Diane Gehart

3rd Edition

MASTERING COMPETENCIES IN Family Therapy

A PRACTICAL APPROACH TO THEORIES AND CLINICAL CASE DOCUMENTATION

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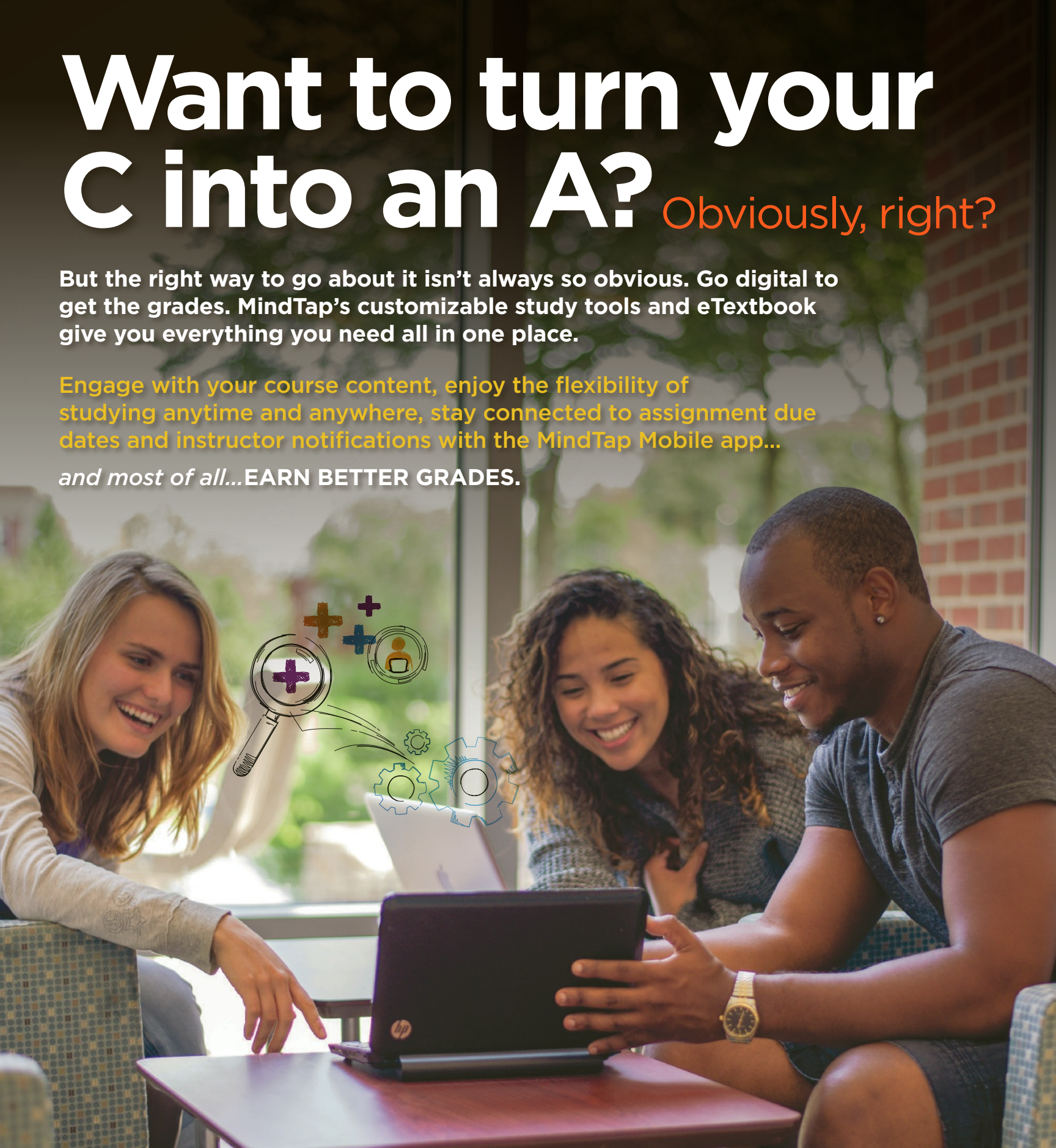

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Third Edition

DIANE R. GEHART

California State University, Northridge

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***Mastering Competencies in Family Therapy: A Practical Approach to Theories and Clinical Case Documentation*, Third Edition**
Diane R. Gehart

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In the past few years, the field of family therapy has lost many whose contributions are our mainstay. This book is dedicated to those who have paved the way for the next generation. We are forever in their debt.

Gianfranco Cecchin
Whose laughter, humility, and acceptance transformed me

Tom Andersen
Whose presence was angelic: the most "gentle" man I have ever met

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Whose courage and kind words I shall never forget

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Whose brilliance dazzled me

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Peggy Penn
Who taught me how putting pen to paper can transform the world

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Foreword by Ronald J. Chenail, Ph.D.

Becoming Competent with Competencies, or What I Have Learned About Learning

Even though I have been teaching in one form or another since 1978, I was never formally schooled in educational concepts like student learning outcomes, rubrics, and competencies. I, like many of my colleagues, followed a tried-and-true method of teaching—how I remembered being taught by those teachers I admired the most and not teaching how I recalled being instructed by those teachers I dreaded the most. (With this steadfast educational philosophy intact, I, along with my fellow teachers in the elementary, middle, and high schools and community colleges and universities, would approach the latest, greatest new educational theory, model, or fad rolled out by well-meaning, earnest administrators and instructional specialists with the same disinterest as some of our students would embrace our own zealous pronouncements of the importance of mastering algebra, knowing who Charlemagne was, and differentiating between first- and second-order change.) Funny as it seems, we as teachers and students appeared to share the same lament—what does all this learning stuff have to do with being successful in the real world? Now looking back 30 years later, I have come to the realization that learning has everything to do with being successful, and that learning is not the same thing as teaching.

