Course Description:

This course is intended to prepare first-year students to enter clinical practice of Marriage and Family Therapy and individual counseling. The course will focus on family, couple and individual intervention methods as presented in Structural, Strategic, Guerinian and Internal Family Systems models of therapy.

Course objectives:

At the conclusion of the course students should have:

1. A working (applicable) knowledge of Structural, Strategic, Guerinian and Internal Family Systems (IFS) conceptual frameworks for the conduct of therapy,
2. A basic model for individual, marital, and family clinical assessment,
3. An acquaintance with a wide range of intervention strategies stemming from the conceptual frameworks enumerated, above.
4. Experienced in-class demonstration and practice of techniques derived from the conceptual frameworks enumerated, above.

Course Content:

1. Students will examine Structural and Strategic models of family and marriage therapy, attending especially to theory, process of therapy and the role of the therapist.

2. Consideration of systemic counseling methods applicable to individual clients (as well as larger systems) will be accomplished via readings, class discussion and experience of the Internal Family Systems Therapy model.

3. The marital assessment and treatment model developed by Phillip Guerin, et. al., will be presented; assessment and treatment of each conflict stage will receive focused attention.

4. A range of interventions presented via text and reserve readings will be discussed, modeled, practiced and observed. (The latter in therapy conducted at the Center for Marriage and Family Therapy, the RTS, MFTC onsite internship location.)
Course requirements and grading:

1. Students will be required to complete in-class quizzes as per Course Assignment Schedule and distributed sample study questions. Quiz scores will constitute 25% of the course grade. Quizzes will not be comprehensive. One lowest quiz score will be dropped.

2. Students will be required to complete reading reports/summaries as specified on the Course Assignment Schedule. These reports will constitute 25% of the course grade. Summaries will be graded as 10 point quizzes and penalized 1 point for each weekday late. All summaries must be emailed to DrR and Stephanie Hathorn. Students may choose to hand in a statement of reading completion in lieu of one written reading report for any of the Guerin assigned reading (two chapter) portions.

3. A final in-class exam (covering all quiz and lecture material) will be given during final exam week and will constitute 25% of the course grade.

4. A final exam take-home essay will be distributed on week 10, due at the end of final Exam Week and will constitute 25% of the course grade.

5. Students will enter the Center for Marriage and Family Therapy during the second half of the Spring term in observation (shadowing) roles with designated second year student therapists. Students may participate in this course requirement from 2 - 5 hours every two-week period and will receive one hour of supervision of that clinical involvement each two weeks. A class meeting and handout will detail this experience.

6. Additional assignments and readings may be required.

7. No assignments will be received beyond the last day of the final exam period (unless the student has requested in writing and received written permission from the professor). All assignments must be completed and handed in (emailed) by that time in order to receive a passing grade.

Readings:

Aponte & Van Duesen [reserve article from Handbook of family therapy, vol I.]


Madanes [reserve article from Handbook of family therapy, vol II.]

Nichols, M. Family therapy: concepts and methods (either of 2 most recent additions, 9th or 10th). Boston: Allyn and Bacon.


### COURSE ASSIGNMENT SCHEDULE:

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Quiz</th>
<th>Reading Reports/Summaries**</th>
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<td>S, IFS*</td>
<td>Intro,1</td>
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<td>S, IFS  2</td>
<td>Richardson article (Sections I, II)</td>
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<td>S, IFS  3, 4</td>
<td>Richardson article (Sections III, IV)</td>
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<td>S, IFS  5,9</td>
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* Letters indicate texts (authors) as follows:
  
  N – Nichols (earlier editions listed second author as R. Schwartz)
  
  G – Guerin & Fay
  
  S, IFS – Schwartz,

** Reading reports are due at class beginning time and will be considered late thereafter.
Below are Sample Questions for 566 quizzes. At least ninety-five percent of quizzes and Final Exam questions on these chapters will come from these items and class lecture. (Five percent could come from other content in assigned readings.)

Sample Questions: Nichols (and Schwartz), Structural Family Therapy

1. List the key figure in Structural Family Therapy (SFT) and one of his theoretical colleagues and one of the significant institutions involved in the evolution of SFT.
2. Define structure.
3. Define subsystem.
4. Define boundaries.
5. Define disengagement.
6. List one positive and one negative result of disengagement in the family system.
7. Define enmeshment.
8. List one positive and one negative result of enmeshment in the family system.
9. Explain the key characteristic of “normal families.”
10. Explain the core characteristics of unhealthy families.
11. What is “the signature arrangement of the troubled middle class family?”
12. What are the two things necessary for successful SFT?
14. What is the sine qua non of SFT? (The Pref loves this item. It’s always on the quiz. Whoa Hoo for latin.)
15. What is the goal of SFT?
17. Define shaping competence

Sample Questions: Nichols and Schwartz; Strategic Family Therapy.

