School of Theology and Ministry **Seattle University** 901 12th Avenue, PO Box 222000 Seattle, WA 98122-1090

Winter Quarter 2014

COURSE INFORMATION

STMC 556: Clinical II

Tuesdays, 1:30am-4:20am Classroom: HUNT 160 PreReq: STMC 555

INSTRUCTOR

Christie Eppler PhD, LMFT

Office: HUNT 221

Office Hours: By appointment Office Phone: 206-269-6975 SU Email: epplerc@seattleu.edu

Texts and Materials:

Required Texts:

Gehart, D. & Tuttle, A. (2003). Theory-based Treatment Planning for Marriage & Family Therapists. Brooks/Cole Thomson Learning: CA

Walsh, F. (2010). Spiritual resources in family therapy (2nd Ed.). New York: The Guildford Press.

Recommended Text:

Walsh, F. (2006). Strengthening family resilience (2nd Ed.). New York: The Guilford Press.

COURSE DESCRIPTION:

This course represents the second of six quarters of clinical work in relationship and pastoral therapy. This quarter will focus on the continuing integration of theory and practice, with a special emphasis on marriage and family therapy treatment planning and family resiliency. Bio-psycho-social-spiritual dimensions will also be addressed.

COURSE OBJECTIVES:

As integrated clinicians and professionals, students will:

- 1. Develop a systemic theoretical orientation to working with clinical cases;
- 2. Refine basic hypothesizing, goal setting, and treatment planning skills necessary for clinical work;
- 3. Reflect and refine theologically on one's personal philosophy and the application of this to clinical work;

MARPT Students Will:

- Develop an identity of a relationship and pastoral therapist.
- Reflect on self-as-a-therapist, committing to ongoing growth, implementing self-awareness, and use of self in clinical practice.
 - o Learn skills and theory necessary for competent, effective practice as a relationship and pastoral therapist.
- Demonstrate ability to produce written documentation and oral presentation for purpose of clinical practice, adhering to APA written guidelines where assigned.
 - o Demonstrate intention to approach relationship and pastoral therapy with openness to the presence of diversity.
 - o Integrate theological education, psychological and systems theories, and spiritual formation with supervised clinical experience.
- Understand and reflect on clients' spiritual/faith assumptions and practices, and balance knowledge of relationship and pastoral therapy within client/system's spiritual dimensions.

Course Outline

Date	Topic	Reading/DUE	Clinical Presentation	Clinical Presentation	Devotional (optional)
1 1/7	Intro Updates Clinician/Personal Goals		riesentation	resentation	(optional)
2 1/14	Treatment Planning	Gehart: 1 Personal Therapy Verification Due (if didn't submit in December)			
3 1/21	InterG FT	Gehart: 8			
4 1/28	Narrative and Collaborative FT	Gehart: 11 & 12 Be reading Walsh (2006)			
5 2/4	Structural & Strategic FT	Gehart: 2 & 3 Personal Reflection Due (1)			
6 2/11	Presidents' Day NO CLASS				
7 2/18	Family Spiritual Resources	Walsh (2010): Bring written discussion questions (below)			
8 2/25	Cognitive and Solution-Focused FT	Gehart: 9 & 10; Be working on evaluations with supervisor			
9 3/4	Satir FT	Gehart: 6			
10 3/11	Wrap-Up for quarter	Personal Reflection Due (2) Evaluations from Supervisor, Faculty and Self DUE			

COURSE REQUIREMENTS

1. Class interaction 30 points

2. Clinical Assessments 50 points (2 @ 25 points each) 3. Personal Reflections 20 points (2 @ 10 points each)

P/F—must be turned in before grade submitted 4. Paperwork

Total 100 points

Notice: A 5% deduction per day is assessed to late work. No work will be accepted after the last due date on the agenda. An incomplete grade will be assigned only in the case of a health emergency. Final grades determined in consultation with site supervisor. If site supervisor documents that progress is not being made, intern may not be able to move to Clinical III or beyond. Please refer to Clinical Handbook.

ALL (supervisor, faculty, and self) EVALUATIONS MUST BE TURED IN BEFORE A GRADE WILL BE **ASSIGNED.**

COURSE ASSIGNMENTS:

1. Attendance & Class Interaction (30 points)

Attendance and class interaction count for a substantial portion of the grade; I value your presence and your participation in the class activities! Attendance for supervision is MANDATORY. There are no unexcused absences for this class. For excused absences, if possible, an action plan to remediate the absence will be determined.

Student participation during class is the bedrock of our work together. Contributions should show that the student has carefully prepared assigned readings and Clinical Assessments (CAs), and can offer thoughtful reflection on clients, supervision, and colleagues' learning and development. Work shared in class does not have to be "perfect"; rather you will be graded on your willingness to share your thoughts and ideas. You will also be graded on your effort to offer others in the class constructive feedback regarding what they share. Openness to giving and receiving feedback is essential. It requires both humility and the grace not to take oneself too seriously; having a sense of humor helps. We are all learners in this laboratory of clinical practice. It's helpful to remember that becoming an outstanding therapist takes many years. That's probably why it's called a clinical practice!

