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Course Description: This course will examine health and dysfunction in the couple and family systems. Core foci will be the (a) assessment of the family as a behavioral system and (b) practical application of principles of psychological counseling to facilitate constructive changes in the couple and family systems. Major theories of couple and family therapy (CFT) will be examined. As the approaches to be implemented in PSYC 6160, two of these theories will be emphasized: Johnson's emotionally focused couples therapy and Minuchin's structural family therapy.

Course Objectives: Students will...

1. develop a basic understanding of systems theory in relation to family psychology.
2. discuss the impact of diversity issues on family process and intervention.
3. understand the special ethical concerns and responsibilities of family psychologists.
4. apply major models of family therapy to family assessment, case conceptualization, and treatment planning.
5. demonstrate competence in basic family counseling skills through role-plays.
6. develop a personal epistemology as a family psychologist.

Required Textbooks:

- (BS) Bray, J.H., & Stanton, M. (Eds.) (2013). *Handbook of family psychology*. Malden, MA: Wiley-Blackwell.
- (G) Gehart, D. (2017/2018). *Mastering competencies in family therapy: A practical approach to theories and clinical case documentation, 3rd edition*. Belmont, CA: Brooks/Cole. Online lectures available: <http://www.masteringcompetencies.com/Mastering%20Competencies/index.html>
- (J) Johnson, S.M. (2004). *The practice of emotionally focused marital therapy: Creating connection*. Philadelphia, PA: Brunner/Mazel. [Optional workbook and book re: EFT with trauma survivors are available.]
- (M) Minuchin, S. (1974/2012). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Strongly recommended (you might borrow the first one, MH, from former CFT students):

- (MH) Midori Hanna, S. (2007). *The practice of family therapy: Key elements across models, 4th Edition*. Belmont, CA: Brooks/Cole – Thompson Learning.
- Minuchin, S., Nichols, M.P., & Lee, W.Y. (2006). *Assessing Families and Couples: From Symptom to System*. Allyn & Bacon.

Selected readings as assigned

Refer to readings from 5590 as needed, particularly Walsh (2012).

Course Requirements:

1. **Attendance and participation** are required due to the hands-on nature of this course and will be taken into account in final grading. You must inform me ASAP (preferably prior to Thursday) and provide reasonable justification for any unavoidable absences. Unexcused and/or excessive absences will be considered grounds for lowering the course grade.
2. **Assignments** will not be accepted late; a grade of zero will be assigned.
3. **Class format** will integrate several teaching approaches proven effective in clinical and specifically CFT training. The first few weeks will include lecture, class discussion, and teamwork outside of class. The format will then shift to emphasize greater experiential and video observational learning in the classroom, while deemphasizing class lectures in favor of out-of-class readings and lectures available online. *For this “flipped” class format to be effective, it is essential that students read the weekly assignments and view the online lectures outside of class, so they can follow up with questions in class where the majority of time will be devoted to the more in-depth practical learning experiences described below.*
4. **Mock Family/Treatment Team Role Plays:** 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.):** Students will take turns acting as therapist for the mock family, using a mid-session consultation to switch therapists. 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.
5. **Family Assessment and Report:** Students are responsible for locating a family (3+ related persons living in the same household) willing to submit to a practice assessment that will utilize the techniques and instruments learned in class. **START SEARCHING NOW!!!** The TA/TF will schedule a group meeting separate from class to review assessment requirements and discuss specific family situations in order to provide individualized guidance/approval re: which instruments to utilize for the assessment. You should complete testing no later than **NOVEMBER 2ND** (*strongly recommend earlier if at all possible*), and the integrative report is due to the TA/TF at the beginning of class on **NOVEMBER 16TH**. See attached description.
 6. The **final exam** will be a take-home essay and case study conceptualization (system analyses, structural maps, treatment plan/recommendations). Due **DECEMBER 13TH** by 8:00 a.m.
 7. **Grading:** Class Participation = 15%, Mock Family Assignments = 30%, Family Assessment and Report = 30%, Final Exam = 25%.

Americans with Disabilities: The University of North Texas is on record as being committed to both the spirit and letter of federal equal opportunity legislation; reference Public Law 92-112 – The Rehabilitation Act of 1973 as amended. With the passage of new federal legislation entitled Americans with Disabilities Act (ADA), pursuant to section 504 of the Rehabilitation Act, there is renewed focus on providing this population with the same opportunities enjoyed by all citizens. As a faculty member, I am required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing faculty of their need for accommodation and in providing authorized documentation through designated administrative channels. Information regarding specific diagnostic criteria and policies for obtaining academic accommodations can be found at www.unt.edu/oda/apply/index.html. Also, you may visit the Office of Disability Accommodation in the University Union (room 321) or call (940) 565-4323.

