LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING

Time & Day: Monday 9:30 am- 11:45am
Place: 220 Rogers Hall
Instructor: Dr. Marion McNulty, PsyD
Office: Rogers Hall/ Office Hours: by appointment
Contact: marionmcnulty@lclark.edu

CATALOG DESCRIPTION
Survey of the history, theoretical assumptions, and techniques of several approaches to brief systemic therapy. Solution-focused, Narrative, Structural, and Contextual family therapy models are covered in detail.

COURSE DESCRIPTION
This advanced class focuses on utilizing Brief Therapy approaches to work with families throughout the lifecycle. The course is designed to provide an in-depth review of the varied theoretical and methodological perspectives of brief therapy; assist students to conceptualize cases from brief therapy modalities, and implement brief therapy techniques and solutions. Finally, analysis of the current economic and political forces impinging on family therapy will locate brief therapy as an emerging modality.

COURSE PURPOSE & OBJECTIVES

- Understand underlying theoretical principles of several theories and approaches to Brief Therapy.
- To become familiar with the application of Brief Therapy principles with a variety of treatment populations.
- To experience supervised practice in the use of Brief Therapy strategies and interventions.
- Evaluate brief therapy theories and approaches in terms of how they apply to your individual counseling style and develop strategies for personal implementation, as appropriate.
- Develop in-depth knowledge in a selected area of brief therapy research or application.
- Develop awareness and understanding of the impact of brief therapy approaches on diverse and marginalized populations/groups. Examine the relationship between brief therapy and multicultural counseling.
- To deepen the understanding of the concept of change. To develop more skill in being an agent of change in the therapeutic setting.

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor as soon as possible.

ABSENCES

Please notify professor. Missing any class time may result in an additional class assignment at the discretion of the professor. It is the student's responsibility to contact the professor to discus the make-up work. Missing more than two classes may result in failure to complete class, (any exceptional circumstances may be considered by the instructor).

CONFIDENTIALITY

Because of the nature of classroom work and group dynamics it is expected that "personal" information shared by students will be kept in confidence. Students are not required to share personal information as part of the classroom dynamics, or as a requirement for any evaluation or for grading purposes. Students are asked to be intentional about what they choose to share with other students in the class during classroom-activities.

LAPTOPS AND CELL PHONES

Due to the experiential nature of the class laptops may be used only when designated by the instructor. Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell. Please be prepared to take hand written notes. If an alternate learning ability requires the use of a laptop please let the instructor know at the beginning of the semester.

ASSIGNMENTS

This course has one overarching assignment that will consist of several integrated parts. The main assignment will be to complete the Brief Therapy Case Conceptualization. In order to complete the assignment, you will be required to articulate, assess, and analyze a clinical case using several brief therapy techniques *that demonstrate theory comprehension.*

- Each week students will present the case, receive feedback on components of the conceptualization (Approximately 45 minutes), and provide constructive criticism to other students.
    - An oral presentation (and supporting materials: outlines, power point handouts, assessment protocols, etc.) discussing two different brief therapy treatment approaches. One of the approaches must be from the theories/techniques we have studied and one may be a different approach, however, describe it in enough detail for the case study to make sense.
    - Student will develop an active database of readings to support their understanding and application of brief therapies.

- *No student video clips will be utilized in this course*.

Secondary assignments are discussion boards, constructive feedback to other students, and completing a brief therapy matrix which includes all models discussed in this semester. Further assignment guidelines will be discussed in class and grades will be based on major assignments including case presentations, discussion boards, and class participation.

GRADING

A = 93-100 A- = 90-92 B+ = 88-89 B = 83-87 B- = 80-82
C+ = 78-79 C = 73-77 C- = 70-72

METHODS OF INSTRUCTION

The course is taught using multiple formats including lecture, case presentations, readings, and PowerPoint. Much of the content is student driven. Multiple theories are simultaneously examined depending on the needs and focus of student presentations.

