Integrating Common Factors into MFT Training

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Learning Objectives

Participants will:

1. understand the history behind teaching specific models in the context of MFT training.
2. learn the guiding principles underlying the moderate common factors approach to MFT training.
3. see examples and explore to how to integrate a common factors perspective into their existing MFT curricula.
4. learn how to monitor and give feedback on the common factors by using both practical techniques and user friendly resources.
The workshop is inspired by the contributions of our colleague and mentor, Doug Sprenkle.
Opening Questions

• What is your familiarity with MFT Common Factors?
• What is your preferred model or theoretical orientation?
• Is this the same one as you were originally trained in?
• If not, how have you modified the way you work throughout the years?
The History of Teaching Models in MFT

• The 1950s and 60s - period of rebellion of systemic thinkers from different disciplines banding together united a systemic front against individually focused, psychodynamic based models.

• 1970s - “Battle of the Brands”
  – a civil war like time within the MFT Profession.
  – Free standing training institutes, each claiming to the be the “Truth”
  – The marketing of specific models – Family Therapy “Rock Stars”

• 1978 - the United States Department of Education (USDE) recognized the COAMFTE as the national accrediting body for MFT.

• 1980s - MFT programs moved into university settings.
  – Proliferation of accredited programs and PDI’s
  – Classic Models taught alongside one another
  – Choose Your Favorite Model Mentality
  – Post-modernism and the Feminist Critique give rise to “second generation” models
Models in MFT: The Past Two Decades

• Rise of empirically supported treatment (EST) movement leads to “third generation” models
  • Marketed as unique and “effective”, but in actuality these models are integrative updates of old favorites

**Classic MFT Model**

1. Behavioral Martial Therapy (BMT)
2. Structural/Strategic Family Therapy
3. Experiential Family Therapy (Satir & Whitaker)

**Empirically Supported MFT Model**

1. Integrative Behavioral Couples Therapy (IBCT)
2. Multisystemic Family Therapy (MST)
   Functional Family Therapy (FFT)
   Multidimensional Family Therapy (MDFT)
   Brief Strategic Family Therapy (BSFT)
3. Emotionally Focused Therapy (EFT)
The History of Teaching Models in MFT: 1990s

• The move towards Integration
  – The “Quiet Revolution” (Lebow, 1997)
  – Four Types of Integration
    • Technical Eclecticism
    • Assimilative Integration
    • Theoretical Integration
      – Integrative Problem Centered Therapy (Pinsof, 1995)
      – The Metaframeworks (Breunlin, Schwartz, Mac Kune-Karrer, 1992)
  • Common Factors
What is Responsible for Therapeutic Change?: Two Paradigms

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<tr>
<th>Model-Driven Change</th>
<th>Common Factors Driven Change</th>
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**Primary Explanation of Change**

- The unique elements and mechanisms for change are in each model.
- Common mechanisms of change cut across all effective models. Models are vehicles through which CFs operate.
# What is Responsible for Therapeutic Change?: Two Paradigms

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<tr>
<th>Model-Driven Change</th>
<th>Common Factors Driven Change</th>
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<tr>
<td><strong>Guiding Metaphor</strong></td>
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**Medical:** treatments are analogous to medical procedures or drugs.

**Contextual:** qualities “surrounding” treatment like credibility, alliance, allegiance, etc. are more important than unique aspects of treatment.
What is Responsible for Therapeutic Change?: Two Paradigms

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<tr>
<th>Model-Driven Change</th>
<th>Common Factors Driven Change</th>
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</thead>
<tbody>
<tr>
<td>Emphasis is on the treatment dispensed rather than on who offers it.</td>
<td>The qualities of who offers the treatment is much more powerful than the treatment itself.</td>
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*Therapist’s Role in Change*
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<tr>
<th>Two Paradigms of Therapeutic Change</th>
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<td><strong>Model-Driven Change</strong></td>
<td><strong>Common Factors Driven Change</strong></td>
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**Client’s Role in Change**

- **More therapist-centric:** The therapist performs the treatment on the client, who is guided by the expert.
- **More client-centric:** the client takes the treatment and utilizes it for his/her own purposes.
## Two Paradigms of Therapeutic Change

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<th>Common Factors Driven Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflected in most funded research (e.g., NIH); majority voice; advocates list of approved treatments.</td>
<td>Little funded research; minority voice; opposes “approved” treatments.</td>
</tr>
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**Place in the Culture**
### Two Overall Categories of CF

**Broad**  
*Elements of therapy inherent in the process of therapy itself*  
- Client Factors  
- Therapist Factors  
- Therapeutic Alliance  
- Feedback  
- Allegiance/Therapist’s Belief in Treatment  
- Hope

**Narrow**  
*Interventions that cut across models – “golden threads”*  
- Changing the thinking (Cognition)  
- Changing the doing (Behavior)  
- Changing the feeling (Emotion)
Common Factors Unique to MFT

1. Conceptualizing Difficulties in Relational Terms
2. Disrupting Dysfunctional Relational Patterns
3. Expanding the Direct Treatment System
4. Expanding the Therapeutic Alliance
The Purpose of a Model

• Clients enter therapy “conscious of having failed to meet their own expectations or those of others, or of being unable to cope with some pressing problem...[and] feel powerless to change the situation or themselves”
  – (Frank, 1991, p. 35).

• This same quote could apply to beginning therapists-in-training who may feel overwhelmed working with multi-problem client systems.
Purpose of a Model

• With our Moderate CF Perspective, we don’t disparage models; quite the opposite!
• Impossible to do therapy without being driven by a model
• Provides order to chaos
• Different conceptualizations are needed to fit widely varying therapist and client preferences
• Gives clients, therapists and supervisors a map, or common language with which to make meaning of their challenges
So What?

• Certain models fit certain clients better.
• Clients shouldn’t have to add “figure out how to adapt to my therapist” to their already lengthy list of problems.
• So, learn as many models as you can as well as you can so you can flexibly adapt to different clients!

Blow, Sprenkle, & Davis, 2007
All Roads Lead to Rome . . .

- Different models use different language to talk about the same distressed and healthy relational processes, and use linguistically different but pragmatically similar interventions to help move a system from distress to health.

- Equifinality
  - Even though different models may prioritize selected components or arrange them in specific ways, these three areas are always targeted for change:
    1. Behavior
    2. Affect or Emotional Experience
    3. Cognition or meaning
Making the Case for Teaching Specific Models Alongside the Common Factors

1. The Practical Argument: *The Integrative Reality of Many Practices MFTs*
2. The Empirical Argument: *Meta-analysis*
3. The Educational Argument: *Alignment with AAMFT Core Competencies*
4. The Professional Argument: *Acknowledging The Evidence-based Therapy Relationships Movement in Clinical Psychology*
Common Factors Inspired Curricula

COAMFTE
Commission on Accreditation for Marriage and Family Therapy Education

UNIVERSITY OF LOUISVILLE

MICHIGAN STATE UNIVERSITY

ALLIANT INTERNATIONAL UNIVERSITY

THE FAMILY INSTITUTE at Northwestern University

PURDUE UNIVERSITY
“The Research Informed Clinician” Course

– See JMFT, (Karam & Sprenkle, 2010) for full description
– Focus on understanding the empirical base behind common factors
– Engages in the debate between the medical model vs. the contextual model
– “Research into Practice” assignment explores how evidence on client, therapist, alliance, allegiance, and expectancy factors impacts student’s clinical work.
Common Factors Supervision

1st Year Supervision

• Assessment Focus
• Rather than focusing on mastering a specific model, the common factors framework is used primarily to get students comfortable with hypothesizing and conceptualizing about the various client, therapist and relationship factors at play when presenting a particular case.

Client
• What are the client strengths (self-identified vs. other identified) in this therapy?
• How self-aware is the client system?
• How well is the client system able to utilize existing resources?
• What has been helpful in the past for your client in dealing with the issue(s) that has brought them to therapy?
• What stage of change is each member of the system in (Pre-Contemplation, Contemplation, Preparation, Action or Maintenance) at the onset of therapy?

Therapist
• What personal characteristic do you bring into this therapy that you think will benefit your client?
• How do you know if your conceptualization of the problem matches that of the understanding of your client(s)?
• How did you decide how active vs. how passive to be in the session?
• How did you adapt to the client(s) during the session? What caused your shift?
Common Factors Supervision

Therapeutic Alliance
- What are the goals for this therapy?
- Please explain how the tasks or structure of the therapy a good fit for the client system.
- Did you find yourself liking the client(s) or were they difficult to tolerate?
- Do you feel the client felt comforted in your presence and safe enough to disclose important information?

Hope / Expectancy
- Describe your client’s as well as your own sense of hope about this therapy?
- How did you convey a sense of hope during the session?

Feedback
- What feedback did the client(s) give you? What feedback did you share with them?

Allegiance
- Why do you believe your approach is organized and coherent enough to work with this client system?
Common Factors Supervision

Factors Unique to MFT

- What is this client(s) problem cycle?
- How do you see each member in the system contributing to the couple/family cycle?
- Who are the important players in the indirect client system?
- How do you believe these people will impact the therapy?
- Describe the alliance you feel you have with each member of the system, the alliance between you and the entire system, as well as the alliance between family members?
Common Factors Supervision

2nd Year or Advanced Supervision

• Intervention focus
• By examining data from actual sessions, students explore behavioral, cognitive, and affective components of their interventions that
• Goals are how to learn technique that help clients to slow down their cycle, stand meta to their own process, and take personal accountability for their part in the systemic problem (Davis & Piercy, 2007b).

Supervisory Tools

• See Appendices A & B in Sprenkle, Davis & Lebow (2009)
• Supervisors can also apply the common factors lens to their relationship and alliance with their supervisees
  • “Am in on the same page with my supervisee about the tasks, goals & bonds of supervision?”
MFT Theory & Practice Integration Capstone Course

• Final course before graduation designed to promote critical thinking & set framework for personalized integration

• Specific projects in this course include:
  1) Expanding the System Assignment
  2) Common factors Integrative Treatment Plan & Case Study
  3) “Tower of Babel” Assignment
     • highlight how different models have used their own proprietary language in order describe similar, generic therapeutic interventions and processes.
  4) Theory of Change Project
     • videotaped examples of common factors in action and written critical evaluation of how the common factors have influenced the student’s clinical development
Common Factors Feedback Tools in MFT Clinic Settings

The Systemic Therapy Inventory of Change (STIC)
- tracks clinical change through the use of on-line self-report questionnaires in multiple systemic domains - individual adult, couple, family/household and child functioning.
- monitors the client's experience of the expanded therapeutic alliance.
- (See Pinsof et al., 2009)

The Integrative Therapy Session Report (ITSR)
- therapist self-report instrument that provides a clinically meaningful and statistically reliable picture of what occurred in session.
- provides students and clinical supervisors with data about both therapist common factors and interventions that cut across models.

- Online feedback technology provides bar graphs with clients' absolute initial scores and change profiles on clinically relevant scales and subscales over the course of therapy.
- Students may access STIC & ITSR feedback about their clients at any point during therapy to either use either in session or supervision.
Intersession Alliance Graph

- Green line: Female/Mar 16, 1958 - Within
- Black line: Male/Jul 17, 1957 - Within
Doctoral 2 Course Sequence on Common Factors & Change Mechanisms

• A signature assignment in this class is for students to incorporate varying feedback instruments into their clinical work and to write an in depth analysis related to how this feedback enhanced their work with clients.
  
  – required to implement feedback mechanisms with individual clients as well as couples and families.
Common Factors in Couple & Family Therapy

– Principles of Change Paper
  • “describe what you see as 8-10 principles of change unique to couple and family therapy.”

– Common Processes Paper
  • “Describe six processes using model specific language from at least three different relational therapy models.”
  • Bowen would call slowing down the cycle ‘becoming more differentiated,’ [outline what differentiation is, and how it looks like the process described as slowing down the cycle]. Conversely, EFT would strive to facilitate the same process, but would call it ‘softening’ [outline what softening is as done for differentiation above].

– Common Processes Video Clips ~
  • “Find MFT training video clips that illustrate therapists from at least two different modalities doing what you described in the Common Processes Paper.”
Challenges to Common Factors Integration in MFT Training Programs

• Faculty Buy-in
• Model Specific Nature of Professional MFT Licensure Exam
• Adaptation of Feedback Instruments
• Prevalence of the Medical Model
Common Factors Syllabi
The Research Informed Clinician

Course Description
This course will focus on the principles and ideas behind using a research informed perspective in the practice of marriage and family therapy. The approach stresses the importance of a broad understanding of research in therapist development, and offers practical strategies for MFT’s to infuse research informed behaviors into their clinical work. Students completing the course will develop skills to understand common MFT research methods, how research methods are applied, and how to critique research in the field of marriage and family therapy and related disciplines. Students will also be introduced to empirically based practices in MFT.

