Cengage

Mastering Competencies in Family Therapy

A Practical Approach to Theories & Clinical Case Documentation

Fourth Edition

Diane R. Gehart

Mastering Competencies in Family Therapy

A Practical Approach to Theories and Clinical Case Documentation

Fourth Edition

Diane R. Gehart
California State University, Northridge

Cengage

Australia • Brazil • Canada • Mexico • Singapore • United Kingdom • United States

***Mastering Competencies in Family Therapy: A Practical Approach to Theories and Clinical Case Documentation*, 4th Edition**
Diane R. Gehart

SVP, Product: Cheryl Costantini

VP, Product: Thais Alencar

Portfolio Product Director: Jason Fremder

Portfolio Product Manager: Conor Allen

Content Manager: Anupam Bose, MPS Limited

Digital Project Manager: Andy Baker

Content Acquisition Analyst: Ann Hoffman

Production Service: MPS Limited

Designer: Erin Griffin

Cover Image Source: iStock.com/FatCamera, iStock.com/PeopleImages , iStock.com/Riska, iStock.com/Inside Creative House

Stock ID: 531823889, 1387143441, 1388564732, 1328352005

Last three editions, as applicable: © 2018, © 2014, © 2010

Library of Congress Control Number: 2023900237

ISBN: 978-0-357-76456-5

Cengage
200 Pier 4 Boulevard
Boston, MA 02210
USA

Cengage is a leading provider of customized learning solutions. Our employees reside in nearly 40 different countries and serve digital learners in 165 countries around the world. Find your local representative at **www.cengage.com.**

To learn more about Cengage platforms and services, register or access your online learning solution, or purchase materials for your course, visit **www.cengage.com.**

Printed in the United States of America
Print Number: 01 Print Year: 2023

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

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

Insoo Kim Berg
Whose energy and enthusiasm inspired the best in me

Ivan Boszormenyi-Nagy
Who reminded me to focus on what really matters

Gianfranco Cecchin
Whose laughter, humility, and acceptance transformed me

Jay Haley
Who taught me the logic of paradox

Salvador Minuchin
Who taught me x-ray vision

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

Paul Watzlawick
Whose courage and kind words I shall never forget

Steve de Shazer
Whose brilliance dazzled me

Michael White
Whose ideas opened new worlds for me

Brief Table of Contents

Detailed Table of Contents

Foreword by Ronald J. Chenail, Ph.D.

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

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

Learning about Learning

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

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

With this new revelation filling my head, I started to think how I could share this way of learning with my students. The first step in this epiphany was to see that my students were not that different from me. They, too, liked to learn what they liked to learn, so I made this insight the centerpiece of my learning-centric approach. The second step was to see learning not as an epic dyadic struggle between me as the omniscient and omnipotent teacher who possessed all knowledge and wisdom and the students as reluctant, empty opponents needing to be directed and taught, but rather as a triadic arrangement involving three interrelated parts: the student, a body of knowledge or group of skills, and me. In this configuration, I find I am no longer in conflict with students, forcing them to learn what I deem to be privileged knowledge; instead, I now try to learn what students aspire to become; help them define this aspiration as goals, objectives, and competencies; and work with them to support and facilitate their learning journeys.

Taking this approach was liberating for me and startling for many of my students. In their formal schooling, many of them had never been asked to be proactive with their

learning; however, like me, they all found they could learn well when they could be in charge of their own learning. Having confidence that students were really like me and could learn very well on their own was an insight I wanted to put into practice in my work with marriage and family therapy (MFT) graduate students.

Being Competent with Competencies

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

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

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

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

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

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

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

Courtesy of Ron Chenail

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

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

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

Reference

Nelson, T. S., Chenail, R. J., Alexander, J. F., Crane, D. R., Johnson, S. M., & Schwallie, L. (2007). The development of core competencies for the practice of marriage and family therapy. *Journal of Marital and Family Therapy, 33*(4), 417–438. doi:10.1111/j.1752-0606.2007.00042.x

Foreword by Harlene Anderson, Ph.D.

The What and Why of Competencies

In thinking about *Mastering Competencies,* my curiosity immediately went to "How do you engage a person in learning competencies?" Then, it went to, "What is competence, and who evaluates it?" These questions took me to the relationship between the learner and the educator. If meta-analysis research on successful psychotherapy outcomes suggests relationship elements as the critical optimizing factor in psychotherapy, why not in learning contexts.

In my engagements as a psychotherapist, teacher, supervisor, and mentor, I have always been interested in the other's descriptions and feelings of prior experiences with *authority* figures. What worked? What didn't? When I paused to think about the feedback I received on this topic, what kept surfacing was the importance of the relationship.

In education arenas, the relationship is the foundation on which learning occurs. By foundation, I do not mean step one and then you move to step two. The relationship must always be a priority and carefully attended to throughout the learning event. In my engagements as a psychotherapist, teacher, supervisor, and mentor, I have always been interested in the other's descriptions and feelings of prior experiences with *authority* figures. I often asked graduate students *to discuss with each other* and give examples of professors and supervisors (current or previous) they would describe as "good" and would love to again have a course with, and to create a list of characteristics of the process and person. Similarly, I asked them to discuss and describe the not-so-good professors and supervisors, those they hoped to never meet again. In both instances, I asked them to please keep the people or context in their stories anonymous.