TEXTS AND MATERIALS

Required:

Boszormenyi-Nagy, I., & Krasner, B. (1986). *Between give and take: A clinical guide to contextual therapy.* New York, NY: Routledge

Carpetto, G. (2002). *Breakthroughs in six brief psychotherapies.* Lincoln, NE: Writers Club

de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.

Minuchin, S. & Fishman, H. C. (2004). *Family Therapy Techniques*. Harvard University Press.

Robbins, M., Sexton, T. & Weeks, G. (2003) *Handbook of family therapy*. NY: Routledge

White, M. (2007). *Maps of narrative practice*. New York: Norton.

Other useful texts:

Boszormenyi-Nagy, I., & Spark, G. M. (1984). *Invisible loyalties.* New York, NY: Routledge

Fisch, R., Weakland, J. H., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. San Francisco: Jossey-Bass.

Goldenthal,P. (1996). *Doing contextual therapy: An integrated model for working with individuals, couples, and families.* New York: Norton.

Haley, J. (1991). *Problem-solving therapy* (2nd ed). San Francisco: Jossey-Bass.

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

Walter, J.L. & Peller, J.E. (1992). Becoming solution focused in brief therapy. New York: Brunner/Mazel.

COURSE SCHEDULE

WEEK 1: September 13th: Orientation

Readings:

Carpetto, G. (2002). *Breakthroughs in Six Brief Psychotherapies,* 1-45.

-Introduction to syllabus
-Sign-up for presentations

WEEK2: September 20st: Solution Focused

Readings:

Kuehl, B. P. (1995). The solution-oriented genogram: A collaborative approach. *Journal of Marital and Family Therapy, 21,* 239-250.

Carpetto, G. (2002). *Breakthroughs in Six Brief Psychotherapies,* 141-176.

WEEK 3: September 27th: Solution Focused

Readings:

de Castro, S. & Guterman, J.T. (2008). Solution-focused therapy for families coping with suicide. *Journal of Marital and Family Therapy, 34*, 93-106.

WEEK 4: October 4th: Solution Focused

Readings:

Penn, P. (1982). Circular questioning. *Family Process, 21,* 267-280.

Carpetto, G. (2002). *Breakthroughs in Six Brief Psychotherapies,* 107-140.

de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.

WEEK 5: October 11th: Narrative

Readings:

Roth, S. & Epston, D. (1995). *Framework for a White/Epston type interview*. Retrieved September 1, 2008 from http://www.narrativeapproaches.com/narrative%20papers%20folder/white_interview.htm

WEEK 6: October 18th: Narrative

Readings:

Carpetto, G. (2002). *Breakthroughs in Six Brief Psychotherapies,* 285-310.

Narrative Approaches Retrieved September 1, 2008 from http://www.narrativeapproaches.com/welcome.html

WEEK 7: October 25 th Narrative

White, M. (2007). *Maps of narrative practice*. New York: Norton.

WEEK 8: November 1st: Contextual Family Therapy

Readings:

Boszormenyi-Nagy, I., & Krasner, B. (1986). *Between give and take: A clinical guide to contextual therapy.* 43-67, 235-273

WEEK 9: November 8th: Contextual Family Therapy

Readings:

McNulty, M. (2008) Components of Contextual Therapy

Boszormenyi-Nagy, I., & Krasner, B. (1986). *Between give and take: A clinical guide to contextual therapy.* 395-408

WEEK 10: November 15th: Contextual Family Therapy

Boszormenyi-Nagy, I., & Krasner, B. (1986). *Between give and take: A clinical guide to contextual therapy.*274-332.

WEEK 11: November 22: Structural

Readings:

*Doerries, D. B., & Foster, V. A. (2005). Essential skills for novice structural family therapist: A Delphi study of experienced practitioners perspectives. *The Family Journal*, *13*(3), 259-265.

WEEK 12: November 29h: Structural

Readings:

Minuchin, S. & Fishman, H. C. (2004). *Family Therapy Techniques*. Harvard University Press.

Week 13: December 6th: Structural

Readings:

McLendon, D., McLendon, T., & Petr, C.G. (2005). Family-directed structural therapy. *Journal of Marital and Family therapy*, *31*, (4), 327-339.