The Department of Psychology cooperates with the Office of Disability Accommodations (ODA) to make reasonable accommodations for *qualified* students with disabilities. If you have a disability, it is your responsibility to obtain verifying information from the Office of Disability Accommodation (ODA) and to inform me of your need for an accommodation. Requests for accommodation must be given to the instructor no later the 12th class day of the semester to allow arrangements to be made. Grades assigned before verification of an approved accommodation is provided will not be changed.

If you take an "I" (incomplete) in any course, you must complete the work and have the "I" removed within one year or you must reenroll in the course again.

Evidence of plagiarism or academic dishonesty will be investigated rigorously, and UNT policies for referral and discipline will be strictly followed.

PSYC 6150 TENTATIVE CLASS SCHEDULE

8/31	Course Description; Review; CFT Competencies <i>Mock family assignments</i>	Walsh 5590; G Intro, 1, App A, C
9/7	Overview: CFT Theory, Research, Ethics <i>Mock family outing 1 RP due</i>	G 2+, 3; BS 7, 21, revisit 12; TX Family Code*; Bograd & Mederos
9/14	Intake, Assessment, Conceptualization, <i>Mock family outing 2 RP due</i>	G 11++, 12 (527-535,542-543); Thomlison (pp. 33-49, 61-80); MH 6
9/21	Treatment Planning & Process, Progress Notes <i>Mock family outing 3 RP due; Mock family paperwork due</i>	G 13+, 15+; MH 8; M 1, 3, 5
9/28	Practice Assessment Planning <i>Mock Family Intake Sessions</i>	
10/5	Systemic, Strategic, & Structural Family Therapy; FFT <i>Mock Family Intake Report Due</i>	G 4++,5++; M 6-8; Haley; Minuchin et al. Ch 1
10/12	Structural Family Therapy training tapes & role plays <i>Mock Family Short Session 1</i>	Ditto above/catch up
10/19	Emotionally Focused Couples Therapy (EFCT) <i>Mock Family Treatment Plan Due – Review structural hypotheses/plans</i>	J (all); also G 6+ pp. 219-237; BS 27
10/26	EFCT training tapes & role plays <i>Mock Family Short Session 2</i>	Ditto above/catch up
11/2	CBT Therapies; Evidence-Based Parenting/ Parent-Child Interventions <i>Mock family outing 4; Assessment testing completed</i>	G 8++; BS 15, 22, 30
11/9	Experiential & Psychodynamic Family Therapy <i>Mock family 4 RP due; Mock Family Short Session 3</i>	G 6++, 7+; BS19; Diamond & Stern
11/16	Post-modern Therapies: Solution-Focused & Narrative <i>Mock Family Short Session 4; Family Assessment Report Due</i>	G 9+, 10+; Levy
11/23	Thanksgiving Break – No class <i>Mock family outing before 11/30 to set up for full therapy session, no RP</i>	
11/30	<i>Mock Family Full Therapy Sessions & Feedback</i>	
12/7	Systems Consultation; Termination <i>Progress Note & Mock Family Report Due</i>	BS 34, 35; Walsh & Harrigan; Rappleyea et al.
12/13	<i>Final Examination Due by 8:00 a.m.</i>	

+Online lectures for G chapters: <http://www.masteringcompetencies.com/page23/index.html>

*Obtain Texas Family Code at <http://www.statutes.legis.state.tx.us/?link=pr> In particular, read Title 2, 4, 5.A.111, 5.B, 5.E

REFERENCES

- Bograd, M., & Mederos, F. (1999). Battering and couples therapy: Universal screening and selection of treatment modality. *Journal of Marital and Family Therapy*, 25, 291-312.
- Diamond, G.S., & Stern, R.S. (2003). Attachment-based family therapy for depressed adolescents: Repairing attachment failures. In S.M. Johnson & V.E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 191-212). NY: Guilford.
- Haley, J. (1987). *Problem-solving therapy*. San Francisco: Jossey-Bass.
- Levy, J. (2006). Using a metaperspective to clarify the structural-narrative debate in family therapy. *Family Process*, 45, 55-73.
- Minuchin, S., Nichols, M.P., & Lee, W.Y. (2006). *Assessing Families and Couples: From Symptom to System*. Allyn & Bacon.
- Rappleyea, D. L., Harris, S. M., White, M., & Simon, K. (2009). Termination: Legal and ethical considerations for marriage and family therapists. *American Journal of Family Therapy*, 37(1), 12-27.
- Thomlison, B. (2007). *Family Assessment Handbook: An introductory guide to family assessment and intervention*, 2nd Edition (pp. 33-81). Belmont, CA: Thomson-Brooks/Cole.
- Walsh, J., & Harrigan, M. (2003). The termination phase in structural family intervention. *Family Therapy*, 30(1), 13-26.

