemployment, history of violence)?
3. Are there transgenerational events, patterns, or connections that relate to the immediate problem (e.g. themes of loss, family myths/messages/beliefs, expectations, responsibilities, roles, etc.)?

#### F. Family's Developmental/Life Transition Issues

Characterize the family in terms of its current developmental life cycle (i.e. what are the demands placed on the system based on the developmental transitions they are now facing as a family)? For instance, are they dealing with the

introduction of new members into the family, young children, adolescents, launching young adults, etc.?

Consider the following questions:

1. What developmental stages related to individuals, and the family as a whole, seem relevant to the presenting issues?
2. What life transitions have the family been experiencing, or anticipating, that might have triggered interactional patterns related to the problem behavior?
3. How has the family (or extended family) dealt with similar transitions?

#### **G. Protective Factors - Resources, Strengths, Resilience**

1. Personal, familial and community characteristics, skills and knowledge that protect from them from risk and promote resilience.
2. How have they been able to maintain competent functioning during hardships or adverse circumstances (e.g. by controlling exposure to stress, minimizing damage of chain reactions, promoting love and fortitude, taking advantage of possibilities, etc.)?
3. Improvements noted since first contact.

#### **H. Initial Plan and Recommendations**

Discuss how you plan to proceed with your client couple or family in therapy.

Consider the following questions:

1. What specific part of the family system have you and the clients targeted for intervention and why? Do you hold compatible views?
2. How is the problem being framed for the client couple or family (i.e. what is their narrative metaphor)?
3. What are they hoping for in terms of a preferred direction (or preferred story) in their future?
4. What specific markers (criteria) will you use to gauge progress (e.g. how will you distinguish between "best outcome," "some success achieved," and "least positive outcome")?

#### **REFERENCES**

- Madsen, W.C. (2007). Collaborative therapy with multi-stressed families: From old problems to new futures, (2nd Ed). New York: Guilford Press.
- Freedman, J. & Combs, G. (1996). Narrative therapy: the social construction of preferred realities. New York: Norton.

#### **ECO-MAP INSTRUCTIONS & EXAMPLES**

The eco-map is a visual representation of the family in relation to the community. It shows the relationships between family members and external systems such as the school, health system, work, and spiritual community. Information such as time spent in getting to health care, buying food and other goods for the family, access to transportation and safety of family members is learned through an eco-map. The ecomap adds to information learned from the genogram and family circles. Family resources in persons and systems may become apparent. The eco-map is a paper and pencil simulation developed as a family assessment, planning, and intervention tool.

##### **A. Directions**

1. Draw the family system or household (as defined by the family member[s]) in a large circle at the map's center.
2. Use the genogram symbols to depict family members. Indicate relationships as in the traditional family tree or genetic chart. Insert the person's age in the center of the genogram symbol (male-female couple – male on left, female on right; siblings – older on left to younger on right).
3. Fill in or draw circles for the other systems of the family environment. In contrast to the Family Circles, the circles can be any size and do not reflect significance by their size. Some of the most common systems for families are extended family, recreation, health care, and school. Some circles are left undesignated so that the map can be individualized for each family.
4. Add the connections between the family and the different systems of their environment. Indicate the nature of the connections by the type of line drawn. A solid or thick line represents an important or strong connection and a dotted line a tenuous connection; jagged marks across the line represent a stressful or conflicted relationship.
5. Indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines
6. Connections can be drawn to the family as a whole if they are intended to portray the total family system's relationship with some system in the environment. Other connections can be drawn between a particular

individual in the family and an outside system where that person is the only one involved or different family members are involved with an outside system in different ways. This enables the map to highlight the contrast in the way various family members are connected to the other systems.

### **Eco-map characteristics**

The eco-map shows the ecological system with the boundaries which encompass the person or family in their life space, and 1) includes the major systems/social networks that are a part of the family's life; 2) shows the nature of the family's relationship with the various systems; 3) portrays an overview of the family in their situation by, picturing the important nurturing or conflictual connections between the family and their world; 4) demonstrates the flow of resources or the lack and deprivations; and 5) highlights the nature of the interfaces and indicates conflict for mediation and resources to be identified and mobilized.