1. Give an example of intended negative feedback which actually becomes a positive feedback loop.
2. Explain 1-2 ways which Haley/Madanes differs from the MRI model. (1-2 pts.)
3. Explain 1-2 ways which Haley/Madanes differs from Structural Family therapists. (1-2 pts.)
4. In strategic models there are 3 basic explanations of problems: describe each. (1-3 points)
5. Which strategic group is the most "non-normative" and what does this mean?
6. MRI therapists consider f____________________, healthy.
7. What is the purpose of the “circular question” and with whom is it most strongly associated?
8. Explain positive connotation.
9. What is the primary goal of communications family therapy?
10. Define reframing.
11. Explain double bind (right now, autonomously).
12. What is the name of the current form of Haley/Madanes therapy? Be able to describe its distinctives.
Sample Questions: Aponte and VanDeusen (Handbook of Family Therapy, Vol. I) Chapter 9

You are only responsible for material through p 338.

1-2. What do these authors mean by structure and function?

3-5. Be able to list and define the three primary structural dimensions of transaction. Explain and illustrate problems that can occur in each of the three structural dimensions.

6. What is the difference between facilitating engagement, i.e., facilitating interaction and centralizing interaction.

7. Give an example of a centralizing interaction with a subsystem.

8. Be able to briefly explain and illustrate each item in the basic outline of structural techniques, below:

I. Join
   A. Mimeses
   B. Tracking
   C. Accommodation

II. Assess
   A. Observing transactions
   B. Observing enactments

III. Restructure
   A. System recomposition
      1. Add a subsystem
      2. Subtract a subsystem
   B. Symptom focus/unfocus
      1. Exaggerate the symptom
      2. De-emphasize/relabel and move to a new symptom
   C. Blocking and/or strengthening transactional patterns
      1. Exposing
      2. Directing

9. Given a hypothetical description of family transacting, be able to define the problem in structural terms (eg., boundary, alignment, and/or power,) and illustrate how a structuralist might intervene according to the techniques outlined in item 8, above.

**Introduction**

1. In this chapter Self is defined as a person's core of ____________ and ____________.

2. Who are the "highly qualified teachers" of therapists?

3. Who is the founder of psychosynthesis?

4. As Schwartz refers to other authors who also identified sub personalities, he also points out one major difference between himself and these other theorists. What is that difference?

5. What do you think Schwartz means by an "external-only" family therapist?

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**566 IFS Sample Questions  Chapter 1**

1. Schwartz believes that IFS represents a new synthesis of two theoretical paradigms. What are these two paradigms?

2. Schwartz's theory is not based on a disease model; instead it could be called a constraint model. Briefly and generally explain, "constraint model."

3. Schwartz says that a unitary view of the human mind leads to unnecessary despair. How does he explain that this unitary perspective leads to a person's experience of despair?

4. Schwartz would say that while Carl Jung and Roberto Assagioli address multiplicity of the mind in their theorizing, other theorists in the history of psychology have rather completely missed the multiplicity phenomenon. (True or False; explain your answer)

5. Schwartz subscribes to a "whole-personality multiplicity" (p.13). Articulate his position in one sentence.

6. John Bradshaw's multiplicity was expressed in what concept?

7. What does Schwartz see as the difference between an MPD client's inner family and the inner families of people in the general population?
8 Schwartz believes that there are far reaching implications if human beings are "naturally multiple." Explain these implications.

9 What is Schwartz's brief definition of "system?"

10 What does Schwartz mean by "cybernetic system?"

11 What does Schwartz mean by saying that cybernetic principles are necessary but not sufficient to explain human beings?

12 Schwartz believes that human beings possess all of the resources necessary to achieve their own psychological health. (True or False, what is his statement on this issue? See p.19)

13 Schwartz gives a brief explanation of his view of psychopathology on p.19. What is this view?

14 Be able to recognize Schwartz's four key principles of human systems.

15 Define "polarization" (of persons).

16 In Schwartz's illustration involving bulimia how did he and his associates avoid becoming too "procrustean?"
Schwartz lists four contributions of bringing systems thinking to the intra-psychic realm. List and explain the first 2 of these.