Learning about Learning

I have always loved learning, although I was not always crazy about school. I was one of those students who lived by the proverb to never let my schooling get in the way of my education. Today I live by another proverb when it comes to working—to never let my job get in the way of my career, but that is a preface for another book.

It was this apparent paradox of loving learning but not loving school that led me to think about what made the two processes so different in my mind and life. For me, the main difference between learning and schooling seemed to be predicated on who decided what needed to be learned and who directed the learning process. When I was able to explore what interested me, acquire information I felt I needed to master, and access mentors who could help facilitate my learning, I was always more successful in achieving my goals and objectives.

With this new revelation filling my head, I started to think how I could share this way of learning with my students. The first step in this epiphany was to see that my students were not that different from me. They too liked to learn what they liked to learn, so I made this insight the centerpiece of my learning-centric approach. The second step was to see learning not as an epic dyadic struggle between me as the omniscient and omnipotent teacher who possessed all knowledge and wisdom and the students as reluctant, empty opponents needing to be directed and taught, but rather as a triadic arrangement

involving three interrelated parts: the student, a body of knowledge or group of skills, and me. In this configuration, I find I am no longer in conflict with students, forcing them to learn what I deem to be privileged knowledge; instead, I now try to learn what students aspire to become; help them define this aspiration as goals, objectives, and competencies; and work with them to support and facilitate their learning journeys.

Taking this approach was liberating for me and startling for many of my students. In their formal schooling, many of them had never been asked to be proactive with their learning; however, like me, they all found they could learn well when they could be in charge of their own learning. Having confidence that students were really like me and could learn very well on their own was an insight I wanted to put into practice in my work with marriage and family therapy (MFT) graduate students.

Being Competent with Competencies

Most students who choose to matriculate in therapy programs like counseling, clinical psychology, social work, or family therapy really want to be therapists or counselors. The challenge is that students usually do not know all the things they will want to know before they know them. We always wish we knew *then* what we know now. Students who want to become competent marriage and family therapists are no different.

We now seem to be in the world of competencies for marriage and family therapists. The American Association for Marriage and Family Therapy (AAMFT) initiated a dialogue in which marriage and family therapists reflected on what they knew about being effective therapists and shared these insights with one another. Through this ongoing, collaborative process, the AAMFT Core Competencies were born (Nelson et al., 2007), with the result that therapists can now clearly define what competent marriage and family therapists should be able to accomplish in their work with clients.

The effort to create this set of competencies originated within a number of critical contexts. Health care policymakers in Washington wanted practitioners to be clearer about what they did and did not do with their patients and clients. Consumers also wanted clarity in what they could expect licensed professionals to deliver. Higher education accreditation professionals and policymakers wanted educators to take an outcomes-based approach to learning and to become more accountable to students and employers so that all interested parties could know what could be expected from graduates of specific degree and training programs.

The good news was that the competencies were here. We as MFT educators could work from a system that was specific enough to communicate learning objectives and outcomes so that we, along with our students, could have reasonable expectations of what becoming competent family therapists would entail, while being generic enough for us to be creative in facilitating and supporting our students as they began the journey to become therapists.

Of course, the bad news was also that the competencies were here. Most of us had not been educated in this style of learning when we were training to become therapists. We also had not been trained as faculty members and supervisors to educate our students in this manner. The challenge before us was how to become competent with the competencies. And that is where Diane Gehart's delightful new book comes in.

To meet this challenge, Diane, like many of us, has had to learn about learning to become competent with the competencies! She has taken the best of the learning-centered approaches and has woven in the latest clinical innovations and scholarship from the world of marriage and family therapy to create a clear and concise set of learning outcomes that can become that third partner with students and faculty to form a triadic learning model.

In the first part of the book, Diane introduces her readers to this wonderful world of learning in which teachers and students work together to learn new knowledge and

Courtesy of Ron Chenail

skills in the pursuit of transparent and mutually beneficial goals. She then deconstructs the Core Competencies into the basics of case conceptualization, clinical assessment, treatment planning, evaluation, and documentation, making them more readily apparent to the beginning marital and family therapist. Finally, she reconstructs MFT learning by bringing modern and postmodern approaches into this world of learning outcomes and competencies so that we can skillfully conceptualize, assess, treat, evaluate, and document our work, regardless of the clinical approach we embrace.

In this new edition, Diane has taken great care to make the learning more experiential by inviting her readers to try things for themselves via practice prompts for building clinical skills and through reflective questions to consider mindfully what they have learned and how they can apply these ideas to their clinical work in a practical way. These learning practices will help readers to become more active and responsible in their own learning process as they are asked to translate theory and research into clinical practice in a very personal way.

I encourage you to learn how Diane has learned how to learn marriage and family therapy in a loving way so that you too can become proficient with the MFT competencies, common factors, and evidence-based practice. If you do, I think you will come away from this book with a new appreciation and affection for learning and be positioned well to become a more mindful, ethical, and competent therapist.

Ronald J. Chenail, Ph.D.
Ft. Lauderdale, Florida

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Preface

The Purpose of This Book

Mastering Competencies in Family Therapy is designed to be an efficient and highly effective means of teaching new therapists to master the essential competencies necessary to succeed in doing couples and family therapy in the 21st century. As an instructor in an accredited program and university that is required to measure student learning, I needed something that would enable me to effectively measure student learning. Although I created comprehensive assessment systems for measuring student mastery of competencies (Gehart, 2007, 2009), I realized that in order to do so, the students needed resources that meaningfully provided them with the detailed knowledge they need to actually develop real-world skills. In short, I needed something more than a text that simply offered solid but old school "book knowledge"; I needed a resource that eloquently responded to my students' everyday training experiences and needs. This book was written to be the missing link between theory and practice that my students needed.