### **Eco-Map Resources & References**

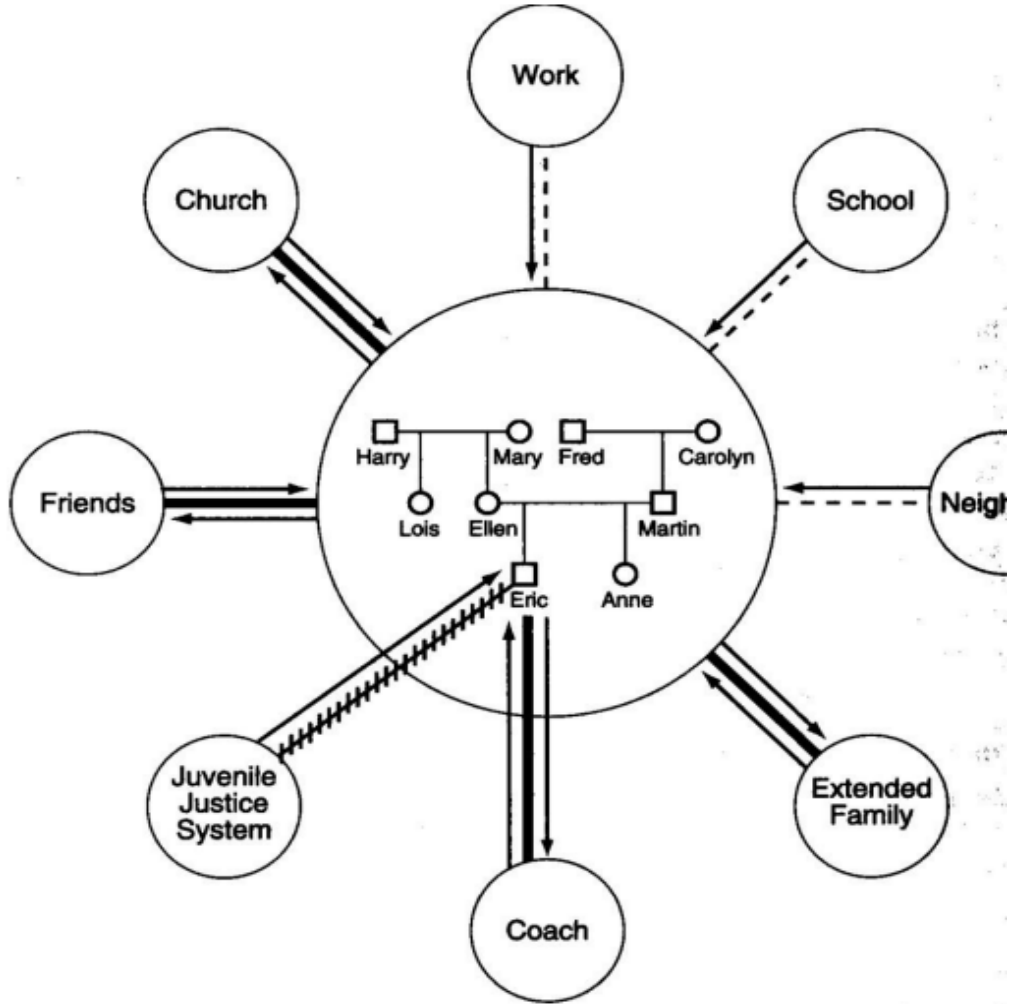
Hartman, A., & Laird, J. (1983). Family-centered social work practice. NY: Free Press.

Hartman, A. (1978) Diagrammatic assessment of family relationships. *Social Casework*, 59, 465-476.

Hanson, S.M.H. (2001) Family assessment and intervention-Eco-map *Family Health Care Nursing* 2nd Edition., pp. 181-184.

McPhatter, A.R. (1991) Assessment revisited: A comprehensive approach to understanding family dynamics. *Families in Society: The Journal of Contemporary Human Services*, January. 11-20.

Wright, L.M. & Leahey, M. (2000). *Nurses and Families: A guide to Family Assessment and Intervention*. 3rd Edition. Philadelphia: F.A. Davis.