Learning Objectives
By the end of the term, students will understand the importance of a “research informed” perspective in MFT by:

1. Learning how to locate, comprehend and critically evaluate relevant research findings; Being able to interpret research methodology and statistical information in journal articles and evaluate conclusions drawn from these data

2. Comprehending how a broad range of research methods can be systemically selected to suit specific research questions

3. Being aware of the controversies surrounding what it means to be an “evidenced based” discipline and the questions surrounding the generalizability of randomized clinical trials methodology to psychotherapy as it is practiced

4. Outlining the historical / theoretical MFT roots in current evidence-based practices

5. Understanding the inherent interplay, as well as tension between specific treatment interventions and treatment elements common to many or all treatment approaches

6. Gaining an appreciation for supplemental, non-clinical research findings relevant to the study of marriage and the family

7. Demonstrating the power of research to confirm/disconfirm commonly held clinical beliefs

8. Introducing “progress research” and incorporating instruments into training that give therapists direct feedback
Course Requirements

1. PERFECT ATTENDANCE. Perfect attendance is expected and required. Anyone who misses more than one class for any reason WILL NOT BE ELIGIBLE FOR AN "A" IN THE COURSE. (The only exception would be for a death in the family or an illness accompanied by a written excuse from a physician).

2. PUNCTUALITY. While everyone will be late occasionally, if a student develops a pattern of being late, HE OR SHE WILL NOT BE ELIGIBLE FOR AN "A" IN THE COURSE.

3. CLASS PARTICIPATION. You will be expected to come to class prepared to discuss actively the readings.

4. TIMELINESS OF ALL ASSIGNMENTS. In order to qualify for an "A" in the course, all assignments MUST be handed in on time. Unless there are highly mitigating circumstances, students taking an incomplete will not be eligible for an "A."

Course Assignments

1. Brief Reaction Papers (40pts.)
Students should complete readings and write a brief (2 page) “reaction” based on the articles assigned for that week. This should not be a mere summary of what you read; rather it should be your personal reaction to all or some part of the reading. It may serve as either a critical analysis or reflection on the content. Preferably it should be something about which you have an emotional response and/or strong feelings of agreement or disagreement. You may also comment on how the reading contributes to your ongoing development as an MFT. There will be eight separate reflections worth up to 5 pts. each.

2. EBP Debate Facilitation (10pts.)
Throughout the course we will focus controversial issues surrounding psychotherapy research and evidence-based practice (EBP). Prior to each class meeting, students will read assigned chapters from Evidence Based Practices in Mental Health. Each chapter consists of position papers on a specific question followed by brief dialogues among the contributors. Every week selected students will be assigned to lead the class in a discussion on the fundamental positions in these debates on EBP’s. See attached grading rubric for further information.

3. Personal Integration of Research into Practice Project (40pts.)
The written portion of this project is divided into three parts: a) personal reflection on what it means to be a research informed clinician; b) critical analysis explaining how empirical findings from MFT and related disciplines are integrated into the student’s primary theoretical orientation or integrative model; c) articulation and case examples of how research informed practices have been utilized effectively in the student’s own therapy sessions.
In a brief 20-minute in-class presentation, use a video vignette from your own caseload to demonstrate how you have incorporated your unique research informed perspective into an actual therapy session. Examples might include (but should not be limited to) the following: using STIC Feedback in session, providing psychoeducation for clients, highlighting research findings to dispel myths or client’s faulty assumptions, attempting an empirically validated intervention, or clips demonstrating Common Factors (i.e. the therapeutic alliance). See attached grading rubric for further information.

**GRADING SUMMARY:**

Class Participation: 10  
Weekly Reaction Reflections: 40  
Debate Facilitation: 10  
Personal Research into Practice Paper and Presentation: 40

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<tr>
<th>Grading System</th>
<th>90-100</th>
<th>80-89</th>
<th>70-79</th>
<th>60-69</th>
<th>&gt;60</th>
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*Please remember that to get an A you must also fulfill the expectations regarding attendance, punctuality, and timeliness noted above.*

**Required Course Texts**

Please order from Amazon (or similar establishment) or purchase from university bookstore.


*Course Packets with all other required readings will be available for purchase at Quartet Copies*
Week 1:
Course Overview / What does it mean to be a “researched informed” clinician?


Lebow, Chapter 1: “Merging science and practice in psychotherapy” (pp. 3-12).


Weeks 2 & 3:
How to locate, comprehend and critically evaluate relevant research findings

Lebow, Chapter 2: “A Clinician’s Primer for Evaluating Research About Psychotherapy” (pp. 13-17).


Sample Debate (Eli) – “What Qualifies as Evidence of Effective Practice?”
*NBL, Chapter 1 (pp.13-56)*


*Reaction #1 Due*
Week 4 & 5:
Multiple types of research evidence.
- Components of EST / RCTs;
- Outcome vs. Progress Research
- Quantitative vs. Qualitative Methods


Debate #1: “What Qualifies as Research on Which to Judge Effective Practice?”
*NBL, Chapter 2 (pp.57-130)*


*Reaction #2 Due*

Week 6:
Family-based, Child and Adolescent EST’s
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Brief Strategic Family Therapy (BSFT)
- Multidimensional Family Therapy (MDFT)


Lebow, Chapter 17: “Family Therapy Scorecard: Research Shows the Family Approach is Often the Treatment of Choice” (pp.141-152)


*Reaction #3 Due*
Weeks 7-10:
Couple EST’s

- Emotion Focused Therapy (EFT)
- Integrative Behavioral Couples Therapy (IBCT)
- Premarital Relationship Enhancement Program (PREP)
- Including partners in the treatment of alcohol and substance abuse
- Conjoint treatment of intimate partner violence


Lebow, Chapter 18: “Marital Preparation and Enrichment Programs Document Their Value” (pp.153-160)

Lebow, Chapter 12: “Addictions Treatment: Myth vs. Reality” (pp. 97-104)


Debate #2: “What Else Materially Influences What is Represented and Published as Evidence?”
*NBL, Chapter 6 (pp. 251-282)*


*Reaction #4 Due*
Week 11:
Common Factors Research


Debate #3: “What Should Be Validated?”
*NBL, Chapter 5 (pp. 191-256)*


*Reaction #5 Due*

Week 12:
Common Factors vs. Specific Ingredients / Medical vs. Contextual Model Debate


Debate #4: “Do Therapies Designated as Empirically Supported Treatments for Specific Disorders Produce Outcomes Superior to Non-Empirically Supported Treatment Therapies?”
*NBL, Chapter 7 (pp.299-328)*

*Reaction #6 Due

Week 13:
Using Non-clinical research to inform clinical practice / Psychoeducation


Lebow, Chapter 19: “What Really Makes Couples Happy? A Controversy Divides the World of Marital Researchers” (pp.161-167)
Lebow, Chapter 20: “Emerging Evidence in the Research About Divorce” (p.169-180)

Lebow, Chapter 21: “Not Quite the Brady Brunch: Research on Remarriage Families” (p.181-188)


Debate #5: “Are Efficacious Laboratory-Validated Readily Transportable to Clinical Practice?”
*NBL, Chapter 9 (pp.375-402)*


*Reaction #7 Due*
Week 14:
Using Research to Get Feedback on Your Work
- Client Focused Research
- Clinical Feedback Instruments


Lebow, Chapters 23: “New Science for Psychotherapy: Can We Predict How Therapy Will Progress?” (pp.201-210)

Lebow, Chapter 24: “Learning to Love Assessment: Today’s Research Tools to Assess Progress Can Help You Be a Better Therapist” (pp.211-220)

Lebow, Chapter 25: “Do-It-Yourself Research: The Practical Advantages of Studying Your Own Practice” (pp.221-228)

*Reaction #8 Due*

Week 15:
Personal Integration of Research into Practice Project
- Student presentations and video demonstrations
- Final Paper Due
I. Rationale
Marriage and Family Therapy (MFT) meta-analytic research suggests that MFT produces durable clinically and statistically significant results, yet these results hold true regardless of the model being employed. One of the most promising explanations of this finding is that common factors that are across different treatment modalities and inherent in the process of therapy itself are primarily responsible for change. This course explores these common factors in Marital and Family Therapy (MFT).

This course addresses many of the Conceptual foundations for effective therapy found in the American Association for Marriage and Family Therapy (AAMFT) core competencies.

II. Course Purpose, Student Learning Outcomes and Assessment

A. Purpose of the Course
The purpose of this course is to expose students to what is known about the factors common to effective systemic treatment of couples and families. Students will learn a new paradigm for conceptualizing MFT theory, practice, and research. Students will learn how to enhance their clinical services and research by focusing on common factors across MFT. This course is designed for advanced students that are thoroughly familiar with many MFT models.

B. Specific Learning Outcomes
This is an elective course in the doctoral MFT program. It has content specifically required by COAMFTE (AAMFT) standards. Upon successful completion of the course, students will be able to (as stated in the AAMFT core competencies):

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<thead>
<tr>
<th>Number</th>
<th>Subdomain</th>
<th>Competence</th>
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<tbody>
<tr>
<td>1.1.1</td>
<td>Conceptual</td>
<td>Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy</td>
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<tr>
<td>Section</td>
<td>Competency</td>
<td>Description</td>
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<td>1.1.2</td>
<td>Conceptual</td>
<td>Understand theories and techniques of individual, marital, couple, family, and group psychotherapy.</td>
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<tr>
<td>1.2.1</td>
<td>Perceptual</td>
<td>Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).</td>
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<td>1.3.9</td>
<td>Executive</td>
<td>Manage session interactions with individuals, couples, families, and groups.</td>
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<td>2.2.3</td>
<td>Perceptual</td>
<td>Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.</td>
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<td>2.4.4</td>
<td>Evaluative</td>
<td>Assess the therapist-client agreement of therapeutic goals and diagnosis.</td>
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<tr>
<td>3.1.1</td>
<td>Conceptual</td>
<td>Know which models, modalities, and/or techniques are most effective for presenting problems.</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Perceptual</td>
<td>Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Executive</td>
<td>Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.</td>
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<tr>
<td>3.3.4</td>
<td>Executive</td>
<td>Structure treatment to meet clients’ needs and to facilitate systemic change.</td>
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<td>3.3.5</td>
<td>Executive</td>
<td>Manage progression of therapy toward treatment goals.</td>
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<td>3.3.7</td>
<td>Executive</td>
<td>Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.</td>
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<tr>
<td>4.1.1</td>
<td>Conceptual</td>
<td>Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.</td>
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<tr>
<td>4.1.2</td>
<td>Conceptual</td>
<td>Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.</td>
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<tr>
<td>4.3.1</td>
<td>Executive</td>
<td>Match treatment modalities and techniques to clients’ needs, goals, and values.</td>
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<td>4.3.2</td>
<td>Executive</td>
<td>Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).</td>
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<td>4.3.10</td>
<td>Executive</td>
<td>Modify interventions that are not working to better fit treatment goals.</td>
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<td>4.4.1</td>
<td>Evaluative</td>
<td>Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.</td>
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<td>4.4.3</td>
<td>Evaluative</td>
<td>Evaluate treatment outcomes as treatment progresses.</td>
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<tr>
<td>4.4.4</td>
<td>Evaluative</td>
<td>Evaluate clients’ reactions or responses to interventions.</td>
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<tr>
<td>4.4.5</td>
<td>Evaluative</td>
<td>Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy.</td>
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<td>4.5.3</td>
<td>Professional</td>
<td>Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics.</td>
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<tr>
<td>5.3.8</td>
<td>Executive</td>
<td>Obtain knowledge of advances and theory regarding effective clinical practice.</td>
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<tr>
<td>6.1.1</td>
<td>Conceptual</td>
<td>Know the extant MFT literature, research, and evidence-based practice.</td>
</tr>
<tr>
<td>6.1.2</td>
<td>Conceptual</td>
<td>Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.</td>
</tr>
<tr>
<td>6.3.2</td>
<td>Executive</td>
<td>Use current MFT and other research to inform clinical practice.</td>
</tr>
<tr>
<td>6.3.3</td>
<td>Executive</td>
<td>Critique professional research and assess the quality of research studies and program evaluation in the literature.</td>
</tr>
<tr>
<td>6.3.4</td>
<td>Executive</td>
<td>Determine the effectiveness of clinical practice and techniques.</td>
</tr>
</tbody>
</table>
6.4.1 Evaluative | Evaluate knowledge of current clinical literature and its application.
6.5.1 Professional | Contribute to the development of new knowledge.

**D. Instructional Strategy**
The course will utilize various instructional means to illustrate course content. Primary methods will include experiential activities, lecture, videotapes, class discussion, and group presentations.

**E. Class Component on Multicultural and International Issues**
This class will utilize class discussion and readings to address diversity issues, such as but not limited to multicultural issues, race, gender, class, age, disability, religion, international perspectives, and sexual orientation. Students should be prepared to discuss their experiences related to diversity-related topics throughout the course. Such topics will be woven into the lecture and assignments throughout the course.

**F. Course Requirements and Assessment Methods**
Students will not receive plus or minus grades for grades C and below. The University does not allow for an A+ grade. Otherwise, students in PSY 8500 will be graded using the following categories:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93 to 100%</td>
</tr>
<tr>
<td>A-</td>
<td>90 to 92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>87 to 89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83 to 86.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80 to 82.9%</td>
</tr>
<tr>
<td>C</td>
<td>70 to 79.9%</td>
</tr>
<tr>
<td>D</td>
<td>60 to 69.9%</td>
</tr>
<tr>
<td>F</td>
<td>Below 60%</td>
</tr>
</tbody>
</table>

Grades will be calculated using the following numerical totals:

- Principles of Change Paper: 25
- Common Processes Paper: 25
- Common Processes Video Clips: 25

**TOTAL**: 75

Grades will be made available throughout the semester via Moodle. Please check Moodle before discussing questions about grades with the professor.

