

Mock Family/Treatment Team Role Plays

[Submitted by Shelley Riggs, who acknowledges she does not know who the brilliant creator of this exercise is, but highly recommends it for graduate-level introductory CFT courses; If you know the creator, please contact the Society's VP of Education so that due credit can be given.]

At the beginning of the course, students will be assigned to a “family” with a certain theme and/or structure. The family group will then cooperatively assign membership roles (e.g., mother, father, step-parent, child, grandparent, etc.) and will creatively elaborate upon and make more realistic their “family” history, interaction patterns, and presenting concerns. Each group will also serve as a treatment team for a mock family.

- *Outings:* The family group will spend time out of class “in role” and must go on at least two off-campus outings and one on-campus outing. Each outing is designed to allow the family to “bond” and develop their characters, so the outings should last for a minimum of one hour with encouragement for one of the outings to extend to 2+ hours. A one-page 12-pt. font single-spaced reaction paper (RP) by each member, describing his/her personal experience and view of the developing system/roles, should be turned in the *class day following each outing*. The 3 initial outings must be completed before **SEPTEMBER 21ST**. A refresher outing is scheduled for the week of **NOVEMBER 2ND** and a RP is due on Thursday, **NOVEMBER 9TH**. Additional outings are recommended as needed; at a minimum, please schedule an outing the week prior to the final full therapy session to “rebond” and decide what issue(s) to focus on in the final full session (no RP required).
- *Intake Interview and Report:* After the 3 initial family outings, intake interviews will be conducted in class (with other class members observing). Families must prepare their “history” and presenting concerns for the intake; part of this task will involve completing the Clinic paperwork for family clients due **SEPTEMBER 21ST**. They will be interviewed by another group, whose members are not acting in their roles as family members but are collecting information as therapists. If there are more than 2 families, each group will be assigned to the same “family” throughout the semester. Groups will select 2 people to conduct/rotate the intake interview. ***Each team member*** will be responsible for turning in an individually written intake report (2-3 pg. in regular clinic format) on **OCTOBER 5TH**.
- *Treatment Plan.* Treatment team members must come to a consensus re: a treatment plan. A cooperatively written treatment plan, including systemic hypotheses and intervention strategies (1-2 pg. single-spaced) is due **OCTOBER 19TH** after the first mock family short session (10/12), which will give you a better idea re: the family’s functioning and your treatment recommendations.
- *Short Sessions (approx. 20-30 min.; n = 4):* Students will take turns acting as therapist for the mock family, using a mid-session consultation to switch therapists (mimicking next semester’s required mid-session consultation). Each student will act as a therapist at least 2+ times during the semester. Consultant/class feedback will follow each session. Time may limit us to one family/treatment team on the scheduled days.
- *Full Family Therapy Session:* At the end of the term, each group will nominate 2 people to act as therapists to conduct a full 50-min. therapy session (switch therapists at midpoint) with their mock couple/family and the rest of their group will act as consultants and/or a reflection team.

- *Progress Note.* **Each team member** will then write up an individually prepared progress note describing their team's full family therapy session and future recommended interventions. This is due the following week, on **DECEMBER 7TH**.
- *Mock Family Report.* Also due on **DECEMBER 7TH** is a mock family overview and report (2-4 single-spaced pages), which should describe your personal experience being a member of this mock family (interaction patterns you observed, likes/dislikes, what you learned). The last part of your report should include confidential evaluations of the contributions of each team member to both the mock family and treatment team (minimum of one paragraph per member and one for self). These evaluations should comment on the systems dynamics of the family/team & will be taken into account in grading.