1. What is the danger in labeling parts?

2. Explain the two qualities of Self that Schwartz describes with the analogy of light.

According to Schwartz, when a person's Self is not functioning effectively what does that mean about that person's Self? What is the remedy?

3. List any 4 attributes that you would expect to find in a person when they are under Self leadership.

Schwartz says that the goal is not to fuse a person's parts into one but to restore ____________, balance and harmony, so that

Schwartz view of healthy intra-personal function is Self-leadership with members in sync, all functioning in unity (p.41). Yet, parts can take on extreme roles. What does he mean by "extreme roles?"

6.2 Parts enter extreme roles via three processes. List these.

What is the relationship between how people treat their parts and how their parents treated the same parts?

6.4 According to Schwartz why do polarized persons (or parts) resist backing down?

8.2 Describe Paul Watzlawick's polarization metaphor.

Schwartz believes that polarization resolution requires a third-party: (a.) what does he mean and (b.) who is this third-party in each person's internal world?

9. List and briefly define the three general types of sub-personalities.

10. What do managers try to do about exiles?

What sorts of behaviors would lead you to be suspicious that a person has a firefighter in control?

11. What can you guess has happened in relation to that person's exiles if a firefighter is in control?
What is the relationship between managers and firefighters that makes them "strange bedfellows" according to Schwartz?

What is meant by the term "burden"?

Explain Schwartz's concept, "need for redemption."

Explain the process of trans-generational burden transfer

Introjection (Gestalt Therapy) refers to persons uncritically (without deliberate filtering) internalizing whole aspects/characteristics of others. How is burden transfer different from this?

The remaining Ch 2 items are True / False

Multiplicity is acquired through negative and traumatic experience.

All parts are valuable.

All parts want to play constructive roles.

Self attributes are acquired throughout life.

All persons have a Self.

Schwartz sees no need for organizational hierarchy.

Schwartz believes that even highly conflicted intrapersonal systems can heal themselves if the therapist can create a safe caring environment. T/F, Explain.

As a primarily individual therapeutic model focusing on the internal world of persons, IFS is ahistorical paying little if any attention to the multigenerational family of origin.
1. What is Schwartz’s position on working with the multigenerational family system?
2. What was Schwartz’s intervention style during session #1 with Nina?
3. In the overall progression of sessions, when does Schwartz introduce clients to the notion of parts?
4. What is “direct access?”
5. Schwartz refers to Nina’s “Protector” engaging in fairly extreme (inappropriate) self-criticism as it consistently pointed out flaws in Nina. How can such overly critical self-critiquing be protective?

1. What does Schwartz describe as the two overall therapist attitude positions toward clients?
2. In 15 words or less, state the goal of IFS therapy.
3. What are the two empowering IFS assumptions which the therapist seeks to impart to clients?
4. What does Schwartz mean by saying that clients and therapists selves are cotherapists?
5. Explain three ways that therapists’ “managers” commonly interfere with the therapy process.
6. What does Schwartz see as the difference between a psychodynamic view of transference and counter-transference as opposed to an IFS view of the same phenomena?
7. Schwartz says that the first steps toward achieving the goals of IFS involve a language shift. Explain what he means by this.
8. After the language shift in the early sessions of IFS, what does Schwartz see as the next major phase of therapy?
9. What are some emotions that Schwartz would expect child-like exiles to feel?
10. Explain “blending.”
11. Explain at least two reasons why managers would like to keep child-like exiles in their removed/partitioned position.
12. Releasing or reconnecting with exiles is a major goal within the IFS model. What does Schwartz hope will happen between the self and the exile as contact is increased between them?
13. In the section entitled “Collaborating with Managers” Schwartz discussed 7 “managerial” concerns about the end result of gaining access to exiles (similar to Freud’s concept of the unconscious becoming conscious). Be able to explain his concept of the resolution to any of these 3 of these 7 concerns (explained on pps. 98-105).
14. Schwartz writes that burdens are “accumulated” or “pumped into” people. What are these burdens and what does he mean by these quoted concepts?
15. What are Schwartz’s beliefs about goodness of man and the presence of burdens? (Thot question: is his belief more like the doctrine of total depravity or the Genesis account of the fall?)
16. Supply 1 or 2 examples of clients symbolic unburdening processes, i.e., what was unloaded, how was it unloaded and what was done with this “burden.”
1. What is the first step in helping a client enter their inner world and begin IFS “inner work?”
2. What is the “Room Technique” and why is it useful, i.e., what is its purpose?
3. What is the significance (importance or purpose) of asking the client how he or she feels toward a part?
4. List any 2 advantages of “in-sight” inner work as opposed to “direct access” inner work.
5. List any 2 advantages of “direct access” inner work as opposed to “in-sight” inner work.
6. What does Schwartz mean by the “mental states view” and what does he see as its danger.