Text Overview

Using state-of-the-art pedagogical methods, this text is part of a new generation of textbooks, ones that are correlated with national standards for measuring student learning in the mental health professions, including counseling, family therapy, psychology, and social work. Using a learning-centered, outcome-based pedagogy, the text engages students in an *active learning process* rather than delivering content in a traditional narrative style. More specifically, the text introduces family therapy theories using: (a) theory-informed case conceptualization, (b) clinical assessment, (c) treatment planning, and (d) progress notes. These assignments empower students to apply theoretical concepts and develop real-world skills as early as possible in their training, resulting in greater mastery of the material. In addition, the text includes extensive discussions about how diversity issues and research inform the contemporary practice of family therapy.

Furthermore, I use a down-to-earth style to explain concepts in clear and practical language that contemporary students appreciate. Instructors will enjoy the simplicity of having the text and assignments work seamlessly together, thus requiring less time spent in class preparation and grading. The extensive set of instructor materials—which include syllabi templates, detailed PowerPoint slides, test banks, online lectures, and scoring rubrics designed for accreditation assessment—further reduce educators' workloads. In summary, the book employs the most efficient and effective pedagogical methods available to family therapy theories, resulting in a win–win for instructors and students.

What's New in the Third Edition

Students and instructors familiar with the second version of the text will notice a similar style and format and also appreciate numerous enhancements:

- **Video series:** A series of videos designed to accompany the text will be released with this edition. Ranging from 30 to 60 minutes, these videos are designed to teach a single intervention—such as enactment in structural therapy or sculpting in Satir's approach—and provides viewers with very specific instructions from leading experts. In addition, during the interview, significant therapeutic moments are identified and explained on the bottom of the screen to enable new clinicians to understand the thinking of the therapist during the session. Finally, the videos include a debriefing session with clients in which they share their personal experience during the session and their reflections; in virtually every video, the client debriefing provides some of the most useful instructions to viewers. Instructors who adopt the book will have free access to these videos to stream in class via Cengage's www.cengagebrain.com. Students and professionals can access the videos individually for a nominal fee on www.cengagebrain.com. The video topics include:
  - **Systemic–strategic therapy:** Ordeals
  - **Structural therapy:** Enactments
  - **Satir Human Growth Model:** Sculpting
  - **Emotionally focused couples/family therapy:** Tracking the negative interaction cycle
  - **Bowen Intergenerational:** Constructing a genogram in session with clients
  - **Cognitive–behavioral family therapy:** Teaching families with a child diagnosed with ADHD to practice mindfulness
  - **Solution-based:** Solution-focused scaling to designed homework assignments
  - **Narrative therapy:** Preferred narrative
  - **Collaborative therapy with reflecting teams:** Mutual puzzling and reflecting team.
- **MindTap version of text:** The third edition of this text will be available on MindTap, a state-of-the-art learning platform that maximizes and significantly expands the learning experience by integrating video, role-plays, connection with peers and instructors, external journal articles, flash cards, assignments, etc.
- **Theory-specific case conceptualization forms:** In response to instructor requests, theory-specific case conceptualization forms have been added for each theory. New clinicians can use these forms to develop a theory-specific case conceptualization. Still included, the former "Systemic Case Conceptualization" has been renamed "Cross-Theoretical Systemic Case Conceptualization." This form is ideal for programs that want to measure student learning related to all couples and family therapy theories.
- **Cross-theoretical comparison:** Couples and family therapy theories are now compared in each chapter using Karl Tomm's approach to conceptualizing interpersonal patterns. Tomm's approach includes conceptualizing not only pathologizing interpersonal patterns but also healing, wellness, transformation (therapeutic), deteriorating, and sociocultural interpersonal patterns (Tomm et al., 2014). This flexible yet comprehensive approach to conceptualizing systemic patterns provides an unparalleled method for comparing theories and has significantly improved my students' ability to understand the theories presented in this book. The foundations of Tomm's approach is introduced in Chapter 3, and then each chapter on a specific theory includes a section that translates the theory into Tomm's interpersonal patterns.
- **Cross-theoretical comparison table:** Chapter 3, "Philosophical Foundations of Family Therapy Theories," includes a table that compares how each approach: (a) conceptualizes interpersonal patterns, (b) defines wellness interpersonal patterns, and (c) intervenes to transform interpersonal patterns, allowing new practitioners to more quickly grasp similarities and differences between theories.

- **Revised treatment plan form:** The treatment plan has been streamlined to include more meaningful explorations of diversity and the evidence base. Enthusiastically received by students, the new shorter form is organized as follows:
  - Goals with interventions and option to set measurable targets
  - Treatment tasks, including developing a therapeutic relationship, developing a case conceptualization and assessment, and managing crises/referrals
  - Diversity considerations, which prompts clinicians to discuss how a wide range of diversity factors and contexts were addressed in the plan
  - Evidence-based practice section, which prompts students to identify relevant research to support their plan; the resources for this section are covered both in the general review of the couple and family therapy evidence in Chapter 2 and in the "Research and Evidence Base" section in each theoretical chapter.
- **DSM-5 clinical assessment:** The clinical assessment form has been updated to include *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) diagnosis and Cross-Cutting Symptom assessment. The clinical assessment chapter includes an expanded section that introduces readers to the purpose, structure, and technical issues related to the DSM-5.
- **New theories:** Two new theories have been added: integrative behavioral couples theory (a leading evidence-based couples therapy treatment) and intensive structural therapy.
- **Gender and power in couples therapy:** Socioemotional relational therapy was introduced to the philosophical foundations section (see Chapter 3) to provide a contemporary approach to address issues of gender, culture, and power that can be used in conjunction with other approaches (Knudson-Martin & Huenergardt, 2015).
- **Expanded diversity sections:** The diversity sections in each theory chapter were updated and expanded to include specific, practical applications of the theory with specific populations. Each chapter contains a discussion of ethnic/racial diversity as well as sexual and gender identity diversity. Expanded sections on specific populations provide students with detailed suggestions, adaptations, and cautions for using a given theory with a specific population, including African Americans, Hispanics/Latinos, Asian Americans, Native Americans/First Nation/Aboriginals, biracial/ multiethnic individuals, gay men, lesbians, and transgendered youth.
- **Expanded section on research and the evidence base:** The review of research in Chapter 2 has been expanded to include: (a) a unified treatment protocol for couples therapy, the first in the field of couples and family therapy, and (b) an expanded review of outcome and process findings for couples and family therapy.
- **Try It Yourself:** Each chapter contains prompts for the reader to practice applying the concept or intervention in the chapter to promote building of practical skills for working with couples and families.
- **Questions for Personal Reflection and Class Discussion:** Each chapter now contains a set of questions to encourage readers to personally reflect and think critically and practically about the concepts in each chapter.
- **Chapter reorganization:** The theory chapters in Part II were reorganized to even the length across sections and to include evidence-based treatments in chapters with similar approaches to facilitate more effective learning.