Key:

- Strong relationship      **—————**
- Tense relationship      **- - - - -**
- Stressful relationship      **///////**
- Energy flow      **—————>**

**ECOMAP EXAMPLE**

### TREATMENT PLAN

People typically come to counseling because they want something to be different in their lives. They may want to change their life situation, solve a particular problem, make a decision, or understand what is happening in their lives or in themselves. As a first step in counseling, we will explore your feelings and concerns and what changes you want or decisions you want to make. When we both understand your situation, we will devise various ways to get what you want, as far as that is possible. This Treatment Plan serves as an important step in the goal setting and attainment process. Please help your counselor by being as specific as you can so that you will both know when you have made progress toward your goals. Progress on this Treatment Plan will be assessed at the mid-point and at the end of your time in counseling. In helping your counselor to complete the Treatment Plan, please note that “**Problems/Concerns**” are those things that have brought you to counseling. The “**Goals**” should reflect what you would like to see as a successful outcome of counseling. “**Treatment Objectives**” and “**Interventions**” are those things that will guide the counselor and you toward the fulfillment of your Goals.

<b>Problem/Concern #1:</b>		
<b>Goal #1:</b>		
Treatment Objectives	Interventions	Expected Date
<b>1a.</b>	<b>1.a.i</b>	
	<b>1.a.ii</b>	
	<b>1.a.iii</b>	
<b>1b.</b>	<b>1.b.i</b>	
	<b>1.b.ii</b>	
	<b>1.b.iii</b>	

**Client signature below indicates agreement to the identified treatment goal, objective, and plan above:**

Client Name (Print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Name (Print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Counselor Name (Print): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Counselor Name (Print): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>Problem/Concern #2:</b>		
<b>Goal #2:</b>		
Treatment Objectives	Interventions	Expected Date
<b>2a.</b>	<b>2.a.i</b>	
	<b>2.a.ii</b>	
	<b>2.a.iii</b>	
<b>2b.</b>	<b>2.b.i</b>	
	<b>2.b.ii</b>	
	<b>2.b.iii</b>	

**Client signature below indicates agreement to the identified treatment goal, objective, and plan above:**

Client Name (Print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Name (Print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Counselor Name (Print): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Counselor Name (Print): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Appendix I**

**Peer Chart Review Form**

**Check to ensure each of the following 1-16:**

use a ✓ & provide feedback where relevant

1. Left side 1: Client Treatment plan on top (signed), FAP below.  
*Review treatment plan and provide feedback about #2 below:*
2. Problem is clearly stated for each goal, Goals are measurable, objectives are clear and relevant to goals, expected date of achievements is indicated for each.
3. Right side 1: Progress notes- oldest on the bottom to most recent on top (10 notes) (clients names are written on notes)
4. Right side 1: Termination Summary signed & on top of progress notes
5. Left side 2: Client BioPsychoSocials for both client partners (on top)
6. Left side 2: Client Information Sheet /contact information sheet/ and Consent form (signed by both partners/or one signed by each)
7. Right side 2: DVDs are labeled and secure in chart
8. Left side 3: Any activities, drawings, notes the client(s) have produced in session.
9. Right side 3: Counseling Client Evaluation of Services  
(Additional paperwork that may be included in chart goes here, such as miscellaneous documents like school records, medical files)
10. All client paperwork, progress notes, assessments are legible and to be either typed or completed in black ink.  
*Review treatment plan & progress notes and provide feedback regarding #'s 11-16:*
11. All treatment plan goals are indicated on each progress note. If a treatment plan goal was not addressed in session, the progress note indicates “TP goal #1- Goal was not addressed in this session.” Goals not included on the treatment plan that are addressed in sessions are noted in the treatment plan as an additional goal addressed during that session.  
**Reviewer feedback on TP:** \_\_\_\_\_
12. Progress notes include subjective (e.g., ct couple appears to be making progress with regard to TP goal 1 of improve physical intimacy aeb partners A and B both reported increased frequency of sexual intimacy and indicated improvement has been maintained during the past three weeks...) and objective (e.g., ct couple appears to be making progress with regard to TP goal 1 improve physical intimacy aeb therapists’ observation of couple sitting closer and engaging in increased affectionate touch of touching hands and hand holding during session) information that notes what occurred during the session relevant to the fulfillment of each TP goal.
13. Progress notes include clinical interventions and clinicians’ assessment - What interventions did you implement? What is your assessment/hypothesis/ conclusion about what you wrote in the Data section? (e.g., what is happening with this client?) \_\_\_\_\_
14. Progress notes include Plan/Prognosis (e.g., What work remains on this goal? How did the therapists evaluate your client’s progress above (in Assessment)? What are the therapists’ recommendations/follow-up plans based on this evaluation? What homework was assigned related to the treatment goal/problem (if any)? \_\_\_\_\_  
**Reviewer feedback on PN:** \_\_\_\_\_
15. All progress notes are signed by counselors and supervisor:
16. No-show notes and cancelation notes are also in the chart.