This chapter is brief and clearly laid out. I think a review of Schwartz’s basic questions and answers will afford you sufficient preparation. Examples follow:

1. Can this model be used when managed care restricts the therapist to just a few sessions, if so how?
2. Can this model be used with children, adolescents?
3. Is the concept of multiplicity dangerous for highly disturbed clients?
4. What is the remedy to therapist over responsibility (too much direction and interpretation)?
5. How is lack of parts detection a problem and what might be a remedy?
Course Objectives Related to MAMFTC Student Learning Outcomes

<table>
<thead>
<tr>
<th>Course:</th>
<th>PSY 566 Clinical Practice</th>
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<tbody>
<tr>
<td>Professor:</td>
<td>Wm. Richardson</td>
</tr>
<tr>
<td>Campus:</td>
<td>Jackson</td>
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<td>Date:</td>
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**MAMFTC Student Learning Outcomes**

In order to measure the success of the MAMFTC curriculum, RTS has defined the following as the intended outcomes of the student learning process. Each course contributes to these overall outcomes. This rubric shows the contribution of this course to the MAMFTC outcomes.

<table>
<thead>
<tr>
<th>Rubric</th>
<th>Mini-Justification</th>
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<tr>
<td>Strong</td>
<td>Required Course</td>
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<td>Moderate</td>
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**Completion of Curriculum Requirements**

Completion of the required 67 semester hours, 500 hours of client contact (including a minimum of 250 hours with two or more clients present), and 100 hours of MS/AAMFT approved supervision (including a minimum of 50 hours with two or fewer supervisees present) serves as our baseline for graduate students to become competent marriage and family therapists.

- **Rubric**: Strong
- **Mini-Justification**: Required Course

**Licensure Requirements**

Fulfillment of pre-MA licensure requirements for the State of Mississippi as set forth in the Rules and Regulations of the Mississippi Board of Examiners in Social Workers and Marriage and Family Therapists.

- **Rubric**: Strong
- **Mini-Justification**: This course facilitates an in-depth focus on three core theories of systems therapy requisite for LMFT licensure

**Theoretical/Philosophical Concepts**

Understand the theoretical and philosophical concepts underlying marriage and family therapy.

- **Rubric**: Strong
- **Mini-Justification**: Two of MFT’s most historically and philosophically foundational theories (Structural and Strategic Therapies) receive in-depth focus

**Individual Development/Family Relations**

Gain an understanding of individual development and family relations.

- **Rubric**: Minimal
- **Mini-Justification**: The family system as a whole is more developmentally addressed; some individual focus is seen in IFS.

**Clinical Knowledge**

Achieve the ability to understand and to apply clinical knowledge effectively.

- **Rubric**: Strong
- **Mini-Justification**: Clinical application of selected theories is addressed via lecture, demo, video case study and clinical shadowing experience

**Professional Identity & Ethics/Ethical Conduct**

Form a professional identity and awareness of ethics and ethical conduct.

- **Rubric**: Minimal
- **Mini-Justification**: Some allusion to Ethical Standards via clinical application referenced above

**Integration**

Integrate research and clinical skills and knowledge.

- **Rubric**: Moderate
- **Mini-Justification**: Outcome research of focus-theories is addressed

**Contemporary Culture**

Develop an understanding of diversity issues in contemporary culture (e.g. gender, age, socioeconomic status, culture, race, ethnicity, sexual orientation, religion, basic philosophical worldviews).

- **Rubric**: Moderate
- **Mini-Justification**: The theoretical foci and clinical application considerations here pointedly address feminist/family empowerment and religious difference issues, among others

**Biblical Worldview**

Develop an understanding of a biblical worldview and skills to bring to bear in relation to the field of marriage and family therapy.

- **Rubric**: Moderate
- **Mini-Justification**: The class will read and discuss a professional paper on Christian integration previously presented with a secular founder of one of the selected theories