Appropriate Courses

A versatile book that serves as a reference across the curriculum, this text is specifically designed for use as a primary or secondary textbook in the following courses:

- Introductory or advanced family therapy theories courses
- Prepracticum skills classes
- Practicum or fieldwork classes
- Treatment planning and case documentation courses

Assessing Student Learning and Competence

The learning assignments in the text are designed to simplify the process of measuring student learning for regional and national accreditation. The case conceptualization and treatment plans in the book come with scoring rubrics, which are available on the student and instructor websites for the book at www.cengage.com. Scoring rubrics are available for all major mental health disciplines using the following sets of competencies:

- *Counseling:* 2016 Council on the Accreditation of Counseling and Related Educational Programs (CACREP) standards
- *Marriage and family therapy:* MFT core competencies
- *Psychology:* Psychology competency benchmarks
- *Social work:* Council for Social Work Education accreditation standards

Rubrics are provided correlating competencies for each profession to the skills demonstrated on the four learning assignments: case conceptualization, clinical assessment, treatment planning, and progress notes.

Organization

This book is organized into three parts:

Part I: Theoretical Foundations provides an introduction to competencies, research, ethics, and the philosophical foundations of the field.
Part II: Couple and Family Therapy Theories covers the major schools of family therapy

- Systemic–strategic theories: MRI, Milan, and strategic
- Structural family therapies: Structural and functional family therapies
- Experiential family therapies: Satir's human growth model and emotionally focused therapy with a clinical spotlight on Whitaker's symbolic–experiential family therapy
- Intergenerational and psychodynamic theories
- Cognitive–behavioral and mindfulness-based family therapies, including multicouple and multifamily groups
- Solution-based therapies
- Postmodern therapies: collaborative and narrative

Part III: Clinical Case Documentation details the five steps to competent therapy described at the beginning of this chapter:

- Case conceptualization
- Clinical assessment
- Treatment planning
- Evaluating progress
- Progress notes

The theory chapters in Part II are organized in a user-friendly way to maximize students' ability to use the book when developing case conceptualizations, writing treatment plans, and designing interventions with clients. The theory chapters follow this outline consistently throughout the book:

- **In a Nutshell:** The Least You Need to Know
- **The Juice:** Significant Contributions to the Field: If there is one thing to remember from this chapter it should be. . . .
- **Rumor Has It:** The People and Their Stories
- **The Big Picture:** Overview of the Therapy Process
- **Making a Connection:** The Therapy Relationship

- **The Viewing:** Case Conceptualization
- **Targeting Change:** Goal Setting
- **The Doing:** Interventions
- **Scope It Out:** Cross-theoretical comparison using Tomm's interpersonal patterns
- **Putting It All Together:** Treatment Plan Template
  - Theory-Specific Case Conceptualization Template
  - Treatment Plan Template for Individuals with Depression/Anxiety Symptoms
  - Treatment Plan Template for Distressed Couples/Families
- **Tapestry Weaving:** Working with Diverse Populations
  - Ethnic, Racial, Gender, and Cultural Diversity
  - Sexual and Gender Identity Diversity
- **Research and Evidence Base**
- **Online Resources**
- **Reference List**
- **Case Example:** Vignette with a complete set of clinical paperwork described in Part III, including a theory-specific case conceptualization, clinical assessment, treatment plan, and a progress note.

MindTap for Mastering Competencies

MindTap®, a digital teaching and learning solution, helps students be more successful and confident in the course—and in their work with clients. MindTap guides students through the course by combining the complete textbook with interactive multimedia, activities, assessments, and learning tools. Readings and activities engage students in learning core concepts, practicing needed skills, reflecting on their attitudes and opinions, and applying what they learn. Videos of client sessions illustrate skills and concepts in action, while case studies ask students to make decisions and think critically about the types of situations they'll encounter on the job. Helper Studio activities put students in the role of the helper, allowing them to build and practice skills in a non-threatening environment by responding via video to a virtual client. Instructors can rearrange and add content to personalize their MindTap course, and easily track students' progress with real-time analytics. And, MindTap integrates seamlessly with any learning management system.

Instructor and Student Resources

MindTap for Mastering Competencies includes digital study tools and resources that complement this text and help your students be more successful in your course and their careers. There's an interactive eBook plus videos of client sessions, skill-building activities, quizzes to help students prepare for tests, digital forms for all assignments, apps, and more—all in one place.