**Principles of Change Paper** ~ describe what you see as 8-10 principles of change unique to couple and family therapy. Students must present select principles of change on the last day of class to receive full credit.

**Common Processes Paper** ~ Use your systemic clinical research and experience to propose six different processes that you believe are a part of most relational therapies (e.g., slowing down the process, standing meta, encouraging personal responsibility as a means of slowing down the cycle; Davis & Piercy, 2007b). Discuss these in a paper that addresses the following questions: 1) Describe in detail six processes that you believe are relevant and common to most relational therapies. 2) Describe these processes using model-specific language from at least three different relational therapy models (e.g., “Bowen would call slowing down the cycle ‘becoming more differentiated,’ [outline what differentiation is, and how it looks like the process described as slowing down the cycle]. Conversely, EFT would strive to facilitate the same process, but would call it ‘softening’ [outline what softening is as done for differentiation above]. An Object Relations therapist would call it ‘integrating split objects’ [outline what that means as for softening and differentiation above].” Use chapter 8 in the Sprenkle, Davis, & Lebow (2009) text as a general conceptual guide for this portion of the assignment. Do this for at least six different concepts.
Common Processes Video Clips – Find MFT training video clips that illustrate therapists from at least two different modalities doing what you described in the Common Processes Paper. Training videos can be checked out through the library. It is recommended that you start on this project (including checking out videos) as early in the semester as possible. Methods for compiling and turning in the assignment will be discussed in class. Students must present select video clips on the last day of class to receive full credit.

III. Course Readings and Materials

Required Texts


Additional Required & Recommended Readings (Available in Class and on Moodle)


Bohart, A. C. & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change:


IV. Policies and Procedures

**Attendance**

Lecture and activities will progress with the assumption that you regularly attend class. You will only be allowed one unexcused absence during the semester before your grade is affected. Each subsequent absence will lower your final grade by five percentage points. Role will be taken each class period. *Arriving for class more than 15 minutes late or leaving early counts as half an absence.* If you know you will miss class, please notify me in advance. If you miss a class period it is your responsibility to get the lecture notes from someone in class, obtain the video(s) we watched, etc. I will also be glad to help you catch up on the information if you missed class for an *excused* absence.

**Expectations for Assignments**
A significant part of a university education is learning professional writing skills. *Grades will be lowered for papers containing excessive incorrect spelling, grammar, etc.* Assignments should follow APA (6th ed.) style and additional expectations as outlined in the assignment description. Points will be deducted if these expectations are not met. All assignments are to be turned in during the beginning of the class session the day they are due. Assignments will be accepted early. **Five points are lost for each day assignments are late unless otherwise specified on this syllabus.** Late assignments can be turned in via email to sdavis2@alliant.edu. All other assignments must be turned in during class unless otherwise specified by the professor. If a late assignment is turned in via email, students bear the responsibility of ensuring that the professor received the assignment. The professor is not responsible for lost, delayed, or otherwise inaccessible email. Exams cannot be made up without prior arrangements with the instructor and for an excused absence.

**Participation**

Students are expected to be active participants in the learning process, taking part in class discussions, presentations, and role-plays. This graduate course depends heavily on in-class discussion. *Consequently, it is absolutely imperative that you keep up on class readings every week.* If I sense from class discussion and/or activities that a significant amount of students have not done the reading, I reserve the right to introduce assignments (e.g., pop quizzes, etc.) designed to reward those who have read. Additionally, several questions on the test will be drawn solely from the readings and not discussed in class.

**Record Keeping**

It is good practice to keep copies of ALL course syllabi and all major assignments/papers you turn in. On rare occasions, work may be lost because of computer failure or other mishaps. Some course assignments, as specified by the instructor, may be submitted via email; however in doing so, the sender assumes all risk and responsibility for delayed, undeliverable, or otherwise inaccessible email.

**Respectful Speech and Actions**

Alliant International University, by mission and practice, is committed to fair and respectful consideration of all members of our community, and the greater communities surrounding us. All members of the University must treat one another as they would wish to be treated themselves, with dignity and concern.

As an institution of higher education, Alliant International University has the obligation to combat racism, sexism, and other forms of bias and to provide an equal educational opportunity. The AAMFT code of ethics and the Academic Code shall be the guiding principles in dealing with speech or actions that, when considered objectively, are abusive and insulting.

**Academic Code of Conduct and Ethics**

The University is committed to principles of scholastic honesty. Its members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility towards other members of the community. Each student’s conduct is expected to be in accordance with the standards of the University. The complete Academic Code, which covers acts of misconduct including assistance during examination, fabrication of data, plagiarism, unauthorized collaboration, and assisting other students in acts of misconduct, among others, may be found in the University Catalog. The University reserves the right to use plagiarism detection software.

**Disability Accommodations Request**

If you need disability-related accommodations in this class, please see me privately. All accommodations must be requested in a timely manner (at least 2 weeks ahead of time) with a letter
of support for Alliant’s Office of Disability Services. If you have questions about accommodations, please contact the Office of Disability Services.

Policy on Course Requirements During Religious Holidays
Alliant International University does not officially observe any religious holidays. However, in keeping with the institution’s commitment to issues of cultural diversity as well as humanitarian considerations, students will not be penalized when they are absent from classes on holy days. Students remain responsible for all material covered in class, as noted above.

Resources for Obtaining Tutoring or Other Student Support Services
Tutors may be available to help students with course-based or exam-based needs. Contact the Director of Student Support Services for information on obtaining tutoring or other student support services.

Problem Solving Resources
If problems arise with faculty, other students, staff, or student support services, students should use the University Problem Solving Procedures located on the web at http://www.alliant.edu/academic/studentproblemsolving/Student_Grievance_Policy.pdf or contact the University Ombudsperson at rkunder@alliant.edu.

Communication
I will regularly communicate important class information via your official @alliant.edu email address. It is your responsibility to ensure that you receive these emails. You will be held responsible for the information contained in them.

Moodle
Several documents will be posted on Moodle that will not be made available any other way. Be sure that you have access to Moodle. If you do not, instructions for doing so can be found at www.online.alliant.edu. You will be responsible for accessing articles on Moodle.

Note
The instructor reserves the right to modify the syllabus as necessary throughout the course.

V. Course Schedule
This schedule is subject to change without notice to meet student, faculty, or other needs. Any major revisions of the course syllabus will be posted on the Moodle site at http://online.alliant.edu.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings and Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8</td>
<td>Introduction (debate, broad vs. narrow, etc.)</td>
<td>Asay &amp; Lambert, 1999; Sprenkle &amp; Blow, 2004 a&amp;b; Sexton &amp; Ridley, 2004; Sexton, Ridley &amp; Kleiner, 2004; Sprenkle, Davis, &amp; Lebow (SDL), 2009, Chs. 1-5, 10.</td>
</tr>
<tr>
<td>6/15</td>
<td>Treatment Models as a CF</td>
<td>SDL Chs 8 &amp; 9; Andersen, Lunnen, &amp; Ogles, 2010; Davis &amp; Piercy, 2007 a &amp; b</td>
</tr>
<tr>
<td>6/29</td>
<td>Principles of Change</td>
<td>Beutler, 2002; Beutler &amp; Castonguay, 2006; Castonguay</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>References</td>
</tr>
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<td>-------</td>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7/6</td>
<td>Clients as the main CF</td>
<td>Bohart &amp; Tallman, 2010; SDL, Ch. 6;</td>
</tr>
<tr>
<td>7/13</td>
<td>Empirically Validated Therapists</td>
<td>Blow, Sprenkle, &amp; Davis, 2007; Miller, Hubble, &amp; Duncan, 2007; <em>Anatomy of Peace</em> (Read entire book); Whiting, Nebeker &amp; Fife, 2005</td>
</tr>
<tr>
<td>7/20</td>
<td>Therapeutic Alliance</td>
<td>SDL, Ch. 7; Norcross, 2010; Beutler &amp; Harwood, 2002</td>
</tr>
<tr>
<td>7/27</td>
<td>Hope &amp; Expectancy</td>
<td>Snyder, Michael, &amp; Cheavens, 1999; Ward &amp; Wampler, 2010</td>
</tr>
<tr>
<td>8/3</td>
<td>Diversity &amp; Common Factors; Indigenous Healing Practices; Research Directions</td>
<td>SDL, Ch. 12</td>
</tr>
<tr>
<td>8/10</td>
<td>Principles of Change &amp; Common Processes Video Clip Presentations</td>
<td></td>
</tr>
</tbody>
</table>
Class Times and Location:
Fridays, January 11 – April 19
1:00 p.m. – 4:00 p.m.
Burhans Hall Room #16 - Shelby Campus

Contact Info:
502/749-8825 (Home)
847/902-3521 (Cell)
E-mail: eli.karam@louisville.edu

Office Hours:
You can make appointments as needed. Please feel free to talk with me about any aspect of the course during the semester. I want this to be a great learning experience for you! The only thing that is unacceptable is to be unhappy about some aspect of the course, but not say anything about it until the end of the course when nothing can be done to rectify the issue. Please speak up, as I will take any concern seriously.

Course Description
This is the capstone course in the MSSW-MFT Specialization designed for each student to refine his/her own theory of change. Utilizing critical thinking skills, students will work to integrate MFT intervention models and skill sets in the areas of assessment, treatment/intervention planning, case management, and outcome evaluation. Students will be assisted in integrating the clinical theory, practice, and research coursework and fieldwork in MFT/social work with their study of change in larger social systems. This course also provides an opportunity for individual students to tailor and deepen their learning about areas of personal interest previously covered in the curriculum.
## Learning Objectives

<table>
<thead>
<tr>
<th>Goal</th>
<th>Conditions/Tasks</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate perceptual, conceptual, ethical and integrative skills as a marriage and family therapist.</td>
<td>Students will achieve goal by showcasing therapeutic work on videotape demonstration, participating in class discussion, developing a treatment plan, and articulating personal theory of change.</td>
<td>Students will be evaluated based on their performance on (a) <em>Integrative Treatment Plan</em>, (b) <em>Personal Integration of Theory into Practice Project</em>, and (c) class participation / discussion.</td>
</tr>
<tr>
<td>Conceptualize and analyze the integration of theory into practice in MFT by using critical thinking skills.</td>
<td>Students will achieve goal by completing weekly readings, participating in class discussion, and providing critiques / critical analyses in written format</td>
<td>Students will be evaluated based on (a) contributions to <em>class discussions</em> and performance on (b) <em>Brief Reaction Paper</em>, (c) <em>Common Factors Interview</em>, &amp; (d) <em>Personal Integration of Theory into Practice Project</em>.</td>
</tr>
<tr>
<td>Evaluate and integrate empirical support behind models/client progress into clinical practice.</td>
<td>Students will achieve goal by critically evaluating course content areas that infuse research / empirical support into the development of the integrative model.</td>
<td>Students will be evaluated based on (a) contributions to <em>class discussions</em> and performance on (b) <em>Brief Reaction Paper</em>.</td>
</tr>
<tr>
<td>Synthesize, formulate and implement an integrative plan of action for MFT practice.</td>
<td>Students will achieve goal by learning how to develop an integrative treatment plan.</td>
<td>Students will be evaluated based on their performance on the <em>Integrative Treatment Plan</em> assignment.</td>
</tr>
<tr>
<td>Demonstrate the ability to integrate knowledge of social justice and culturally competent skills in all aspects of MFT.</td>
<td>Students will achieve goal by articulating how social work training at the Kent School is complemented by MFT coursework and exploring how their cultural background influences their clinical work and interfaces with client population.</td>
<td>Students will be evaluated based on their (a) contributions to <em>class discussions</em> and performance on (b) <em>Brief Reaction Paper</em> and (c) <em>Personal Integration of Theory into Practice Project</em>.</td>
</tr>
</tbody>
</table>
Course Requirements

**Attendance policy:** Students are required to be on time for class. Attendance is required and will be taken at the beginning of every class session. Unexcused absences will be factored into determining a student’s final grade in that for every unexcused absence, 2 (two) points will be subtracted from the student's final grade. "Excused" absences must be cleared with the instructor 24 hours prior to the anticipated absence (excluding emergencies that happen in transit to class) and must be kept to a minimum. Remember, class begins promptly at 1:00. Excessive tardiness will also negatively impact a student’s final grade.

**Class participation:** The success of each student will depend on preparation, attendance, activities, and discussions. For some, this means learning to speak up and to add comments or raise questions throughout class discussions. For others, it means being sensitive and allowing others to contribute. However, while silence is appropriate at times, excessive non-participation will affect the final grade. Successful class participation will require: (1) a commitment to critically read all required assignments prior to class; (2) the sharing of life experiences, relevant observations, and pertinent comments; and (3) to demonstrate tolerance and respect for opinions that are different. While disagreement is not discouraged, professional behavior when discussing conflicting opinions is essential if the classroom is to be a safe environment where all students can learn. Additionally, the student should demonstrate personal and professional decorum in relation to the class sessions. Students are expected to complete all required readings, and to participate in class discussions and activities.