*Additional feedback for future clinical writing, praises, and things you thought were well-done:*

**Appendix J**  
**CACREP 2024 Standards**

The following Council for Accreditation of Counseling and Related Education Programs (CACREP) competencies will be achieved in this course:

Section 2: Academic Quality: Individual Student Assessment, 2.C.1, 2.C.2, 2.C.3

Section 3: Foundational Counseling Curriculum

3.A. Professional Counseling Orientation and Ethical Practice

3.B. Social and Cultural Identities and Experiences

3.C. Lifespan Development

3.E. Counseling Practice and Relationships

3.G. Assessment and Diagnostic Processes

Section 4: Professional Practice

4.D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technology, as part of their practicum and internship.

Section 5: Entry-Level Specialized Practice Areas

5.C. Clinical Mental Health Counseling (See Table Below)

5.F. Marriage, Couple, and Family Counseling (See Table Below)

CACREP (2024) Standards	Assignments Assessing Student Knowledge/Skills	Standard Met if:
<b>SECTION 5: ENTRY-LEVEL SPECIALIZED PRACTICE AREAS</b>		
<b>C. CLINICAL MENTAL HEALTH COUNSELING</b>		
<ol style="list-style-type: none"> <li>1. etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral, and neurodevelopmental disorders</li> <li>2. mental health service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare</li> <li>3. legislation, government policy, and regulatory processes relevant to clinical mental health counseling</li> <li>4. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</li> <li>5. techniques and interventions for prevention and treatment of a broad range of mental health issues</li> <li>6. strategies for interfacing with the legal system regarding court-referred clients</li> <li>7. strategies for interfacing with integrated behavioral healthcare professionals</li> <li>8. strategies to advocate for people with mental, behavioral, and neurodevelopmental conditions</li> <li>9. third-party reimbursement and other practice and management issues in clinical mental health counseling</li> </ol>	<ul style="list-style-type: none"> <li>- Self of Therapist Presentation</li> <li>- Personal Theory Paper</li> <li>- Family Assessment Plan</li> <li>- Case Records, Clinical Documents &amp; Journal</li> <li>- Seminar &amp; Clinic Participation</li> <li>- Genogram</li> <li>- Eco map</li> <li>- Treatment Plan</li> </ul> <p style="text-align: center;"><b>(Evaluation Criteria for each Provided in Syllabus)</b></p>	<p>Student fulfills an 80% or greater on each assignment listed</p>

CACREP (2024) Standards	Assignments Assessing Student Knowledge/Skills	Standard Met if:
<b>SECTION 5: ENTRY-LEVEL SPECIALIZED PRACTICE AREAS</b>		
<b>F. MARRIAGE, COUPLE, AND FAMILY COUNSELING</b>		
<ol style="list-style-type: none"> <li>1. sociology of the family, family phenomenology, and family of origin theories</li> <li>2. aging and intergenerational influences and related family concerns</li> <li>3. impact of interpersonal violence on marriages, couples, and families</li> <li>4. interactions of career, life, and gender roles in marriages, couples, and families</li> <li>5. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families</li> <li>6. the impact of migration on family functioning</li> <li>7. theories and models of marriage, couple, and family counseling</li> <li>8. principles and models of assessment and case conceptualization from a systems perspective</li> <li>9. family assessments, including genograms and family mapping</li> <li>10. techniques and interventions of marriage, couple, and family counseling</li> <li>11. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling</li> <li>12. service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare</li> <li>13. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling</li> <li>14. third-party reimbursement and other practice and management issues in marriage, couple, and family counseling</li> </ol>	<ul style="list-style-type: none"> <li>- Self of Therapist Presentation</li> <li>- Personal Theory Paper</li> <li>- Family Assessment Plan</li> <li>- Case Records, Clinical Documents &amp; Journal</li> <li>- Seminar &amp; Clinic Participation</li> <li>- Genogram</li> <li>- Eco map</li> <li>- Treatment Plan</li> </ul> <p style="text-align: center;"><b>(Evaluation Criteria for each Provided in Syllabus)</b></p>	<p>Student fulfills an 80% or greater on each assignment listed</p>

*Please note that the syllabus, tentative semester outline, format of assignments, and readings may be adjusted over the course of the semester*