Instructors will find numerous teaching resources to accompany the book on the Instructor Companion Site (login.cengage.com). These include:

- Online lectures by the author
- Sample syllabi for how to use this book in a theory class, prepracticum skills class, or practicum class
- PowerPoint slides for all chapters
- Scoring rubrics for each assignment correlated to each profession's competencies: counseling, family therapy, psychology, and social work
- An Instructor's Manual
- A Test bank with questions to accompany each chapter

Students can find digital forms, online lectures, and numerous other useful resources on the author's websites: dianegehart.com or masteringcompetencies.com

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About the Author

Photo by Jones Photo Art

DR. DIANE R. GEHART is Professor in the Marriage and Family Therapy and Counseling Programs at California State University, Northridge. Having practiced, taught, and supervised for over 20 years, she has authored/edited:

Theory and Treatment Planning in Counseling and Psychotherapy
Case Documentation in Counseling and Psychotherapy
Mindfulness and Acceptance in Couple and Family Therapy
Collaborative Therapy: Relationships and Conversations that Make a Difference (coedited)
The Complete MFT Core Competency Assessment System
The Complete Counseling Assessment System
Theory-Based Treatment Planning for Marriage and Family Therapists (coauthored)

She has also written extensively on postmodern therapies, mindfulness, mental health recovery, sexual abuse treatment, gender issues, children and adolescents, client advocacy, qualitative research, and counselor and MFT education. She speaks internationally, having given workshops to professional and general audiences in the United States, Canada, Europe, and Mexico. Her work has been featured in newspapers, radio shows, and television worldwide, including the BBC, National Public Radio, Oprah's *O Magazine*, and *Ladies Home Journal*. She is an associate faculty member at three international postgraduate training institutes: the Houston Galveston Institute, Taos Institute, and the Marburg Institute for Collaborative Studies in Germany. In addition, she is an active leader in state and national professional organizations. She maintains a private practice in Agoura Hills, California, specializing in couples, families, women's issues, trauma, life transitions, and difficult-to-treat cases. For fun, she enjoys spending time with her family, hiking, swimming, yoga, salsa dancing, meditating, and savoring all forms of dark chocolate. You can learn more about her work on www.dianegehart.com.

Author's Introduction: On Saying "Yes" and Falling in Love

I never envisioned myself writing a book such as this. Up to this point, I have focused my career less on the science and more on the heart and soul of therapy, choosing to train as a collaborative therapist who works side by side with clients to create new understandings (see Chapter 10; Anderson & Gehart, 2007), to conduct postmodern qualitative research that introduces the voices of clients into professional literature (Gehart & Lyle, 1999), and to incorporate Buddhist psychology, mindfulness, and spiritual principles and practices into my work (Gehart & McCollum, 2007). Except for my earlier book on treatment planning (Gehart & Tuttle, 2003), nothing in my background points in the direction of writing a book on the competencies or the science-based aspects of family therapy. So, how did I get here? Ironically, what led me here were the very things that one would assume would have prevented it: namely, my postmodern and Buddhist training. More specifically, their practices of saying "yes."

One of the hallmark principles of collaborative therapy, and most family therapies for that matter, is to honor the perspectives of all participants, saying "Yes, I hear you and take your concerns to heart." The Buddhist practice of "saying yes" is the practice of softening and moving toward "what is," even if it is uncomfortable, undesirable, or painful. As a professional, saying "yes" involves taking seriously the perspectives of our colleagues, our clients, third-party payers, state and federal legislatures, licensing boards, professional organizations, and the general public. How do they see us? What questions and concerns do they have about what we do?

Over the years, voices from outside our profession have increasingly demanded clarity on and evidence for what we do. Answering these demands while maintaining integrity with my training is often challenging because the working assumptions of what "counts" as evidence in human relations are not as simple or straightforward as one might think. What an insurance company considers as evidence of successful therapy (i.e., a particular score on an assessment form) is quite different from what a therapist might emphasize (i.e., observing the client move with the ceaseless stream-of-life stressors more gracefully).

As part of our profession's response to the demand for greater accountability, family therapists generated a list of Core Competencies that detail the knowledge and skills that define the practice of family therapy (see Appendix A). For faculty members such as myself, this is essentially a to-do list of what we need to teach our students. As a member of this community, I recognized that I needed to find a positive, respectful way to work with these external priorities and balance them with my own. This book is my answer, my "yes," to these concerns.

My Other Purpose: Falling in Love

I must confess that I had another intention for writing this book: to help you to fall in love. And, preferably to do so again and again—making even Casanova envious. I want you to fall in love with not one but all of the family therapy theories in this book, enthusiastically embracing each while seeing both its beauty and its limitations, much in the same way we help our clients to love each other. I hope you cultivate a profound respect for the brilliant minds that have paved the way for us to help clients with their most complex and intimate problems—their couple and family relationships—or, more essentially, to teach them how to love. I hope you find yourself passionate about the insight each approach offers in understanding human relationships as well as about helping people create the relationships they desire. As family therapists, we inherit a stunning and profound body of knowledge that is difficult to fully appreciate in the beginning. I personally believe that some of the greatest wisdom in the Western world is captured in the philosophical foundations of family therapy. Although these ideas sometimes seem surprising or even objectionable at first, if you sincerely try to put them into practice, I believe you will find that each touches upon a useful truth and reality. Should you choose to seriously study it, the field of family therapy offers an ever-widening exploration of the human experience that cannot help but transform you both personally and professionally. I hope this book inspires you to start on a passionate journey of discovery that lasts a lifetime.

What You Will Find

This book is divided into three sections: the first introduces you to foundational concepts in the field, including competence, the evidence base, professional ethics, and the philosophical foundations. In the second part of the book, you will learn about the major family therapy theories, both the traditional theories and the newer evidence-based therapies. The chapters describe the theory using a highly practical approach that will provide specific instructions on how to use the concepts in session. In addition, each chapter includes a case study with a complete set of clinical documentations: case conceptualization, clinical assessment, treatment plan, and progress note. The final section provides you with detailed instructions for completing this form as well as options for measuring clinical progress.

The Invitation

I invite you to passionately and enthusiastically embrace each perspective, concept, and theory that follows. Savor the big-picture view of case conceptualization while also taking time to examine the intricate matters of clinical assessment. Appreciate the unique wisdom of each theory while also recognizing the *common factors* (see Chapter 2) that they share. Get excited about research and the evidence base of our work (see Chapter 2), while honoring the philosophical foundations (see Chapter 3). Be open to theories that rely on technique and content to promote change as well as to those that rely on process and relationship, knowing that each has its place when working with diverse clients. Say "yes" to all that comes your way, and take pleasure in the incredible journey of becoming a family therapist.