Week 14: December 13th: Structural

FINALS WEEK: THEORIES MATRIX DUE

BRIEF THERAPY CASE CONCEPTUALIZATION

Use the following outline to complete the case conceptualization. Examine each assessment area thoroughly. Emphasis will be on Structural, Solution Focused, Narrative and Contextual theories.

Chosen Theory for case conceptualization and discussion boards.

- Underlying premise- theoretical foundation
- Philosophical principles – truths, main beliefs
- Theoretical constructs- upon what elements is the theory built?

Do not use techniques to integrate theoretical idea unless the theoretical connection is explained. Instead, make *ideological* connections. Integrate theory instead of integrating intervention.

It is not necessary to solve points where theories conflict, but it is necessary to write awareness of theory conflicts, what you think about it, and how you would use this in treatment.

Family/system members & background information (e.g., genogram, Structural diagram)

- Names: Use numbers or code words to protect confidentiality
- Background Information: ages, genders, ethnicities, races, grades/education, living situation, languages, citizenships, relationship status, appearance, and general presentation

Presenting Problem

- Include a general description of the clients' problem(s) in their own words.
- How does the concern interfere with everyday functioning and relationships?
- What caused the clients to enter counseling at this time?
- Include externalization of problem if fitting
- Problem stories if fitting

Therapy Goals

- Goals of therapy are to be expressed according to the theory applied and therapy utilized, e.g., solution focused criteria for well-defined goal, therapy goals from perspective of narrative externalization, structural goals balancing, contextual goals fairness.

Strengths and Resilience, e.g.

- Exceptions to the problem
- Stories of resilience
- Temporary relief
- Parts of structure that work
- Spirituality

Pattern of Interaction

- Can you as a therapist and/or clients identify patterns of interaction that surround the concern? When does it occur? With whom? What happens before and after its occurrence?

Life Setting

- How do clients spend a typical day or week? What social, spiritual, and religious activities, recreational activities are present? What is their living environment like? What are their most important relationships?

Family History (You may want to include Genogram)

- Family member's ages, households, occupations, descriptions of personalities, relationships to each other, etc.
- Intergenerational relationships
- History of family struggles (e.g., emotional disturbance, substance abuse, physical illnesses, abilities issues, abuse & neglect)
- History of family strengths and resilience (e.g., spirituality, stories of overcoming odds)
- Biographical Turning Points, e.g., what points of change have occurred in the clients' lives? How did they manage these changes?

Outside Systems (e.g., ecomap)

- Include religious systems, schools, court and legal systems, medical systems, other treatment providers, government systems such as child protection, etc.

Description of Therapy

- Course (number) of sessions, lateness, no-shows, who has attended sessions, who you have invited to participate
- Content – brief description of issues clients bring to sessions.
- Process – how do the clients relate to you in session? What does it feel like being with them, what is the interpersonal style in the counseling relationship?
- Clinical Assessment – This section should be a summary of the clients' problems/issues using information from preceding sections. For example, does a member of the family/system seem depressed or anxious? Address suicidal ideation (either past or present) threat of harm to self or other, suspicion of abuse or neglect, etc. Provide extensive details pertaining to high risk situations and make certain to alert both your on-site supervisor and the course instructor immediately of risks.

Conceptualization of Problem

- This section should be your assessment of <u>why</u> the clients have these problems and involves tying together all information presented in the report in a summary statement or paragraph. What is your understanding (theory) of the clients? What is your understanding of the clients' problem/s? What are the recurring themes? What do you think is the clients' prognosis for getting better? How do the different areas of history, personality, and environment interact to contribute to the problem? From different theoretical perspectives.

Treatment Plan

- Based on patient's diagnosis and your philosophy of what is therapeutic (include models/approaches) and what promotes adaptive change in accordance with the standards of practice used in your setting.
- What do these clients need from therapy? How will this be helpful to them? What approaches/interventions will you use to address their needs? List measureable and quantifiable goals and objectives.

Case Summary Analysis

- Provide your overall summary and reflections of the case and your process of managing it.