2. Clinical Reflection (50 points total; 25 points for each presentation)

Each student will give two verbal case presentations during the 10 weeks of this course (sign up for each presentation). These 35-minute summaries will be an opportunity for the supervisor and fellow students to give feedback and support. For each of the presentations, please prepare a Clinical Assessment (CA) as found below. Please make sure all identifying information is removed from our CA; it needs to be completely confidential even if important information is missing (for example, if someone could identify your client given age and ability status if living in a small town).

You will also choose a brief video (or audio) clip of no more than 5 minutes' duration from the case to reflect both client interaction and your process as the intern therapist. These will be reviewed during the first 20 minutes of your presentation.

Your written CA should not be more than three pages in length and be well-written, comprehensive, and complete. If you are using a CA from a previously presented case, you must show your updates in highlighted font.

Students who struggle with aspects of crafting a CPA will be asked to provide more examples of their work to assure their competence with this important skill.

3. Personal Reflection (20 points total; 10 for each entry)

During the course of the quarter you are likely to encounter many new challenges and experiences. The best way to maximize your learning is to reflect actively on what you are doing. The following journal exercise will assist in that endeavor. For the winter semester, you have the following specific journal assignment:

Twice during the quarter, you should choose to write about one counseling or clinic activity in which you engaged. Please type in a memorandum format (APA not required, but you may have some references) addressed to me with the subject heading being the activity about which you are writing. Each journal memo should include four paragraphs of at least five sentences each.

Paragraph 1: Describe the activity. This should be the: who, what, when, where, how part of the memo and should be fairly specific.

Paragraph 2: Discuss what you were thinking during the activity, any questions you had, and why.

Paragraph 3: Discuss the *feelings* you had during the activity and why. Be careful not to confuse feelings with thoughts. For example, "I felt that it was useful" is really a thought not a feeling. Feelings include: frustration, anxiety, anger, nervousness, happiness, being relaxed, annoyed, bored, satisfied, etc.

Paragraph 4: Discuss how you might apply what you learned from the experience—something specific you can do in the future. Be sure to describe this in behavioral terms, not just ultimate goals. For example, don't just say that next time you will be more prepared to answer the client's questions. Rather, discuss what research suggests you could do before the next client interview (you may have a reference list).

4. PAPERWORK

A. Personal Therapy: All students in the Pastoral Counseling program must be in their own personal therapy with an experienced therapist who uses psychodynamic, and possibly, systems methods of treatment, and one who is approved by the Pastoral Counseling faculty. Personal therapy is a vital part of the practical training and formation of a therapist. It is an

essential adjunct to supervision that enables and catalyzes the transformation that must take place in the person of the student therapist. When interviewing and choosing your therapist, remember that NO STM students or faculty are permitted to counsel other STM students as this creates a dual relationship with conflicts of interest. Counselors chosen must have at least 10 years experience after licensure. Completed verification of therapy forms is DUE by the 2nd class.

- b. Each week, bring the log of your hours signed by your site supervisor to class. If you are not meeting with your site supervisor on a weekly basis, please contact Dr. Clinton McNair immediately.
- c. Three hours of group supervision may be credited for this class. Please note these hours on your log and have your course supervisor sign your forms. By doing this on a weekly basis students will develop the habit of completing paperwork on time—another important skill. Agencies undergo required, periodic audits. Therapists who don't complete paperwork in on time reflect ill on the competency of the agency itself.
- d. ALL (SUPERVISOR, FACULTY, AND SELF) **EVALUATIONS MUST BE TURED IN** BEFORE A GRADE WILL BE ASSIGNED.

Spiritual Resources in Family Therapy Discussion Guide

- 1. Chapter 1: What are the spiritual/cultural contexts of clients at your practicum site? How would you adapt Walsh's definition of religion, spirituality, and the family?
- 2. Chapter 2: Use Table 2.1 and apply to a client. How have you seen grounding, exploring, and identifying in action?
- 3. Chapter 3: How does Walsh's text help you as a clinician understand suffering: how clients describe their problems, how clients see causes/solutions, and how they make meaning from adversity?
- 4. Chapter 4: How is spirituality fluid? How do we see this in grief work in general, and in grief work with our clients?
- 5. Chapter 5: What new insights do you have regarding various faith traditions?
- 6. Chapters 6-10: What concepts, ideas, clinical interventions/techniques arose for you while reading about diverse family forms/spirituality?
- 7. Chapters 11-20: These chapters focus on a clinical milieu:
 - a. What rituals, practices, and conceptualizations have you used to bring a clients' faith into the room?
 - b. What new insights did these chapters offer?
 - c. Any concerns or differences you have with the authors?
 - d. How do you see systems theory at work?
 - e. How do you see psychological theory at work?
 - f. At this point in your practicum, what are you ready to explore/do?