**Assignments:** All written assignments will be evaluated for accomplishment of outcomes, organization, and clarity of expression, demonstration of the ability to integrate and critically apply course content, and use of correct spelling, grammar and accurate use of the current edition of APA referencing style (when/where appropriate). Assignments are due on the dates designated and will be marked down 2 points for each day late unless alternative arrangements have been previously made (48 hours before due date of written assignments) with the instructor.
Academic Integrity Statement

It is expected that a student in the Graduate School will refrain from plagiarism and cheating. Plagiarism and cheating are serious breaches of academic conduct and may result in permanent dismissal. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities ([http://graduate.louisville.edu/catalog](http://graduate.louisville.edu/catalog)). A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty.

Disability Statement

Any student who has a disability that may prevent him/her from fully demonstrating his/her abilities should contact the Disability Resource Center at 502-852-6938 to discuss accommodations necessary to ensure his/her full participation in this course.

Assessment of Course

Students are encouraged to provide oral/written feedback to instructor about their assessment of the course during the course of this session. Instructor may periodically solicit oral/written feedback about the course as well. All students will have the opportunity to evaluate the course via final course evaluations as required by the Kent School of Social Work and the University of Louisville.

Required Course Readings


All other course readings will be available on Blackboard in PDF format. It is the student's responsibility to print out and complete assigned readings before coming to class each week.
Course Assignments

1. Brief Reaction Paper (15pts.)
   You should complete readings and write a brief (3-4 page) “reaction” based on the assigned articles. This should not be a mere summary of what you read; rather it should be your personal reaction to all or some part of the reading. You will be graded on how well you explain how the model or material fits or does not fit with your existing theoretical orientation or views about therapy. You should also explain how material may be integrated into your own development as a MFT by using relevant examples from own caseload. See attached grading rubric. Due on 2/15.

2. Common Factors / Feedback Interview (15pts.)
   Providing and eliciting client feedback is an important skill to master for the therapist-in-training. Interview a client system using the questions provided to understand more fully the client, therapist, and relationship common factors. Provide a) a summary of client responses and b) 2-4 page narrative reflection on your experience of conducting the feedback session. Due on 3/22.

3. Integrative Treatment Plan (15pts.)
   You will select a client system from your current caseload and write an integrative treatment plan based on template provided. See attached grading rubric for further information. Due on 3/8.

4. Integrative Theory of Change Project (45pts.)
   You will write a personal integration /theory of change paper and present it to the class, along with a brief video reflecting an intervention or aspect of your theory of change. As much as possible, you must substantiate your theory of change with literature citations in APA format (1” margins, page # in heading, double spaced, 12 pt. Times New Roman font). Limit the paper to 12 pages. Because you will be revising this paper throughout your career as a MFT, it is important that you start it well as both an academic and personal document. On 4/5, 4/12, or 4/19, you will need to bring a brief, one-page handout that summarizes your beliefs for each member of the class. After you have presented your theory, you will present a brief video vignette of your work (15 minutes), explaining how your clinical demo fits with your personal theory of change. The student and faculty will ask questions and provide feedback. Your overall presentation should be no more than 30-40 minutes long. See attached grading rubric for further information. Final paper is due on 4/19.

5. Class Participation (10 pts.)
   Successful class participation will require: (1) a commitment to critically read all required assignments prior to class; (2) the sharing of life experiences, relevant observations, and pertinent comments; and (3) a tolerance and respect for opinions that are different than your own. Additionally, you will be required to turn in a brief, one-page reflection on your experience attending the KAMFT Conference on 2/22.
GRADING SUMMARY:

Class Participation: 10
Brief Reaction Paper 15
Common Factors Feedback Interview: 15
Integrative Treatment Plan: 15
Integrative Theory of Change Project: 45

Grading System

98 - 100 points = A+
94 - 97  points = A
90 - 93  points = A-
87 - 89  points = B+
83 - 86  points = B
80 - 82  points = B-
77 - 79  points = C+
73 - 76  points = C
70 - 73  points = C-
60 - 69  points = D
below 60 = F

Please remember that to get an A you must also fulfill the expectations regarding attendance, punctuality, and timeliness noted above.
<table>
<thead>
<tr>
<th>Week #</th>
<th>Date</th>
<th>Topic</th>
<th>Assigned Readings</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week</td>
<td>Date</td>
<td>Topic</td>
<td>References</td>
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<tr>
<td>Week</td>
<td>Date</td>
<td>Assignment</td>
<td>Reference</td>
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<tr>
<td>Week 7</td>
<td>2/22</td>
<td>Integrating Continuing Education / Workshops into the Practice of MFT</td>
<td>Attend KAMFT Conference</td>
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<tr>
<td>Week 10</td>
<td>3/15</td>
<td>Spring Break!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week</td>
<td>Date</td>
<td>Topic</td>
<td>References</td>
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<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
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<tr>
<td>13</td>
<td>4/5</td>
<td>Theory of Change Presentations: Part I</td>
<td>Video Demonstration/1 Page Handout</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>4/12</td>
<td>Theory of Change Presentations: Part II</td>
<td>Video Demonstration/1 Page Handout</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>4/19</td>
<td>Theory of Change Presentations: Part III</td>
<td>Video Demonstration/1 Page Handout <em>Final Paper Due</em></td>
<td></td>
</tr>
</tbody>
</table>
I. Introduction: Initial contact and presenting problem(s) ________/ .5
   A. Referral source
      1. Reason for referral.
   B. Initial engagement
      1. Who constituted the direct client system for the first session?
      2. Who constituted the indirect client system when the therapy started?

II. Family membership ________/ .5

List all relevant family system members, indicating their age, race/ethnicity, family position and occupation or grade in school.

III. Description of the client system ________/ .5

Briefly describe the client system’s physical appearance and manner of relating. What do you feel in their presence? When describing the system, include a description of their strengths.

IV. Client system’s involvement with treatment to date ________/ .5
   A. Number of session, frequency, level of engagement
   B. Current formulation of the direct and indirect treatment system

V. The presenting problem in context ________/ 4
   A. The problem cycle
      1. Describe presenting problem in greater detail
         a. Statement of the problem (nature and by whom)
         b. Frequency, intensity and duration
         c. Time and context of onset
      2. Family members reactions to the problem
         a. Patterns of agreement and disagreement
b. Why is the client system seeking treatment for the problem now?

3. Other, non-presenting problems

a. Significant problems, not identified but obvious
b. Is there evidence of:
   1. Substance abuse
   2. Physical, psychological, or sexual abuse
   3. Suicidality
   4. Major psychiatric disorder

VII. Therapeutic Goals ________/2

   A. Outline the goals of therapy

VIII. Interventions ________/4

   A. Describe your intervention plan to address each goal for therapy
   B. From what theoretical model does each intervention come from?
   C. How/Why did you decide to implement each intervention?
   D. Describe your skill and comfort/confidence level in implementing each intervention.

IX. Alliance ________/1

   A. Describe your alliance with specific individuals and subsystems in regard to the following dimensions:
      1. Tasks
      2. Goals
      3. Bonds

X. Intervention Evaluation ________/2

   A. How did the client(s) respond to the interventions?
   B. What method(s) did you use to evaluate client(s) progress on therapeutic goals?
   C. What is the current status of the treatment?

Total Points ________/15
SW 704
Reaction Paper
Grading Criteria

Technical Requirements / Writing Style (4 pts.)
1. Between 3 and 4 pages, double-spaced, typed, 1-inch margins, 12 pt. font, grading sheet attached/ Proper APA citation format ________/ 1
2. Good overall flow / clarity of writing style ________/ 3

Critical Thinking / Personal Reaction (11 pts.)
1. Explanation of how this model or material presented in the reading fits or does not fit with student’s existing theoretical orientation or views about therapy ________/ 4
2. Personal reflection explaining how material may be integrated into the student’s own development as a MFT ________/4
3. Use of relevant examples from current caseload ________/3

Comments:

Total Points ________/15
Common Factors / Feedback Interview

Providing and eliciting client feedback is an important skill to master for the therapist-in-training. Interview a client system using the questions below to understand more fully the client, therapist, and relationship common factors. Provide a) a summary of client responses and b) 2-4 page narrative reflection on your experience of conducting the feedback session. Due 3/22

Client Questions:
1. Initially, how motivated were you to confront the issues that brought you to therapy? How has your motivation changed throughout our work together?

2. What are your personal strengths that you have brought into this therapy?

3. What has been the pivotal moment or most important part of this therapy for you thus far?

4. What about my therapeutic style or approach works well for you?

5. What have we done in this therapy that hasn’t worked as well for you. why not?

6. If you feel misunderstood in this therapy, how would you address it with me?

7. How has this therapy helped you change the “doing” (behavior) around your problems?

8. How has this therapy helped you change the “thinking” (cognition) around your problems?

9. How has this therapy helped to facilitate healthy emotional expression and regulation around your problems?

10. How has this therapy helped you to “slow down,” understand, and take responsibility for your part of the problem cycle in your relationship?
**Therapist Questions for Narrative Reflection:**
1. Why did you choose this particular client system to interview?

2. What was your overall experience of conducting this interview?

3. Was there any information revealed that was surprising or inconsistent with how you view the therapy?

4. How did the interview and client feedback confirm your previous beliefs about the therapy?

5. How do you think this interview will impact the future of this therapy?

6. What feedback of your own did you share with your client(s) during the interview?

7. What changes will you make in your approach to this therapy as a result of the interview?
SW 704
Common Factor Feedback Interview
Grading Criteria

Technical Requirements / Writing Style (3 pts.)
1. Between 2 and 4 pages, double-spaced, typed, 1-inch margins, good overall flow / clarity of writing style, 12 pt. font, grading sheet attached _______/ 1
2. Attached summary of client system responses to feedback interview questions _______/ 2

Critical Thinking / Personal Reaction (12 pts.)
1. Why did you choose this particular client system to interview? _______/ 1
2. What was your overall experience of conducting this interview? _______/ 2
3. Was there any information revealed that was surprising or inconsistent with how you view the therapy? _______/ 2
4. How did the interview and client feedback confirm your previous beliefs about the therapy? _______/ 2
5. How do you think this interview will impact the therapeutic alliance? _______/ 1
6. What feedback of your own did you share with your client(s) during the interview? _______/ 2
7. What changes will you make in your approach to this therapy as a result of the interview? _______/ 2

Comments:

Total Points _______/15
Personal Integration / Theory of Change Project
Grading Criteria

Technical Requirements / Organization / Writing Style (6pts.)
1. Between 10 and 12 pages, double-spaced, typed, 1-inch margins, 12 pt. font, grading sheet attached ________/ 2
2. Proper APA citation format__________/ 2
3. Good overall flow / clarity of writing style ________/ 2

Personal Integration / Theory of Change (29 pts.)

A. MAJOR ASSUMPTIONS ABOUT CHANGE ________/ 5
   1. How do people or systems become “stuck” or constrained by their problems?
   2. How does the process of change occur?
   3. How does change occur in therapy?
   4. Who is responsible for change?
   5. What does it take for people/families to change? What is helpful?
   6. What are some constraints to change?

B. THEORETICAL TENET ________/ 5
   1. What major theory/model do you consider most aligns with your beliefs about change?
   2. What specifically does this theoretical lens offer that helps guide your beliefs about couple/family intervention and practice?

C. INTEGRATION ________/ 5
   1. How do you define integration?
   2. Which type of therapeutic integration (technical eclecticism, assimilative integration, theoretical integration, or common factors) suits you at this time in your professional development? Why?
   3. How do you integrate research and empirical findings into your clinical work?
   4. How do you personally integrate the separate fields of social work and marriage and family therapy?
D. MAJOR INTERVENTIONS ________/ 5
1. How do you help your clients change the “doing” (behavior) around their problems?
2. How do you help your clients change the “thinking” (cognition) around their problems?
3. How do you help your clients to facilitate healthy emotional expression and regulation around their problems?
4. How do the interventions and techniques above fit with your primary theoretical lens?
5. How do you define a “successful” outcome in therapy? How do you measure it?

E. SELF-OF-THE-THEAPIST ________/ 5
1. Given your personal theory of change, what types of clients do you think you would work well with or not and why (be specific)?
2. How do you think your upbringing, race/ethnicity, gender, religion, age, sexuality, education, social status, etc. a) influences your theory of change b) impact your work with clients?
3. How do you keep from imposing your own value system (notions of “right and wrong”) onto clients?

F. Kent MFT Second Year Growth ________/ 4
1. How has your “theory of change” changed or been modified in the second year of the program.

Class Presentation (10pts.)
1. Clarity of Expression ________/3
2. Quality of Class Handout ________/2
3. Relevance of Video Example ________/5

Comments:

Total Points ________/45
DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES
MICHIGAN STATE UNIVERSITY

HDFS 902 - Advanced CFT Theories: Common Factors
Spring 2012

Wednesdays, 9:10 AM - 12:00 PM
106b Berkey Hall

Instructor: Adrian J. Blow, Ph.D.
Phone: (517) 432-7092 (O)
(517) 803-8595 (cell)
(517) 507-5953 (H)
Email: blowa@msu.edu
Office Hours: By appointment

DESCRIPTION OF THE COURSE:
This is a course about change in therapy and in couple and family therapy specifically. We will spend a semester reading about and debating change in therapy and what is responsible for change. We will especially focus on the non-specific elements of therapy—the common factors in particular—that account for a large amount of explained variance in therapy studies. We will focus on the client, the therapeutic alliance, the therapist, expectancy/hope factors, and techniques common across theories. A goal of this class will be to look at both sides of the common factors debate.