Enjoy the adventure.

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PART I

Theoretical Foundations

CHAPTER

1

Competency and Theory in Family Therapy

Learning Objectives

After reading this chapter and a few hours of focused studying, you should be able to:

- Describe a broad-strokes overview of the elements of competent therapy.
- Outline the reasons why mental health practitioners are focused on competency-based learning methods.
- Identify four key aspects of competency in mental health.

The Secret to Competent Therapy

There is a secret to providing competent family therapy. The secret applies whether you are trained as a psychologist, counselor, or social worker or as a family therapist specifically. Fortunately, it is an open secret, and the goal of this chapter is to sketch a map showing where and, more importantly, how to look for it. You are probably familiar with the basic landscape. You may recognize therapy's more promising pathways and some of the dead-end routes. But like everyone setting out on a journey, your choice between the high road and the low road would be easier if you knew what was in store for you beforehand.

Since I know you will race ahead if I make you wait too much longer, let's lay our map on the table right now and get a better sense of this secret on the first page. Mapping a successful therapeutic journey involves five steps.

The Five Steps to Competent Therapy

Step 1. Map the Territory: Conceptualize the situation with the help of theory (Chapter 11).

Step 2. Identify Oases and Obstacles: Assess the client's mental status and provide case management (Chapter 12).

Step 3. Select a Path: Develop a treatment plan with therapeutic tasks—including how to build a working therapeutic relationship—and measurable client goals (Chapter 13).

Step 4. Track Progress: Evaluate the client's response to treatment (Chapter 14).

Step 5. Leave a Trail: Document what happens (Chapter 15).

Mapping a Successful Therapeutic Journey

These five steps follow a classic method used by all explorers in uncharted territory. And that's what each new therapeutic relationship is: uncharted territory, an unknown region, *terra incognita*. Although it may seem that clients can be easily lumped into groups—depressed clients, distressed couples, children with attention-deficit/hyperactivity disorder (ADHD), for example—any experienced therapist can tell you that each client's journey is unique. The excitement—and secret—to competent therapy is mapping the distinctive terrain of each client's life and charting a one-of-a-kind journey through it.

The first step is to delineate as much of the terrain as possible: to get the big picture. What are the contours of the relationships? Where are the comfort zones? Where is the page marked "Here Be Dragons?" As with all maps, the bigger and more detailed the record, the easier it is to move through the territory. In family therapy, our maps are our *case conceptualizations,* assessments of the client using family therapy theories. Once you have a map of the big picture, you identify the landmarks, the oases and obstacles. You notice where the rest stops are and identify what dangers lie ahead. In therapy, the oases are client resources: anything that can be used to strengthen and support the client. The obstacles are potential or existing hindrances to creating change in the client's life: Are there really dragons there, or is the region just unfamiliar?

Like a cartographer surveying the landscape, therapists carefully assess potential hindrances, ruling out possible medical issues in consultation with physicians, identifying psychiatric issues by conducting a *mental status exam,* and considering basic life needs, such as financial or social resources, through *case management.* When actual or probable impediments are addressed early in the therapeutic process through *clinical assessment,* the therapeutic journey is likely to proceed more easily and smoothly.

Once you have your map with oases and obstacles clearly identified, you can confidently select a realistic path toward the client's chosen destination or *goal.* If you have done a good job mapping, you will be able to choose from among several different paths, depending on what works best for those on the journey: namely, you and the client. This translates to being able to choose a therapeutic theory and style that suit all involved. Seasoned clinicians distinguish themselves from newer therapists in their ability to identify and successfully navigate through numerous terrains: forests, seas, deserts, plains, paradises, and wastelands. The greater a therapist's repertoire of skills, the more able the therapist is to move through each terrain. Once a preferred path is chosen, the therapist generates a *treatment plan,* a general set of directions for how to address client concerns. Like any set of travel plans, treatment plans are subject to change because of weather, natural disaster, human error, and other unforeseeable events, otherwise known as "real life." Therapists can rest assured that unexpected detours, delays, and shortcuts (yes, unexpected good stuff happens also) will be part of any therapeutic journey.

Once you select a course of action, you need to check frequently to make sure that: (a) the plan is working and (b) you are sticking with the plan. In therapy, this translates to *assessing client progress* along the way. If the client is not making progress, the therapist needs to go back and reassess: (a) the accuracy of the map and (b) the wisdom of the plan. It is almost always easy to make improvements in both areas that will get things back on course. The key to assessing client progress is often just to notice when you are off course as soon as possible.

Finally, you need to leave a trail to track where you have been. Leaving a trail always helps you find your way back if you get lost: others (as well as you) can see why and how you proceeded. Therapists leave a trace of their path by generating thorough *clinical documentation,* which helps in two highly prized aspects of therapy: getting paid by third-party payers (i.e., insurance) and avoiding lawsuits (i.e., the state lets you practice). By making it clear where you are going, you can help everyone concerned better understand your specific route of treatment. So, competent therapy is that simple: five basic steps that this book will walk you through, step-by-step.

Try It Yourself

Either by yourself or with a partner, describe what elements of this map of the therapeutic journey make sense to you. What do you find surprising?

From Trainee to Seasoned Therapist

The difference between trainees and seasoned therapists can be found in the quality of the map, the effectiveness of the path of treatment, and the speed it takes to move through the steps. A seasoned therapist may move through the five steps of competent therapy in the first few minutes of a session, whereas a trainee may take more time, collecting information and trying various options. How long it takes is less important than the quality of the journey. This book is designed to help you move through these steps more effectively, whether you are just starting out or have been doing therapy for years.