FAMILY ASSESSMENT AND INTEGRATIVE REPORT

- I. Students are responsible for finding a family (3+ persons living in the same household) for a full family assessment utilizing the techniques and instruments learned in class.
 - A. Begin your efforts to locate a volunteer family IMMEDIATELY!
 - B. Complete all test administration by **NOVEMBER 2ND** to give yourself a minimum of two weeks, preferably more, to integrate and write up the report – there will be a lot of data, which usually translates into a complex and difficult writing process!
 - C. Family members should sign a consent form (to be provided) for themselves and minor children acknowledging that the assessment is for the purposes of a class assignment and will be used for training purposes.
 - D. Most instruments are available in the test storeroom, but a few will need to be obtained from the TA or Dr. Riggs, e.g. ECR, PIML, IPPA, PBI, PPI
 - E. Results can be shared with the family in an informal feedback session, but they will not receive a copy of the report and you must emphasize the disclaimer that this is NOT a formal assessment because you are not yet qualified to offer that.
 - F. The integrative report is due at the beginning of class on **NOVEMBER 16TH**.
- II. At a minimum, the following is required:
 - A. Clinical interview and behavioral observations
 - B. Mapping Assessments
 1. Genogram
 2. Ecomap
 3. Structural map
 - C. Family environment/functioning self-report
 1. Adult - Family Environment Scale (FES)
 2. Child - Children's Version FES (CVFES), at least one projective (e.g. Kinetic Family Drawing, House-Tree-Person, Family Apperception Test)
 - D. Individual personality and symptom instruments.
 1. Child measures
 - a. *Informant*: age appropriate BASC Parent Rating Scale (PRS)
 - b. *Child* age 8+: age appropriate BASC Self-Report of Personality (SRP)
 2. Adult personality self-report - Myers-Briggs (MBTI)
 3. Adult symptom checklist – Brief Symptom Inventory (BSI)
 - E. Attachment measures
 1. Adults – Experiences in Close Relationship Scale (ECR), age 19+
 2. Adolescent – Inventory of Parent and Peer Attachment (IPPA), age 12-18
 3. Child – People In My Life (PIML), age 8-11 (administer orally for age 8-10)
 - F. If applicable, other possible measurement instruments include:
 1. Relationship self-report for adult romantic partners - Dyadic Adjustment Scale (DAS)
 2. Parenting
 - a. Parent – Parenting Stress Index (PSI), up to age 12; SIPA age 13+ (if available; if not, use Parental Stress Scale)
 - b. Child – Parent Perception Inventory (PPI), up to age 12; Parental Bonding Instrument (PBI), age 13+

3. Other collateral interviews (e.g., teacher, coach, babysitter)
4. Other important dyadic relationships – the FAM-dyadic scale can be completed by 2 relationship partners on each other (e.g., grandparent-parent, sibling-sibling)
- G. Please note that if the instruments are applicable to the family you select, you will be expected to use them in the assessment. For example, for a single-parent family, you obviously would not use the DAS. However, for a two-parent household with children, in addition to the mapping assessments, the following is expected:
 1. For each romantic partner/parent - a DAS, a PSI/SIPA and BASC-PRS for each parent to complete based on child who is designated “Identified Patient” (IP), as well as a BSI, MBTI, FES and ECR for each adult;
 2. Depending on age, the IP will complete a BASC-SRP, CVFES, KFD/FAT, PPI/PBI, and IPPA/PIML;
 3. Other siblings might complete the CVFES, KFD, PPI and IPPA/PIML.
- H. Reports and interviews with adult informants outside the family (e.g., teachers, grandparents) are optional, but can be very helpful.

III. The final report should include the following sections:

- A. *Identifying Information* - family member initials/pseudonyms, sexes, ages, IP, family structure (e.g., intact, single-parent, remarried), therapist name, supervisor name, date of testing, date of report
- B. *Referral Reason* – Describe presenting problem (i.e., IP symptoms) and identify referral source
- C. *Sources of Information* – list all interviews and instruments and the dates of each (all of which should be included when you turn in the report)
- D. *Family Background Information* – additional demographic information (e.g., ethnicity, SES, employment status, etc.), basic data from genogram, and other relevant information re: the family and/or extended family members, such as the family life cycle stage, developmental levels of members, intergenerational family history of mental disorders and other pertinent factors, mobility, religious affiliation if any.
- E. *Contextual Analysis* – ecomap results, social supports and/or stressors, living environment – neighborhood/school/work impact, sociocultural factors and/or stressors
- F. *Clinical Impressions* – Interpret test results re: family structure and process, including system and subsystem characteristics, family interactional patterns, strengths/resources, challenges, coping strategies, individual personality factors and diagnoses if any, etc. Relevant subheadings for this section might include: Individual Functioning, Family Functioning (including ALL relevant test and observational data), Subsystem Patterns (marital, parental, sibling).
- G. *Brief Treatment Plan* – **STRUCTURAL** hypotheses (with maps) and related goals, planned interventions
- H. *Recommendations* – specific recommendations for additional treatment or referral, and helpful resources