OBJECTIVES:
Upon completion of this course, students will be able to:

1. Know about what ingredients are responsible for change in therapy.
2. Have knowledge of common factors.
3. Understand what it is that potentiates the effects of these factors and how they work together optimally.
4. Understand research findings related to change in therapy.
5. To help students think critically about change in therapy.
6. To cultivate students’ personally research interests in relation to therapy change.

REQUIRED TEXTS:


SELECTED ARTICLES: (additional articles will be required based on literature)


**STUDENT EXPECTATIONS**

- You are expected to attend every class and be prepared to discuss the readings. Points will be deducted from your grade after one absence.
- Students will complete all readings and other assignments on schedule and participate fully in all class activities and discussions.

**COURSE REQUIREMENTS**

**Required Assignments (All students)**

1. **Readings [20 points]**

   The reading of textbooks and scholarly articles is essential to graduate work. The readings assigned each week will focus the classroom lectures, activities, and discussions. It is expected that you read each chapter/article in such a way that you are able to participate in an academic discussion on the reading materials. Please keep up with the readings each week (even if we don’t discuss them in class). Being an avid reader of scholarly materials is a key quality of all successful researchers and therapists. Additional articles will be emailed to you if they become available at least two weeks before they will be required.

2. **Class Participation and Discussion [15 points]**

   You are expected to attend each class and participate in discussions of assigned readings and in weekly skill building activities. If you cannot attend class for some legitimate reason, please contact the instructor IN ADVANCE of the class. If you miss more than one class for any reason, you must hand in a three-page, typed (double-spaced) reaction report on the readings for that class. Failure to do so will reduce your final grade by a full grade. A pattern of excessive lateness will penalize your grade for class participation. If you have more than one unexcused absence, you will be ineligible for a 4.0

   **This is a doctoral level class. It will be mandatory for all students to participate in discussions each week. The expectation is that you are fully engaged in these discussions and they are informed by the readings. There will be very few undergraduate style lectures.**

   Please use APA 6th edition in your writing. Your work is expected to be of a high quality academic standard.
3. **Paper series [45 points]**

   The main activity for the class involves a paper that will be publishable either in a scholarly journal or as a book chapter. The paper needs to be on a topic approved by the instructor and related to the theme of the course, i.e., how change occurs in therapy. Other unrelated topics will not be approved.

   You will work on this paper throughout the semester by turning in four drafts of the paper that will serve as the foundation of the final product. This will mean that in order to do well, you will need to work consistently and methodically.

   It is expected that your paper be of high quality including clear, engaging, and persuasive writing that is free of grammatical errors. It is expected that your paper is organized in a logical way that provides a clear purpose for your work. Please consult the writing center on campus if you need help with your writing. Please use APA 6th edition in your writing and use headings and sub-headings.

   References, title page, and abstracts are not part of page limits.

   I would prefer to get an electronic copy of your paper sent to my mailbox. I will provide all feedback in track changes and comments in Microsoft word.

   **3.a. Draft 1:** One page description of idea [3 points]

   Your idea needs to be publishable and innovative.

   **3.b. Draft 2:** Detailed outline of the paper (3-5 pages) [7 points]

   A key to writing is the ability to have a consistent argument that runs through the paper. This draft will include headings, subheadings, and points that will make up the essence of each paragraph. I will grade this paper with a focus on how you are building your argument and the depth of thought that you put into this.

   **3.c. Draft 3:** (20+ pages) [10 points]

   This will be a complete first draft of your paper. I will provide rigorous feedback to this work that will guide the revisions you will make for your final draft. I will review it from the standpoint of a journal reviewer. These types of reviews make your work better.

   **3.d. Final Draft:** (25-30 pages including references and tables) [25 points]

   This is expected to be a polished final draft in a form ready to submit for publication.
You May:

- Use a diagram, table, or chart to summarize main points or to clarify your writing (limited to two for final paper and one for short papers).

You may not:

- Use bullet points in text of paper
- Aimlessly summarize other people’s work

4. Feedback Assignment [20 points]

For this assignment, you are to implement the Session Rating Scale and the Outcome Rating Scale in your work with your clients (if you are not clinically active, please consult the instructor about alternatives). You are to fully implement these instruments with your clients building in time at the end of sessions and at the beginning of each session to discuss the feedback. You are to implement these measures with at least two of your cases (one of which is a couple/family). For the write up you need to have at least 25 times when you gave your clients the feedback form and discussed it with them.

Write up in a five page double spaced scholarly paper your experience of using feedback using the points in the following outline:

a. Description of implementation of feedback forms including brief descriptions of the clients.
b. Did the clients improve?
c. How you were different as a therapist as you used the feedback forms
d. How your clients responded to the feedback
e. What surprised you in using these forms?
f. Recommendations for using this type of feedback in sessions based upon what you learned in the process as well as what you have learned from studies.
g. Please submit de-identified copies of the rating forms with the paper.

Grading

A total of 100 points may be accumulated from the following components:

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<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
<th>Due Date</th>
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<td>Readings</td>
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<td>Class Participation and Discussion</td>
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<td>Draft 1</td>
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<td>Feedback paper</td>
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**Late Policy**

All assignments are due on the date assigned. Two points will be deducted from the score for each day or part thereof that the assignment is late. Only exceptional excuses approved by the instructor will be tolerated.

**NONDISCRIMINATION POLICY AND HUMAN DIVERSITY:**

The Marriage and Family Therapy Program has a strong and active commitment to promote human diversity and to ensure that all aspects of educational programs are carried forth without discrimination on the basis of age, sexual orientation, color, disability, ethnicity, gender, national origin, race, religion, or political orientation.

**COURSE OUTLINE**

Note: The readings required for each week are listed under the class dates below.

**January 11**

Introduction to the course

**January 18**

Readings:

**Wampold 1-3**

APA Presidential Task Force on Evidence-Based Practice.


Anker et al. 2009

(SRS and ORS presented in class)

**January 25**

Readings:

**Wampold 3-6**


February 1

Readings:
Wampold 7-9
Silverman, W. H.

February 8

Readings:
Duncan 1, 2 (research evidence)
Sprenkle 1 (change)
Nagayama Hall, G. C.

February 15

Readings:
Sprenkle 2 (history)
Sprenkle 4 (big picture)
Sprenkle 5 (Moderate view)

February 22

Readings: Therapist

February 29
Draft 1 due
Readings:
Duncan 3 (clients)
Sprenkle 6 (clients)
Duncan, B. L., & Miller, S. D. (2000).
**Tallman and Bohart**

**March 7**

**SPRING BREAK, NO CLASS**

**March 14**
Readings:
Duncan 4 (alliance)
Sprenkle 7 (alliance)
Bachelor & Horvath
Knerr et al. (2010)

**March 21**
Draft 2 due

Duncan 8 (monitoring outcome)
Duncan 9 (outcomes management)

**March 28**
Readings:
Sprenkle 8 (models)
Duncan 5 (models)
Duncan 6 (evidence based)

**April 4**
Readings:
Sprenkle 3 (family therapy)
Duncan 11 (youth)
Duncan 12 (family therapy)

April 11
Readings:
Duncan 10 (healthcare)
Duncan 7 (medication)
Sprenkle 9 (meta models)
Ablon et al

April 18
Draft 3 due
Readings:
Duncan 13 (substance abuse)
Sprenkle 11 (training)
Sprenkle 10 (the case against)

April 25
Feedback paper due
Readings:
Duncan 14 (delivering what works)
Sprenkle 12 (implications)

May 2
No class, final paper due
Common Factors Supervision and Client Forms
GETTING SPECIFIC ABOUT THE COMMON FACTORS IN MFT SUPERVISION
Different Formats
- Case Presentation
- Raw Data (Video)
- Live Supervision
Case Presentation

- Supervisor asks supervisee to evaluate client system based on “Broad CF” dimensions:
  - Client Characteristics
  - Therapeutic Alliance
  - Hope/Expectancy
  - Therapist Characteristics
Client Characteristics

- What are the self-identified strengths in this client system?
- How ready is the system for change?
  - Stages of Change literature
    1. Pre-Contemplation
    2. Contemplation
    3. Preparation
    4. Action
    5. Maintenance
  - Coach supervisee on motivational interviewing techniques if necessary
- How self-aware is the client system?
- How well is the client system able to utilize existing resources?
- How open and receptive is the client system to therapist feedback?
**Therapeutic Alliance**

- **Tasks** – the major activities engaged in; how therapy is conducted (structure)
- **Goals** – the desired outcomes; the extent to which the client experiences the therapist as working with them on the problems for which they are seeking help
- **Bonds** – the affective quality of the relationship like trust, caring, and involvement
Interpersonal Subsystems
(Pinsof & Catherall, 1986)

- **Self** – “Therapist’s relationship with me”
- **Other** – “Therapist’s relationship with my significant others”
- **Group** – “Therapist’s joint relationship with me and my significant others”
- **Within** – “Relationship in treatment between me and my significant others”
## Integrative Therapeutic Alliance: 3 x 4 Matrix

<table>
<thead>
<tr>
<th></th>
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- Supervisor asks supervisee to discuss / evaluate alliance in each cell.
Integration: Helping Supervisees Link Tasks, Goals, and Bonds Together for Their Clients

- Specific tasks & therapist interventions should be linked to treatment goals.
  - Don’t take it for granted that your client automatically understands why they are being asked to practice a skill or complete a homework assignment between sessions
- Alliance may be threatened, however, if a therapist does not make his or her rationale explicit.
Direct vs. Indirect Systems

The Structure of the Psychotherapeutic System

Patient System

Indirect  Direct

Therapist System

Direct  Indirect
Help Supervisees to Think Systemically About the Alliance in Individual Therapy

- Don’t lose sight of the key players outside of the room . . . the indirect system
- Supervisees might assess the following questions with their clients:
  - How does your relationship with the important people outside of this therapy room affect your progress in therapy?
  - Do you feel that I as the therapist appreciate how important some of your relationships are to you?
  - What would the people who are important to you think about the way your therapy is being conducted?
  - Do you feel that the people who are important to you would trust that this therapy is good for your relationships with them?
Hope & Expectancy

- What is your client system's previous experience with mental health providers?
- What does the system expect this therapy to be like?
- How hopeful is the client system that they will be able to overcome the obstacles that have brought them to therapy?
How confident are you the supervisee that you will be able to help this system?

What makes you a good fit for this client system? What makes working with them a potential challenge?

How easily can you identify areas of health and signs of strength in this system?

How, if necessary, will you modify your primary model or approach in working with this system?
Focusing Your Supervisee on the Narrow CF’s

- Couple Behavioral Cycle?
  - When husband _________, what does wife do?
  - When wife __________, husband responds by_______?
  - Is there an identifiable behavior pattern (i.e. attack/attack, avoid/avoid, demand/withdraw)?
  - Track frequency, intensity, duration of problem behavioral cycle
  - How does FOO experience or past action in the marriage reflect current behavioral cycle?
Focusing Your Supervisee on the Narrow CF’s

- Couple Cognitive Cycle?
  - What are each partner’s core beliefs and automatic negative thoughts about the other?
  - What cognitive distortions (*dichotomous thinking, mindreading, overgeneralization etc.*) exist for each partner?
  - How do each partner’s own standards and assumptions about marriage/relationships influence the interaction?
  - How does FOO experience influence thinking about the current relationship?
Focusing Your Supervisee on the Narrow CF’s

- Couple Emotional Cycle?
  - How are emotions expressed in the relationship overall; around the presenting problem?
  - What are each partner’s primary and secondary emotions?
  - How do FOO experience & unmet attachment needs impact couple’s current emotional experience?
Video Supervision

- Supervisor could ask supervisee to present footage around:
  - The system’s interactional or problem cycle
  - The therapist attempt to frame the problem in relational terms
  - The therapist active work on linking task, goals and bonds along with other alliance building behaviors
  - The therapist attempts (both successes and failures) to:
    - Slow down the process for the system
    - Help clients stand meta
    - Coach clients on taking personal responsibility
What, if anything, did you do to help your clients change the “viewing” (cognitive change) of their problems?

What, if anything, did you do to help your clients change the “doing” (behavior change) of their problems?

What, if anything, did you do to facilitate affective expression or regulation (affective change) for your clients?

From what model or models did the interventions you used in session come from?
Regardless of the specific method used during session to try and interrupt the dysfunctional cycle, you might ask your supervisee:

- Have you helped system members to “slow down” the process?
- How did you help system members to “stand meta” and develop a self-observing stance to their own process?
- How did you encourage system members to take personal responsibility for their own contributions to the dysfunctional cycle?

In group supervision, if your supervisee gets “stuck” or doesn’t realize how they have activated some of these common factors, don’t forget to utilize other team members for support and feedback!
Common Factors Supervisory Tools

- See Appendices A & B in Sprenkle, Davis & Lebow (2009)
- Common Factors Client Interview Assignment
- Supervisors can also apply the common factors lens to their relationship and alliance with their supervisees
  - “Am in on the same page with my supervisee about the tasks, goals & bonds of supervision?”
Common Factors “Live Supervision” Observation

Therapist Factors
1. What makes this therapist effective?