Clinical Case Report for Oral Presentations -- Individual Clients

Therapist Name:
Therapist Orientation:
Client's pseudonym and brief description:
How many sessions:
Why does the client report seeking therapy:
What is the agreed upon goal for therapy (if client and therapist have unique goals, please explain)?
What are the client's strengths (personal and contextual)?
Briefly describe relevant history (bio-psycho-social, mental health status)?
What assessments were used, if any? Please include numeric (e.g., PQ9, GAD, etc.) and non-numeric (genogram, eco-map, etc.).
Does the client have a diagnosis?
What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)? Please divide these into two sections (religious and spiritual).
What has/have been the theme(s) of the sessions (for longer term clients address early, middle and/or late stages of treatment)? Please use a brief paragraph for each theme:
Briefly, how do you describe the problem (what themes arise as you hear the story)?

What is your hypothesis regarding the problem (this should be theory-based: How has the problem come into being? What maintains the problem? What does your theory and the best-practice research say about this situation?).

What interventions have you tried? What worked? What did not?

What do you need from the peer group conversations that will assist you in better understanding your client or the processes of intervention you are using? What questions do you have for the team?

What goals do you set for yourself and your client within the time limitations and skills/experience? What's reasonable for your time and efforts with this client?

Write a brief treatment plan (be sure to use your theory and research, link to themes above):				
Goal (broad):				
Objective 1 (positive terms, concrete and specific):				
Objective 2:				
Plan (use theory):				

Clinical Case Report Form for Oral Presentations – Family/Couple Form

Therapist Name:
Therapist Orientation:
Clients's pseudonym and brief description:
How many sessions:
Why does do the clients report seeking therapy (you may indicate who initiated contact and why):
What is the agreed upon goal for therapy (if clients and therapist have unique goals, please explain)?
What are the clients' strengths (personal and contextual)?
Briefly describe relevant history for both the system and individual family members (bio-psycho-social, mental health status)?
What assessments were used, if any? Please include numeric (e.g., PQ9, GAD, etc.) and non-numeric (genogram, eco-map, etc.).
Does the "identified patient(s)" have a diagnosis? If so, please list:
What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)? Please divide these into two sections (religious and spiritual).
What has/have been the theme(s) of the sessions (for longer term clients address early, middle and/or late stages of treatment)? Please use a brief paragraph for each theme:
Briefly, how do you describe the problem (what themes arise as you hear the story)?

What is your hypothesis regarding the problem (this should be theory-based: How has the problem come into being? What maintains the problem? What does your theory and the best-practice research say about this situation?).

What interventions have you tried? What worked? What did not?

What do you need from the peer group conversations that will assist you in better understanding your clients or the processes of intervention you are using? What questions do you have for the team?

What goals do you set for yourself and your clients within the time limitations and skills/experience? What's reasonable for your time and efforts with this client?

Write a brief treatment plan (be sure to use your theory and research, link to themes above):
Goal (broad):
Objective 1 (positive terms, concrete and specific):
Objective 2:
Plan (use theory):

Clinical Case Form for Oral Presentation – Group Form

Self-of-the-Group-Therapist: What skills do you have (e.g., drawing out, blocking, framing input as a group theme instead of seeing individual clients with an audience)? What areas need growth? Please refer to group rubric.

What do you need from the peer group conversations that will assist you in better understanding your clients or the processes of intervention you are using? What questions do you have for the team?

What goals do you set for yourself and your clients within the time limitations and skills/experience? What's reasonable for your time and efforts with this client?

STYLE MANUALS AND WRITING EXPECTATIONS

APA (6th Edition):

http://www.apastyle.org/

http://owl.english.purdue.edu/owl/resource/560/01/

Seattle University Writing Center http://www.seattleu.edu/writingcenter



Lemieux Library, second floor | (206) 296-6239 | www.seattleu.edu/writingcenter

Policies

- Academic Honesty (including plagiarism): The School of Theology and Ministry strictly adheres to the academic policy regarding Academic Integrity as indicated on the Seattle University Registrar website, as noted in the box below.
- Disability: If you have, or think you may have, a disability (including an 'invisible disability' such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, please see related note in the box below.

University Resources and Policies

Academic Resources

- Library and Learning Commons (http://www.seattleu.edu/learningcommons/)
 - o (This includes: Learning Assistance Programs, Research [Library] Services, Writing Center, Math Lab)
- Academic Integrity Tutorial (found on Angel and SU Online)

Academic Policies on Registrar website (https://www.seattleu.edu/registrar/academics/performance/)

- Academic Integrity Policy
- Academic Grading Grievance Policy
- Professional Conduct Policy (only for those professional programs to which it applies)

Notice for students concerning Disabilities

If you have, or think you may have, a disability (including an 'invisible disability' such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to arrange support services and/or accommodations through Disabilities Services staff located in Loyola 100, (206) 296-5740. Disability-based adjustments to course expectations can be arranged only through this process.

RESPECT FOR DIVERSITY:

In order to thrive and excel, a culture must honor the rights, safety, dignity, and wellbeing of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.