Competency and Theory: Why Theory Matters

Although much has changed in the past decade in mental health—better research to guide us, new knowledge about the brain, more details about mental health disorders, increased use of psychotropic medication—the primary tool that therapists use to help people, *theory,* has not. Therapeutic theories provide a means for quickly sifting through the tremendous amount of information clients bring; then targeting specific thoughts, behaviors, or emotional processes for change; and finally helping clients effectively make these changes to resolve their initial concerns. Even with fancy fMRI (functional magnetic resonance imaging), neurofeedback machines, and hundreds of available medications, no other technology has taken the place of theory. However, the changing landscape of mental health care has altered how therapy theories are understood and used. Specifically, theory and how it is being used and understood has been recontextualized by two major movements in recent years: (a) the **competency** movement, which includes multicultural competency; and (b) the research- or evidence-based movement, which is discussed in detail in Chapter 2. These movements have not ended the need for theory, but have instead changed how we conceptualize, adapt, and apply theory.

Arguably, working with couples and families often requires greater use of theory. Regardless of professional identity—family therapist, professional counselor, social worker, psychologists or psychiatric nurse—competent therapy with families involves learning to conceptualize not only the psychology of the individual but also the complex

web of relationships that constitutes a person's social world *and* the interaction between the two. There are a lot of moving pieces. The theories in this text will help you learn what to focus on to better understand this complex web of interpersonal dynamics. Some readers may be quietly thinking, "I don't want to do couple or family therapy" and may conclude they don't need to worry too much about these theories. The problem is that even if you have only one client in the room, the client's web of relationships is still affecting his or her behavior and mood, often in ways that are difficult to imagine or accurately assess without using couple and family theoretical concepts. In general, the more severe the client problem, the more people you need in the room to effect change (Lebow, 2006).

Why All the Talk about Competency?

All health professions, including mental health, have been abuzz in recent years with talk of *competencies,* detailed lists of the knowledge and skill professionals need to effectively do their job. The main source of this movement has been external to the field and has come from stakeholders who believe that professionals should not only be taught a consistent set of skills but that their learning should be measured on real-world tasks (for a detailed discussion, see Gehart, 2011). Thus, this movement is asking educators to shift their focus from conveying content to ensuring that students know how to meaningfully apply the knowledge and skills of their given profession.

Each major mental health profession—including counseling, marriage and family therapy, psychology, psychiatry, psychiatric nursing, and chemical dependency counseling—has developed a unique set of competencies. Thankfully, there are many similarities across

MFT Core Competencies Task Force Members and Facilitator: Ron Chenail, Thorana Nelson, James Alexander, Russ Crane, Linda Schwalie, and Bill Northey

Courtesy of Ron Chenail

Courtesy of Thorana Nelson

Courtesy of James Alexander

Courtesy of Dr. Russell Crane

Courtesy of Linda Schwallie

Photo courtesy of Jr. William F. Northey

them. For working with couples and families specifically, most professionals refer to the Marriage and Family Therapy Core Competencies, which was developed by a task force commissioned by the American Association for Marriage and Family Therapy (Nelson et al., 2007). On nights when you have insomnia, you may find it helpful and interesting to read through what are considered essential skills for working with couples and families, regardless of the title on your license.

These competencies are being used to more clearly define what mental health professionals must know and do in order to be competent. If you are new to the field, this will actually make the task of learning to work with couples and families far easier: the goals are now clearly defined. This book is designed to help you develop these competencies as quickly and directly as possible.

Competency and (Not) You

Although at first it may seem insensitive, the vernacular expression commonly used by my teen clients sums up the mind-set of competency best: "*It's not about you.*" It's not about *your* theoretical preference, what worked for *you* in your personal therapy, what *you* are good at, what *you* find interesting, or even what *you* believe will be most helpful. Competent therapy requires that *you* get outside of your comfort zone, stretch, and learn how to interact with clients in a way that works for *them*. In short, you need to be competent in a wide range of theories and techniques to be helpful to all of the clients with whom you work. As you read on, you might even begin to see how this makes some sense and might even be in your best interest.

Perhaps it is best to explain with an example. You will likely either have a natural propensity for generating a broad-view case conceptualization using therapy theories or have a disposition that favors a detail-focused mental health assessment and diagnosis; humans tend to be good with either the big picture or with the details. However, to be competent, a therapist needs to get good at both even if one is easier, preferred, and philosophically favored. Similarly, you may prefer theories that promote insight and personal reflection; after all, that may be what works for *you* in *your* life. However, that may not work for your client, and/or research may indicate that such an approach is not the most effective approach for your client's situation or cultural background. Thus, you will need to master theories of therapy that may not particularly interest you or even fit with your theory of therapy. Even though you may not like this idea at first, I think that by the time you are done with this book, you might just warm up to it.

I first learned this competency lesson when working with families in which the parents had difficulty managing the behaviors of their young children. I was never a huge fan of behaviorism, but it did not take too many hysterically screaming, clawing, and biting two-year-olds before I was preaching the value of reinforcement schedules and consistency. Given my strong—admittedly zealous—attachment to my postmodern approach at the time, I have faith that you will be driven either by principle (ideally) or desperation (more likely) to move beyond your comfort zone to become a well-rounded, competent therapist.

Common Threads of Competencies

Whether you are training to be a counselor, family therapist, psychologist, or social worker, you will notice that are common themes across the various sets of competencies. You will want to take particular note of these:

- **Diversity and multicultural competence:** The use of therapeutic theory is always contextualized by diversity issues, which means that the application and applicability vary—sometimes dramatically—based on diversity issues, such as age, ethnicity, sexual orientation, ability, socioeconomic status, immigration status, etc.
- **Research and the evidence base:** To be competent, therapists must be aware of the research and the evidence base related to their theory, client populations, and presenting problem.

- **Ethics:** Perhaps the most obvious commonality across sets of competencies is law and ethics; without a firm grasp of the laws and ethical standards that relate to professional mental health practice . . . well, let's just say you won't be practicing very long. A solid understanding of ethical principles, such as confidentiality, is a prerequisite for applying theory well.
- **Person-of-the-therapist:** Finally, unlike most other professions, specific personal qualities are identified as competencies for mental health professionals. These will be discussed in more depth below.