2. What does the therapist do that doesn’t work in this session?

3. What feedback does the therapist give the client system?

Client Factors
4. What are the client strengths being mobilized in this session?

5. How motivated are the clients to deal with the issues that brought them to therapy?

6. How do the clients connect to a sense of hope during the session?

7. How does the client system respond to therapist feedback?

Therapeutic Alliance
8. How does therapist work to address the alliance (tasks, goals, bonds) during the session?
9. Are there any potential tears in the alliance in any part of the system?

10. How does therapist address the alliance with the indirect system during the session?

The Narrow Common Factors

11. What is the therapist doing to intervene on a behavioral level?

12. What is the therapist doing to intervene on a cognitive level?

13. What is the therapist doing to intervene on an emotional level?

14. How does the therapist help the couple “slow down” their process?

15. How does the therapist help the couple “stand meta” and develop a self-observing stance to their own part in the family cycle?

16. How does the therapist encourage system members to take personal responsibility for their own contributions to the family problem cycle?
Understanding Your Cycle

Couples get caught in “negative cycles” of interaction. A “negative cycle” is a repeating pattern of negative behaviors, thoughts and feelings that causes distress. You react to your partner’s reactions and your partner reacts to your reactions and in a self-perpetuating negative cycle. Understanding and untangling your “negative cycles” is a first step in climbing out of distress. The exercise below will help you with this process.

When my partner/family member and I are not getting along:

I often react by (describe behaviors)...

My partner often reacts to me by (describe behaviors)...

When my partner reacts this way, I often think that...

When my partner reacts this way, I often feel...

When I feel this way I, see myself as....

When I feel this way I long for or need...

When I react the way I do, I guess that my partner thinks...

When I react the way I do, I guess that my partner feels...

Describe in your own words your repeating negative cycle (include how you and your partner trigger each other’s feelings, thoughts and behaviors)....
Common Factors Feedback Instruments
INTRODUCTION

Welcome. This questionnaire will help us understand you and your relationships, and will assist us in planning your therapy. It is designed to be filled out before the beginning of your treatment. In completing the items, please be as open and honest as you can. Read each question carefully but don’t spend too much time thinking about your answers – in general, go with your first response. While completing this form, do not discuss the questions with anyone. Also, when you are filling out a section, please answer all of the questions. Thank you very much.

MARKING INSTRUCTIONS

- Use a black or blue ink pen or a No. 2 pencil only.
- Do not use a pen with ink that soaks through the paper.
- Make solid marks that fill the response oval completely.
- Make no stray marks on this form.
BACKGROUND INFORMATION

1. Please write your full name:

2. Your sex:  ○ Male  ○ Female

3. Today's date:

<table>
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4. What is your highest degree or grade completed?
   ○ Less than high school
   ○ High school / GED
   ○ Some college
   ○ Technical school degree
   ○ Associate degree (2 year college)
   ○ Bachelor's degree
   ○ Master's degree
   ○ Professional doctoral degree or equivalent

5. Your primary occupation:
   ○ Executive, administrative and managerial
   ○ Professional specialty (doctor, lawyer, engineer, teacher, etc.)
   ○ Technician and technical support
   ○ Sales
   ○ Administrative support and clerical
   ○ Service occupations (food, hospitality, child care, etc.)
   ○ Military / law enforcement
   ○ Machine operator, assembler, laborer
   ○ Homemaker
   ○ Student
   ○ Unemployed

6. Your current marital status:
   ○ Single (never married)
   ○ Married
   ○ Living together
   ○ Engaged
   ○ Engaged and living together
   ○ Widowed
   ○ Divorced
   ○ Separated

7. Your current living situation (fill in all that apply):
   ○ I live by myself.
   ○ I live with a roommate.
   ○ I live with my spouse or partner.
   ○ I live with one or both parents.
   ○ I live with a stepparent.
   ○ I live with my child(ren).
   ○ I live with my grandchild(ren).
   ○ I live with my grandparent(s).

8. FOR ADULTS ONLY: Fill in all that applied to your family at any time when you were growing up:
   ○ I lived with both parents.
   ○ My parents separated.
   ○ My parents divorced.
   ○ I lived with only one parent.
   ○ One or both of my parents died.
   ○ One or both of my parents remarried.
   ○ I was adopted.
   ○ I had brothers or sisters who were adopted.
   ○ I lived with brothers or sisters.

9. IF YOU ARE 18 YEARS OF AGE OR YOUNGER, are your parents:
   ○ Married to each other
   ○ Separated from each other
   ○ Divorced from each other
   ○ Living together and not married
   ○ Never married and not living together
   ○ Deceased (one or both parents)

10. IF YOU ARE 18 YEARS OF AGE OR YOUNGER AND YOUR PARENTS ARE SEPARATED OR DIVORCED FROM EACH OTHER, what is your current living situation?
    ○ I live only with my mother.
    ○ I live with my mother more than with my father.
    ○ I live with both parents about equally.
    ○ I live with my father more than with my mother.
    ○ I live only with my father.
    ○ I don't live with either parent.
11. How do you define yourself racially?* (Fill in all that apply):
   ○ African-American / Black
   ○ Arab American
   ○ Asian American
   ○ Caucasian / White
   ○ Latino / Hispanic
   ○ Native American
   ○ Bi-racial / Multi-racial
   ○ Other

12. What is your religion?*
   ○ Protestant
   ○ Catholic
   ○ Jewish
   ○ Muslim
   ○ Buddhist
   ○ Hindu
   ○ None
   ○ Other

13. How important is your religion to you?*
   Not at All  Somewhat  Extremely

14. How much do you participate in the practices of your religion?*
   Not at All  Somewhat  A Great Deal

15. What is your sexual orientation?*
   ○ Heterosexual / Straight
   ○ Homosexual / Gay / Lesbian
   ○ Bisexual

16. What is your gender identity?*
   ○ Male
   ○ Female
   ○ Transgendered Male to Female
   ○ Transgendered Female to Male

17. Type of therapy you are seeking (Fill in all that apply):
   ○ Individual therapy for myself
   ○ Individual therapy for my child or adolescent
   ○ Couple therapy
   ○ Family therapy
   ○ Group therapy
   ○ Don't know

18. Whose problems are you seeking treatment for? (Fill in all that apply):
   ○ My problems
   ○ Another family member's problems
   ○ Problems between myself and my partner
   ○ Problems between myself and someone else in my family
   ○ Problems involving several members of my family

19. Are you currently taking any prescribed medications intended to treat the following disorders? (Fill in all that apply):
   ○ Depression
   ○ Anxiety
   ○ Inattention / Hyperactivity
   ○ Bipolar / Mood swings
   ○ Other

20. How much counseling or psychotherapy have you had in your life?
   ○ None
   ○ One to three months
   ○ Three to six months
   ○ Six months to one year
   ○ Between one and three years
   ○ More than three years

21. What is your household's combined gross annual income?*
   ○ Under $10,000
   ○ $10,000 to $20,000
   ○ $21,000 to $40,000
   ○ $41,000 to $60,000
   ○ $61,000 to $100,000
   ○ Over $100,000

* For statistical purposes only
ATTITUDES ABOUT THERAPY

1. How important is it to you to be in counseling or psychotherapy now?
   - Absolutely essential
   - Very important
   - Important
   - Somewhat important
   - Not important at all

2. How sure are you that counseling or psychotherapy will help with your problems?
   - Very unsure
   - Somewhat unsure
   - Neutral
   - Somewhat sure
   - Very sure

3. How long have you been concerned about the problem that brings you to treatment?
   - One to three months
   - Three to six months
   - Six months to one year
   - One to two years
   - More than two years

Rate how much you agree or disagree with each of the following statements.

4. Many of my problems are caused by other people.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

5. It will be hard for me to come to treatment (for example, in terms of expense, time, transportation, child care, etc.).
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

6. I have come for treatment because others have pressured me (for example, spouse, boss, courts).
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

7. I have a lot to lose (for example, job, marriage, health) if I don’t get help with my problems.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

INDIVIDUAL PROBLEMS / STRENGTHS

1. How well have you been getting along emotionally these days?
   - Quite poorly; I am barely able to deal with things.
   - Fairly poorly; life is pretty tough for me at times.
   - So-so; I am able to keep going with some effort.
   - Fairly well; I have my ups and downs.
   - Quite well; I have no important problems.

2. How easy is it for you generally to overcome difficulties?
   - Quite easy; I bounce back quickly.
   - Fairly easy; things don’t get me down too much.
   - So-so; I often struggle for a while but get better eventually.
   - Fairly hard; I get pretty down and it takes a long time to recover.
   - Very hard; I get very down and recover very slowly if at all.
INDIVIDUAL PROBLEMS / STRENGTHS (continued)

3. In the last week, how are you doing with the problems that brought you to therapy?

During the past month, how well have you been doing in the following areas?

4. Performing work / school / household tasks
5. Managing day to day life

How often have you had each experience in the past month?

1. Had thoughts or images over and over again that you could not get rid of
2. Felt tense or anxious
3. Felt sad most of the day
4. Thought about ending your life
5. Felt hopeless about the future
6. Not enjoyed things as much as you used to
7. Thought about seriously harming or killing someone
8. Had fits of rage you could not control
9. Had urges or impulses that you could not control
10. Drank too much alcohol
11. Used illegal drugs

How well do each of the following statements describe you?

1. I can openly express my feelings.
2. I can speak up for myself when the situation calls for it.
3. I can be myself in every situation.
4. I am comfortable with who I am.
5. When what I'm trying doesn't work out, I can change my approach or my plans.
6. When I get upset, I find healthy ways to make myself feel better.
7. I don't understand why I do the things I do.
8. It's tough for me to know what I'm feeling.
FAMILY OF ORIGIN

Please rate the extent to which each statement describes your family when you were a child or adolescent. Select the period from your childhood that best represents your experience of your family. Please answer all the questions.

<table>
<thead>
<tr>
<th>1. We knew how to have fun together.</th>
<th>All of the Time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Not at All / Never</th>
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<tbody>
<tr>
<td>2. I knew my family would be there for me.</td>
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<td>3. I felt accepted for who I was by my family.</td>
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<td>4. I knew I was loved in my family.</td>
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<td>5. Everyone had a say in my family.</td>
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<td>6. We argued with each other too much.</td>
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<td>7. I felt like nobody really understood me.</td>
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<td>8. I felt powerless in my family.</td>
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<td>9. I felt shut out by family members.</td>
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<tr>
<td>10. If people in my family knew what you were really feeling, they used it against you.</td>
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<tr>
<td>11. I knew the right thing to do in my family.</td>
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<td>12. Rules and expectations were clear in my family.</td>
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<td>13. Someone in my family used drugs.</td>
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<td>14. Someone in my family thought I used drugs.</td>
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<td>15. Someone in my family thought I drank alcohol too much.</td>
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<td>17. I was proud of my family.</td>
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<td>18. There was inappropriate sexual behavior between some of the members of my family.</td>
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<td>19. I was afraid of someone in my family.</td>
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<td>20. Someone in my family pushed people around physically to get his or her way.</td>
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<td>21. My family was too much into my business.</td>
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<td>22. You could be pretty sure that if you needed to be alone, someone in my family was going to bother you.</td>
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</table>

The next few questions are about your CURRENT relationships with different members of your family of origin (your parents, brothers and sisters). If a particular question does not apply to you, leave the response blank.

<table>
<thead>
<tr>
<th>23. How are things going between you and your mother?</th>
<th>Very Poorly</th>
<th>Fairly Poorly</th>
<th>So-So</th>
<th>Fairly Well</th>
<th>Very Well</th>
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<tr>
<td>24. How are things going between you and your father?</td>
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<td>25. How are things going between you and a stepparent?</td>
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<td>26. How are things going between you and your brother(s) or sister(s)?</td>
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<td>27. Overall, how are you getting along with your family of origin (your parents, brothers and sisters, etc.)?</td>
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COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ARE MARRIED, COHABITING, OR IN A COMMITTED RELATIONSHIP. IF YOU ARE NOT, PLEASE SKIP TO THE "FAMILY / HOUSEHOLD" SECTION ON PAGE 8.

**RELATIONSHIP WITH PARTNER**

The next questions are about your relationship with your partner. For each statement rate the extent to which it describes your relationship. Please answer all of the questions.

<table>
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<tr>
<th></th>
<th>All of the Time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Not at All / Never</th>
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</table>

25. Overall, how are things going between you and your partner?
   - Very poorly
   - Fairly poorly
   - So-so
   - Fairly well
   - Very well
COMPLETE THE FOLLOWING QUESTIONS ONLY IF THERE IS AT LEAST ONE CHILD (ABOVE AGE 5) LIVING IN YOUR HOUSEHOLD. IF NOT, YOU ARE DONE WITH THE QUESTIONNAIRE. PLEASE GIVE THIS FORM TO YOUR THERAPIST AT THE BEGINNING OF YOUR FIRST SESSION.