Diversity and Competency

Over the past couple of decades, therapists have begun to take seriously the role of diversity in the therapy process, including factors such as age, gender, ethnicity, race, socioeconomic status, immigration status, sexual orientation, gender identity, ability, language, and religion. These factors inform the selection of theory, development of the therapy relationship, assessment and diagnosis process, and choice of interventions (Monk, Winslade, & Sinclair, 2008). In short, everything you think, do, or say as a professional is contextualized and should be informed by diversity issues. If you think effectively responding to diversity is easy or can be easily learned or that perhaps your instructors, supervisors, or some famous author has magic answers to make it easy, you are going to be in for an unpleasant surprise. Rather than a black-and-white still life, dealing with diversity issues is more like finger painting: there are few lines to follow, it is messy for everyone involved, and it requires enthusiasm and openheartedness to make it fun.

I have often heard new and experienced therapists alike claim that because they are from a diverse or marginalized group, they don't need to worry about diversity issues. Conversely, I have heard therapists from majority groups say things such as, "I don't have any culture." Both parties have much to learn on the diversity front. First of all, we are all part of numerous sociological groups that exert cultural norms on us, with the more common and powerful ones stemming from gender, ethnicity, socioeconomic class, religion, and age. Many, if not most, people belong to some groups that align more with dominant culture and to some that are marginalized. However, it is important to realize that some groups experience far more traumatic and painful forms of marginalization than others, and to further complicate matters, each individual responds to these pressures differently.

To illustrate, some people experienced the process of coming out as gay as highly traumatic and want therapists to address these experiences with extreme sensitivity and care; others find it insulting when therapists *assume* there has been trauma and tiptoe around the issue, because they live in communities that are largely supportive. Furthermore, many Americans seem unaware that there is a very strong and distinct "American culture" of which they are a part; in fact, the various geographic regions of America have very unique characteristics of which therapists need to be aware. As another example, Midwestern men typically express their emotions far differently than do men in California; therapists who expect the two types of men to handle emotions in a similar way are going to unfairly pathologize one or the other.

Suffice it to say, competently handling diversity issues requires great attention to the unique needs of each person; it is a career-long struggle and journey that adds great depth and humanity to the person-of-the-therapist. In this book, you examine issues of diversity in virtually every chapter. In Chapter 2, you will read about diversity relates to research and ethical issues, and in Chapter 3, I review contemporary approaches for conceptualizing sociocultural influences in families, including how cultured gender roles affect power dynamics in couple relationships. In Part II of the book, you will find discussions of diversity related to each theory, including descriptions of how these issues relate to specific theoretical concepts, and an extended section at the end of each chapter covers racial, ethnic, gender, and sexual identity diversity related to the implementation of the specific theory. Finally, in Part III, you will find that diversity issues are prominent in case documentation forms, including the case conceptualization, assessment, and treatment plan.

Research and Competency

Another common thread found in mental health competencies is understanding and, more importantly, *using* research to inform treatment and to measure one's effectiveness and client progress. In recent years, there has been a powerful movement within the field of mental health to become more evidence-based. This involves two key practices: (a) using existing research to inform clinical decisions and treatment planning and (b) learning to use evidence-based treatments, which are specific and structured approaches for working with distinct populations and issues (Sprenkle, 2002). These movements are discussed in detail in Chapter 2 (in perhaps too much detail for some); issues related to the evidence base for each therapeutic theory are also discussed at the end of each theory chapter, with the related evidence-based treatment highlighted. In addition, Chapters 5, 6, and 8 cover leading evidence-based treatments in the field of couple and family therapy. If you were hoping to escape a discussion of research in your theory text, you will initially be disappointed; however, I hope that by the end you find the integration an invigorating addition.

Law, Ethics, and Competency

I often quip with students entering the field that if they think therapists can cut corners with legal or ethical issues, they should transfer to a business program so that they can make some money without worrying about such details and avoid a felony prison sentence after working as an underpaid intern for four-plus years. That might be a bit of an exaggeration, but not much. Therapists who fail to develop competence in legal and ethical issues will not last long. These issues are so central to the profession that even before you begin reading about theories and treatment planning, you need a brief introduction so you don't run off and start applying the concepts in this book to identify the underlying causes of problems in your clients, friends, family, neighbors, pets, and yourself. All mental health professional organization—the American Association for Marriage and Family Therapy, the American Counseling Association, the American Psychological Association, and the National Association of Social Workers—have codes of ethics that their members must follow. Thankfully, there is significant agreement between the various organizations, which results in general agreement on most key issues; federal and state laws also generally agree on the key principles. These issues are covered in depth in Chapter 2.

Person-of-the-Therapist and Competency

Finally, being a competent therapist requires particular personal characteristics that are often difficult to define. Some qualities are basically assumed to be prerequisites for a professional—integrity, honesty, and diligence—and take the form of following through on instructions the first time asked, raising concerns before they spiral into problems, staying true to one's word, etc. It is hard to establish competency in anything without these basic life skills.

The more subtle issues of the person-of-the-therapist come out in building relationships with clients. To begin with, the research is clear that clients need to feel heard, understood, and accepted by therapists, which often takes the form of offering empathy and avoiding advice giving (Miller, Duncan, & Hubble, 1997). Furthermore, therapists need to identify and work through their personal issues to avoid bias and to avoid inappropriately pathologizing a client—what psychodynamic therapists call *countertransference* (see Chapter 7). Although more difficult to quantify, these issues often become quickly apparent by the appearance of strong emotions or unusual interactions in relationships with clients, supervisors, instructors, and peers. Managing these well is part of being a competent therapist.

Finally, a more difficult aspect to define is *therapeutic presence,* a quality of self considered to have intrapersonal, interpersonal, and transpersonal elements, including elements of empathy, compassion, charisma, spirituality, transpersonal communication, patient responsiveness, optimism, and expectancies—making it elusive and difficult to operationalize (McDonough-Means, Kreitzer, & Bell, 2004). Clients—rather than a professional—are