FAMILY / HOUSEHOLD

Please rate the extent to which each statement describes the family members with whom you are living. Please answer all of the questions.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at All / Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>All of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People in my family respect each other's feelings and thoughts.</td>
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<td>2. I feel accepted for who I am by my family.</td>
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<td>3. I know I am loved in my family.</td>
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<td>4. We feel loved and supported by each other.</td>
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<td>5. Birthdays are fun to celebrate together.</td>
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<td>6. We know how to have fun together.</td>
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<td>7. We are very loyal to one another.</td>
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<td>8. I know my family will be there for me.</td>
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<td>9. If there is a family problem, we can talk it through.</td>
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<td>10. People in my family are honest with each other.</td>
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<td>11. Talking together as a family is a nightmare.</td>
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<td>12. We have the same fights over and over.</td>
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<tr>
<td>13. If people in my family know what you're really feeling, they use it against you.</td>
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<tr>
<td>14. People team up against each other.</td>
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<td>15. I feel like a prisoner in my family.</td>
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<td>16. If I'm happy, the feeling disappears as soon as I'm with my family.</td>
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<td>17. There is no privacy in my family.</td>
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<td>18. My family is too much in my business.</td>
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<td>19. I know the right thing to do in my family.</td>
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<td>20. I know what will get me into trouble in my family.</td>
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<td>21. I feel like nobody in my family really understands me.</td>
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<td>22. I wish my family understood me better.</td>
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<td>23. Someone in my family is physically abusive to other family members.</td>
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<td>24. There is someone in my family who pushes other family members around physically to get his or her way.</td>
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<td>25. I am afraid of someone in my family.</td>
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<td>26. I feel abused by someone in my family.</td>
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<td>27. There is someone in my family who is sexually abusive to other family members.</td>
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<td>28. Someone in my family touches someone else in ways he or she shouldn't.</td>
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<td>29. Kids in my family have the right to participate in decision-making.</td>
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<td>30. Everyone has a say in my family.</td>
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<td>31. I am proud of my family's background.</td>
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<tr>
<td>32. I'm proud of my family.</td>
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FAMILY / HOUSEHOLD (continued)

The next few questions are about your CURRENT relationships with different members of your family with whom you are living. If a particular question does not apply to you, leave the response blank.

IF YOU ARE A CHILD OR ADOLESCENT:

1. How are things going between you and your mother?
   [Very Poorly, Fairly Poorly, So-So, Fairly Well, Very Well]
2. How are things going between you and your father?
3. How are things going between you and your stepparent(s)?
4. How are things going between you and your brother(s) or sister(s)?

IF YOU ARE A PARENT:

5. How are things going between you and your child(ren)?

FOR EVERYONE:

6. Overall, how are things going in your family (the people living in your home)?

COMPLETE THE NEXT SECTION ONLY IF YOU HAVE A CHILD BETWEEN THE AGES OF 5 AND 18. IF YOU DON’T HAVE A CHILD OF THIS AGE, YOU ARE DONE WITH THE QUESTIONNAIRE. PLEASE GIVE THIS FORM TO YOUR THERAPIST AT THE BEGINNING OF YOUR FIRST SESSION.

CHILD PROBLEMS AND STRENGTHS

Rate how well the following statements describe your child during the past month. If you have more than one child of this age, rate the one about whom you have the most concerns. If an item is not relevant for your child, please mark “Not at all / Never.” Please rate all the items.

<table>
<thead>
<tr>
<th>Child’s Gender:</th>
<th>☐ Male ☐ Female</th>
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Child’s Birthdate

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
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1. My child is thoughtful and caring toward others.
2. My child is self-centered.
3. My child offers to help around the house and does chores.
4. I am concerned about my child’s attitude about food.
### CHILD PROBLEMS AND STRENGTHS (continued)

<table>
<thead>
<tr>
<th>Child Problems</th>
<th>Very Often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Very Rarely</th>
<th>Not at all</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. I am concerned about my child’s weight.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. My child enjoys spending time with his / her parent(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7. My child confides in his / her parent(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. My child is sad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9. My child talks about suicide or not wanting to be alive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10. My child says bad things about himself / herself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11. My child has nightmares.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12. My child has physical complaints with no clear medical cause (such as headaches, stomachaches, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>13. My child worries.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>14. My child does well at school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>15. My child has close friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>16. My child has a good attention span.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>17. My child starts physical fights.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>18. My child fights with his / her brother(s) or sister(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>19. My child obeys me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>20. My child blames others for his / her problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>21. My child lies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>22. My child is influenced in bad ways by other kids.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>23. My child is fidgety, restless or hyper.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>24. My child considers the consequences of his / her behavior before acting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>25. My child has difficulty controlling his / her reactions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>26. My child is very impatient.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>27. My child uses marijuana or other illegal drugs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>28. My child drinks alcohol.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

### FOR THE CHILD YOU JUST RATED

29. How well has he or she been getting along emotionally?
   - Quite poorly
   - Fairly poorly
   - So-so
   - Fairly well
   - Quite well

### COMPLETE THE NEXT QUESTION IF YOU HAVE OTHER CHILDREN UNDER 19 YEARS OF AGE:

30. How well have other children in your family been getting along emotionally?
   - Quite poorly
   - Fairly poorly
   - So-so
   - Fairly well
   - Quite well

---

**THIS IS THE END OF THE QUESTIONNAIRE. PLEASE GIVE THIS FORM TO YOUR THERAPIST AT THE BEGINNING OF YOUR FIRST SESSION. THANK YOU VERY MUCH.**

---

**PLEASE DO NOT WRITE IN THIS AREA**

---

**30972**
I have properly reviewed and initialed this questionnaire.

THERAPIST SIGNATURE
INTRODUCTION

Please complete the following questions sometime during the 24 hour period before your next therapy session. In answering the following questions, consider how things have been for you during the past week. Please be as open and honest as you can. Read each question carefully but don’t spend too much time thinking about your answers – in general, go with your first response. While completing this form, do not discuss the questions with anyone. Also, when you are filling out a section, please answer all of the questions. Thank you very much.

MARKING INSTRUCTIONS

- Use a black or blue ink pen or a No. 2 pencil only.
- Do not use a pen with ink that soaks through the paper.
- Make solid marks that fill the response oval completely.
- Make no stray marks on this form.
INDIVIDUAL PROBLEMS / STRENGTHS

1. How well have you been getting along emotionally these days?
   ○ Quite poorly; I am barely able to deal with things.
   ○ Fairly poorly; life is pretty tough for me at times.
   ○ So-so; I am able to keep going with some effort.
   ○ Fairly well; I have my ups and downs.
   ○ Quite well; I have no important problems.

2. In the last week, how are you doing with the problems that brought you to therapy?
   ○ Quite poorly  ○ Fairly poorly  ○ So-so  ○ Fairly well  ○ Quite well

3. During the past week, how well have you been managing day to day life?
   ○ Quite poorly  ○ Fairly poorly  ○ So-so  ○ Fairly well  ○ Quite well

How well do the following statements describe you during the past week?

4. I am comfortable with who I am.
   1-2-3-4-5

5. When I get upset, I find healthy ways to make myself feel better.
   1-2-3-4-5

6. I can speak up for myself when the situation calls for it.
   1-2-3-4-5

7. I don’t understand why I do the things I do.
   1-2-3-4-5

How often have you had each experience in the past week?

8. Felt sad most of the day
   1-2-3-4-5

9. Felt tense or anxious
   1-2-3-4-5

10. Had urges or impulses that you could not control
    1-2-3-4-5

11. Drank too much alcohol
    1-2-3-4-5

12. Thought about ending your life
    1-2-3-4-5

13. Thought about seriously harming or killing someone
    1-2-3-4-5

COMPLETE THE NEXT SECTION ONLY IF YOU ARE MARRIED, COHABITING, OR IN A COMMITTED RELATIONSHIP. IF YOU ARE NOT, PLEASE SKIP TO THE "FAMILY / HOUSEHOLD" SECTION ON PAGE 3.
# Relationship with Partner

Rate the extent to which each statement describes your relationship *during the past week*. Please answer all of the questions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We enjoy doing things together.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>I love my partner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>After we hurt each other’s feelings, we are good at making up.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>Our relationship feels empty.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>I know I can trust my partner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>I am sure we will make it as a couple.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>I am expected to do too much.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8</td>
<td>I am filled with anger toward my partner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9</td>
<td>I am sexually frustrated in this relationship.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10</td>
<td>We get into shoving or hitting each other when we fight.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11</td>
<td>I get angry enough that I could seriously hurt or even kill my partner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12</td>
<td>There are important issues in our relationship that we do not discuss.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

13. Overall, how are things going between you and your partner?
   - Quite poorly
   - Fairly poorly
   - So-so
   - Fairly well
   - Quite well

# Family / Household

Please rate the extent to which each statement describes the family members with whom you are living *during the past week*. Please answer all of the questions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We feel loved and supported by each other.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>We know how to have fun together.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>If there is a family problem, we can talk it through.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>Everyone has a say in this family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>If people in this family know what you’re feeling, they use it against you.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>My family is too much into my business.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>I know what will get me into trouble in this family.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8</td>
<td>I feel like nobody in my family really understands me.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9</td>
<td>Someone in my family is physically abusive to other family members.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10</td>
<td>I feel abused by someone in my family.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

PLEASE DO NOT WRITE IN THIS AREA

10737
FAMILY / HOUSEHOLD (continued)

11. Overall, how are things going in your family (the people living in your home)?
   ○ Very poorly  ○ Fairly poorly  ○ So-so  ○ Fairly well  ○ Very well

COMPLETE THE NEXT SECTION ONLY IF YOU HAVE A CHILD BETWEEN THE AGES OF 5 AND 18. IF YOU DON'T HAVE A CHILD OF THIS AGE, PLEASE SKIP TO THE "QUESTIONS ABOUT YOUR THERAPY" SECTION ON PAGE 6.

CHILD PROBLEMS / STRENGTHS

Below are a number of common child problems and behaviors. Consider how your child has been during the past week. PLEASE RATE THE SAME CHILD THAT YOU HAVE RATED BEFORE. If an item is not relevant for your child, please mark "Not at all/ Never." Please rate all the items.

<table>
<thead>
<tr>
<th>CHILD'S BIRTHDATE:</th>
<th>CHILD'S GENDER:  ○ Male  ○ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>DAY</td>
</tr>
<tr>
<td>Jan</td>
<td></td>
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<tr>
<td>Feb</td>
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<tr>
<td>Mar</td>
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<td>Oct</td>
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<td>Nov</td>
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</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
</tbody>
</table>
### Child Problems / Strengths (continued)

<table>
<thead>
<tr>
<th>1. My child enjoys spending time with his / her parents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. My child is thoughtful and caring toward others.</td>
</tr>
<tr>
<td>3. My child does well at school.</td>
</tr>
<tr>
<td>4. My child has close friends.</td>
</tr>
<tr>
<td>5. My child is sad.</td>
</tr>
<tr>
<td>7. My child starts physical fights.</td>
</tr>
<tr>
<td>8. My child obeys me.</td>
</tr>
<tr>
<td>9. My child considers the consequences of his / her behavior before acting.</td>
</tr>
<tr>
<td>10. My child uses marijuana or other illegal drugs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>All of the Time</strong></th>
<th><strong>Often</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Rarely</strong></th>
<th><strong>Not at All / Never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

11. For the child you just rated: How well has he or she been getting along emotionally?
   - Quite poorly  
   - Fairly poorly  
   - So-so  
   - Fairly well  
   - Quite well

12. How well have other children in your family been getting along emotionally?
   - Quite poorly  
   - Fairly poorly  
   - So-so  
   - Fairly well  
   - Quite well
QUESTIONS ABOUT YOUR THERAPY

The following questions refer to your feelings and thoughts about your therapist and your therapy right now. Please rate how much you agree or disagree with each statement now. Respond to the Individual Therapy questions if you are in individual therapy (most sessions involve just you); respond to the Couples Therapy questions if you are in couples therapy (most sessions involve you and your partner); or respond to the Family Therapy questions if you are in family therapy (most sessions involve you and your family). Only fill out one of the three groups of questions.

INDIVIDUAL THERAPY (most sessions involve just you)

1. Some of the people who are important to me would not be pleased with what I am doing in this therapy.
2. The therapist does not understand me.
3. Some of the people who are important to me would not agree with the therapist about the goals of this therapy.
4. The therapist and I are not in agreement about the goals for this therapy.
5. Some of the people who are important to me and I do not feel the same way about what I want to get out of this therapy.
6. The people who are important to me would understand my goals in this therapy.
7. Some of the people who are important to me would not be accepting of my involvement in this therapy.
8. I do not care about the therapist as a person.
9. I do not feel accepted by the therapist.
10. Some of the people who are important to me would not trust that this therapy is good for my relationships with them.
11. The people who are important to me would approve of the way my therapy is being conducted.
12. The people who are important to me would feel accepted by the therapist.
13. The therapist does not agree with the goals I have for my important relationships.
14. The therapist does not appreciate how important some of my relationships are to me.
15. The therapist is helping me with my important relationships.
16. I am satisfied with this therapy.

COUPLES THERAPY (most sessions involve you and your partner)

1. The therapist cares about me as a person.
2. The therapist understands my goals in this therapy.
3. The therapist and I are in agreement about the way the therapy is being conducted.
4. The therapist does not understand the relationship between my partner and myself.
### QUESTIONS ABOUT YOUR THERAPY (continued)

#### COUPLES THERAPY (continued)

5. The therapist cares about the relationship between my partner and myself.

6. The therapist does *not* understand the goals that my partner and I have for ourselves as a couple in this therapy.

7. My partner feels accepted by the therapist.

8. My partner and the therapist are in agreement about the way the therapy is being conducted.

9. The therapist understands my partner's goals for this therapy.

10. My partner and I do *not* accept each other in this therapy.

11. My partner and I are in agreement about our goals for this therapy.

12. My partner and I are *not* pleased with the things that each of us does in this therapy.

13. I am satisfied with this therapy.

#### FAMILY THERAPY (most sessions involve you and your family)

1. The therapist does *not* understand me.

2. The therapist understands my goals in therapy.

3. I trust the therapist.

4. The therapist does *not* understand my family's goals for this therapy.

5. The therapist lacks the skills and ability to help my family.

6. The therapist cares about my family.

7. The therapist has the skills and ability to help all the other members of my family.

8. The therapist understands the goals that all the other members of my family have for this therapy.

9. The therapist does *not* care personally about some of the other members of my family.

10. Some of the other members of my family and I do *not* feel the same way about what we want to get out of this therapy.

11. Some of the other members of my family and I are *not* pleased with the things that each of us is doing in this therapy.

12. Some of the other members of my family and I do *not* feel safe with each other in this therapy.

13. I am satisfied with this therapy.

---

**THIS IS THE END OF THE QUESTIONNAIRE. PLEASE GIVE THIS FORM TO YOUR THERAPIST AT THE BEGINNING OF YOUR NEXT SESSION.**

**THANK YOU VERY MUCH.**
<table>
<thead>
<tr>
<th>THERAPIST LAST NAME</th>
<th>TODAY'S SESSION DATE</th>
<th>TODAY'S SESSION #</th>
<th>THERAPIST(S) #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
<tr>
<td></td>
<td>Jan</td>
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<td>Dec</td>
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</tr>
</tbody>
</table>

**TODAY'S SESSION CONTEXT**

- Individual Adult
- Individual Child / Adolescent
- Couple
- Family

I have properly reviewed and initialed this questionnaire.

**THERAPIST SIGNATURE**

**FOR OFFICE USE ONLY**

INSTITUTION #

10737
INTEGRATIVE THERAPY SESSION REPORT (ITSR)
Response Form

<table>
<thead>
<tr>
<th>Case Name: ______________________</th>
<th>Case #: _______</th>
<th>Session #: _______</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Name: _________________</td>
<td>Therapist #: _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who was present:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># ___ Adult – male(s)</td>
<td># ___ Adult – female(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># ___ Adolescent – male(s)</td>
<td># ___ Adolescent – female(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># ___ Child – male(s)</td>
<td># ___ Child – female(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of therapy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Individual Adult</td>
<td>□ Individual child/adolescent</td>
<td>□ Couple</td>
<td>□ Family</td>
</tr>
<tr>
<td>Use of STIC:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you talk about STIC data?</td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you show your client(s) STIC data?</td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SYSTEMIC DOMAIN FOCUS: The purpose of this scale is to address the systems that were addressed in session. Please indicate the extent to which you worked on each of the following systems.

<table>
<thead>
<tr>
<th>System</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Couple</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Family Household</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Family of Origin</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Community/Friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Group Membership</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

TEMPORAL FOCUS: This scale addresses the temporal orientations that were addressed in the session. Please rate the extent to which you addressed the different temporal orientations.

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. In-session/here and now</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Current (these days)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Remote past (adult’s childhood)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Mid-past (Adolescence to adulthood)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Near-past (yesterday to a year ago)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Near future (coming months)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Long-term future (coming years)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
**STRATEGIES AND TECHNIQUES:** This section includes 17 strategies (i.e., Changing Behaviors/Actions) and numerous techniques, represented under each of the strategies (i.e., problem solving). For each strategy, first indicate whether you used it (check “yes”) or not (check “no”). If you did not use the strategy, then move on to the next strategy. If you did use it, please indicate the extent to which you used each of the techniques under that strategy.

### Changing Behaviors/Actions

Did you explicitly attempt to change behaviors/actions *(communication, problem solving, conflict resolution, reinforcement punishment, assertiveness skills, or relaxation)?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Communication skill training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Problem-solving skill training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. Conflict resolution skill training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. Reinforcement and/or punishment skill training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. Assertiveness training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19. Relaxation skill training</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Changing Cognitions

Did you explicitly attempt to change clients’ thoughts or stories *(externalizing, narrative work, client responsibility, challenging thought, eliciting thoughts, catastrophic expectation, reframing, adaptive exceptions)?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Externalizing</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21. Narrative work</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22. Encouraging client responsibility/owning up</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23. Challenging or reducing thoughts/attributions</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24. Eliciting or strengthening thoughts/attributions</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25. Catastrophic expectation work</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26. Redefining/reframing</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27. Finding adaptive exceptions</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28. Use of metaphor</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Changing Emotions

Did you explicitly change clients’ emotions or emotional functioning (*reducing emotions, eliciting emotions, intimacy work, conflict work, grief work, forgiveness work, self-care*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Reducing/inhibiting emotions</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30. Eliciting/heightening emotions</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31. Interpersonal love/intimacy work</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32. Anger/resentment work</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33. Sadness/grief work</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>34. Shame work</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35. Forgiveness work</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36. Self-care/soothing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Monitoring

Did you attempt to increase your clients’ capacity to observe or comment on their own or other behavior (action, emotion, thought) (*self-monitoring, other-monitoring, identifying sequences, scaling*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Self monitoring/observing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>38. Other monitoring</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39. Identifying or teaching of sequences</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>40. Scaling</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Therapist Modeling
Did you explicitly use yourself to model or demonstrate appropriate or effective behavior (therapist modeling, therapist-client role play)?

☐ YES  ☐ NO

Not at All  Some  A Lot

41. Therapist modeling/demonstration  0  1  2
42. Therapist-client role-play  0  1  2

Changing Interactions

Did you direct interactions between client system members (stimulate adaptive interactions, creating problems, stopping maladaptive behaviors, shifting hierarchies)?

☐ YES  ☐ NO

Not at All  Some  A Lot

43. Stimulating adaptive interaction among clients  0  1  2
44. Interrupting/stopping maladaptive behavioral sequences  0  1  2
45. Changing hierarchies and alliances  0  1  2

Confronting Aversive Stimuli

Did you direct your client(s) to experience feared or avoided stimuli (exposure: invivo, imaginal, single, and reality confrontation)?

☐ YES  ☐ NO

Not at All  Some  A Lot

46. Invivo exposure  0  1  2
47. Imaginal exposure  0  1  2
48. Single/isolated exposure  0  1  2
49. Reality confrontation  0  1  2
50. Encouraging someone to help another face aversive stimuli  0  1  2
### Homework

Did you assign or review homework *(assigning homework, reviewing homework)*?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

51. Assigning homework

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

52. Reviewing homework

### Psychoeducation

Did you explicitly educate client(s) using theory or research *(educating about: theory and/or research)*?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

53. Educating about theory

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Validation Strategies

Did you validate your client(s) *(empathetic reflection, confirming, praising)*?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

54. Empathic reflection

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

55. Confirming behavior, thoughts, or feelings

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

56. Praising/supporting/encouraging hope

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

57. Encouraging validation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Acceptance Work

Did you help your client(s) accept or engage in normalizing or introduce mindfulness skills (*acceptance work, normalizing, mindfulness*)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>58. Acceptance work</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>59. Depathologizing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>60. Mindfulness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>61. Silence</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Assessment

Did you engage in collecting information to better assess, diagnose or understand your client(s) (*genogram, using feedback, exploring thoughts, feelings, behaviors, feelings or motivation, presenting problem, risk behavior, systematic assessment, empirical feedback, ambivalence, constraints, using feedback*)?

Note: Assessment can occur at any stage of therapy

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>62. Transgenerational family history</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>63. Identifying and exploring behavior, thoughts, feelings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>64. Risk behavior assessment</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>65. Systematic assessment</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>66. Reporting/Using empirical feedback</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>67. Identifying/Exploring ambivalence</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>68. Identifying/Exploring constraints to change</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
## Defining Work/Agenda-Setting

Did you explicitly engage in any type of agenda settings for the session or the course of therapy (identifying goals/outcomes, therapeutic contract, presenting problem identification)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>69. Identifying goals/solutions/outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Therapeutic contract definition/revision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Interpretation

Did you interpret your clients’ behaviors or interactions (*transference, projection, linking current to past, dream work, defenses, parts of self*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. Transference interpretation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. Projection and projective identification work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. Denial/avoidance/distraction work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74. Linking current to past experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75. Dream work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76. Parts of self</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Client-Therapist Relationship Exploration

Did you explore or manage your relationship with the client or engage in self disclosure (*client-therapist relationship, therapist self disclosure, therapist apologizing*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>77. Client–therapist relationship exploration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78. Identification and repair of alliance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79. Therapist self-disclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80. Therapist taking responsibility (owning up)/apologizing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Resource Identification and Exploration

Did you explicitly explore the resources of your client(s) (*external resources, internal resources*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>81. External resources</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>82. Internal resources</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Use of Play

Did you use play, art, theater or music techniques in your work with your client (*prop-play, art work, games*)?

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Some</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>83. Prop-play</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>84. Expressive (artistic) medium</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>85. Game play</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>86. Psychodrama</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>87. Music</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Therapeutic Alliance: This section asks you to rate your observations about various aspects of the therapeutic alliance. Please circle one number indicating how much you agree to disagree about the statement given.

1. The client(s) and I agree about the way the therapy is being conducted.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

2. The client(s) and I agree about the goals of the therapy.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

3. My client(s) are attached/bonded to me.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

4. The client and their client system support each other in treatment.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

5. There are clinically important differences in the alliances that different client system members have with me.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

6. My colleagues/supervisor(s) (would) agree with what I am doing in this therapy.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree

7. The other mental health professionals working with this client system and I are in agreement about what each of us is doing.

1---------------------2---------------------3---------------------4---------------------5---------------------6---------------------7
Completely Agree Strongly Agree Neutral Disagree Strongly Disagree Completely Disagree Agree
# Outcome Rating Scale (ORS)

<table>
<thead>
<tr>
<th>Name ________________________</th>
<th>Age (Yrs):____</th>
<th>Sex:  M / F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session # ____</td>
<td>Date: ________________</td>
<td></td>
</tr>
<tr>
<td>Who is filling out this form? Please check one:</td>
<td>Self_______</td>
<td>Other_______</td>
</tr>
<tr>
<td>If other, what is your relationship to this person?</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

Looking back over the last week (or since your last visit), including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. **If you are filling out this form for another person, please fill out according to how you think he or she is doing.**

<table>
<thead>
<tr>
<th>Individually</th>
<th>(Personal well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rating scale" /></td>
<td><img src="image" alt="Rating scale" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonally</th>
<th>(Family, close relationships)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rating scale" /></td>
<td><img src="image" alt="Rating scale" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socially</th>
<th>(Work, school, friendships)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rating scale" /></td>
<td><img src="image" alt="Rating scale" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall</th>
<th>(General sense of well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Rating scale" /></td>
<td><img src="image" alt="Rating scale" /></td>
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<table>
<thead>
<tr>
<th>Session Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS Cutoff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SRS Cutoff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Session Rating Scale (SRS V.3.0)

Name ________________________ Age (Yrs): ___
ID# _________________________ Sex: M / F
Session # ____  Date: ________________

Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. I------------------------------I

I felt heard, understood, and respected.

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about.

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist’s approach is not a good fit for me.

The therapist’s approach is a good fit for me.

Overall

There was something missing in the session today.

Overall, today’s session was right for me.

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Child Outcome Rating Scale (CORS)

Name ________________________ Age (Yrs):____
Sex: M / F ______
Session # ___ Date: ________________________
Who is filling out this form? Please check one: Child______ Caretaker_______
If caretaker, what is your relationship to this child? ____________________________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)
I------------------------------------------------------------------------------------I

Family
(How are things in my family?)
I------------------------------------------------------------------------------------I

School
(How am I doing at school?)
I------------------------------------------------------------------------------------I

Everything
(How is everything going?)
I------------------------------------------------------------------------------------I

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Child Session Rating Scale (CSRS)

Name ________________________ Age (Yrs): ____
Sex:  M / F
Session # ____  Date: ________________________

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

I-----------------------------------------------------------------------------------I

How Important

I-----------------------------------------------------------------------------------I

What We Did

I-----------------------------------------------------------------------------------I

Overall

I-----------------------------------------------------------------------------------I

What we did and talked about were not really that important to me.

What we did and talked about were important to me.

I liked what we did today.

I wish we could do something different.

I hope we do the same kind of things next time.

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Young Child Outcome Rating Scale (YCORS)

Name ________________________ Age (Yrs):____
Sex:  M / F____
Session # ____  Date: ________________________

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

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Young Child Session Rating Scale (YCSRS)

Name ________________________ Age (Yrs):____
Sex: M / F ______
Session # ____  Date: ________________________

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

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Group Session Rating Scale (GSRS)

Name ________________________ Age (Yrs):____ ID# _______________ Gender________________ Session # ____  Date: ________________________

Please rate today’s group by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I------------------------------------I

I felt understood, respected, and accepted by the leader and the group.

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about.

I------------------------------------I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The leader and/or the group’s approach is a not a good fit for me.

I------------------------------------I

The leader and group’s approach is a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I------------------------------------I

Overall, today’s group was right for me—I felt like a part of the group.

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