What did I learn? At the top of the "good" list was the demeanor of the person, and its consistency. What did they mean by demeanor? As I listened to them, several things caught my attention. In my words, they felt the person: a) respected them and valued their opinions; b) challenged them but not in a critical, judgmental manner; and c) was knowledgeable and shared knowledge and experiences but not in an arrogant or superior manner. Their descriptions and stories of experiences made me think of the importance of *humanness*: a professional as a human being in a relationship with another human being. That is, considering oneself as a human being engaged with another human being with humility and reverence.

Research shows that the therapeutic relationship is one of the strongest predictors of successful treatment. Successful relationships begin with the educator's worldview: their philosophy of life or *philosophical stance*, particularly how they think about oneself, the people they work with, and what they do together.

From the learner feedback mentioned above, they described the educator they would like to experience again as a persistently curious learner; there was always something more they wanted to learn about. This educator was someone who shared their knowledge and wisdom, but not from a top-down authoritarian position. They learned from careful listening and watching the educator that there were many ways to respond to any challenge, and not just the one their preferred theory signified. They respected educators who were able to say, "I don't know" or "I'll think about that and let you know my thoughts." What really seemed to impress them was the educator who wanted to learn about each student and what they expected from a course or supervision—the student's learning agenda. Equally impressive was the educator who did not remain a mysterious stranger or a person performing a role, but was a *real person* who shared their agenda for the course or supervision and something about themselves.

In my teaching and supervising I talk about the seven *c*s: curious, creative, compassionate, confident, capable, comfortable, and competent. I hope to provide a relational space and process for these intertwined features—none stand-alone—to develop.

Returning to Gehart's excellent accomplishment, the latest *Mastering Competencies*. I think she has skillfully, whether purposely or not, invited attention to the notion that we live and practice within inherited traditions and values. That is, what authorities in the discipline or selected theoretical developers deem skills necessary to competently master.

Learning to be a competent mental health professional never stops. This, for me, involves being a reflective and reflexive learner. Yes, we learn from lectures and books, but we can also learn from our own experiences, and use that learning in our future work. For me, this is learning that has sustainability.

Being a competent mental health professional in general and family therapist specifically, is a continuous journey. Learning and practice occurs within rapid global changes: political, cultural, and economic change. People everywhere seem to want to have input into decisions and policies that effect their daily lives and futures. This may be what Gehart aims for with her *Therapy that Works* framework. In this well-thought-out and articulated framework, Gehart stresses that she is not saying inherited theories and the preferred knowledge, skills, and processes they stress are no longer useful. Rather, in my words, it's important to understand a theory's relevance not merely to the work we do, but to the unique lives and values of each person, couple, or family we meet in therapy, as well as our own.

Perhaps an invisible message in *Therapy that Works* is *be an informed consumer*. Know how your preferred theory or an integration and synthesis of theories influences your thinking about people and their life challenges, and about you as a practitioner. Know what your preference permits and may inhibit your thoughts and actions. What kind of therapeutic relationship does it engender? Does it work for you and your clients?

I want to be competent. For me, this requires valuing the worth of each person and their view of the so-called problem and its resolution. It requires being hospitable, humble, and flexible. It requires being careful to not judge nor assume we know what is best for another person. It requires being accountable to all stakeholders (at all levels).

Like Gehart, I want to be respectful of tradition and not obliterate it. Simultaneously, I want to be open so that as our world changes, so must our practices. I do not want to supplement or add to traditions from an outside expert position. Instead, I want to try to understand the other and their situation (whether client or student) as best I can from the partial glimpse of their life they allow me. I have learned that this requires having genuine curiosity about what the other is saying. It requires a belief that I have arrived at: most people want to live satisfying and competent lives, just as therapists do.

Courtesy of Harlene Anderson, www.harleneanderson.org.

I view the education of marriage and family therapists—mastering competencies—as a collaborative-dialogic practice—that invites and sustains a *learner-centric laboratory* in which students can learn about *human relationships* and the accompanying *self-development*. In the end, the learner is the beset evaluator of whether they are on their way to being competent or not. Competency takes practice.

Harlene Anderson, Ph.D.
Houston, Texas

Further Reading

American Psychological Association. (2019, November). What the evidence shows. *Monitor on Psychology, 50*(10), 42. Https://www.apa.org/monitor/2019/11/ce-corner-sidebar

KnoblochFedders, L. (2008, January). The importance of the relationship with the therapist. *Clinical Insights: Knowledge Families Count on, 1*. Https://www.family-institute.org/behavioral-health-resources/importance-relationship-therapist

Knobloch-Fedders, L. M., Pinsof, W. M., & Mann, B. J. (2007). Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy, 33,* 245–257.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438–450.

Rait, D. S. (2000). The therapeutic alliance in couples and family therapy. *Journal Clinical Psychology, 56*(2), 211–24.

Preface

The Purpose of This Book

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

Text Overview

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

Furthermore, I use a down-to-earth style to explain concepts in clear and practical language that contemporary students appreciate. I've been told by many students that *Mastering Competencies* was the only textbook they ever read cover-to-cover because they didn't want to miss a joke. (I've got to compete with TikTok somehow!) Instructors will enjoy the simplicity of having the text and assignments work seamlessly together, thus requiring less time spent in class preparation and grading. The extensive set of instructor materials—which include syllabi templates, a full set of videos, detailed PowerPoint slides, test banks, online lectures, and scoring rubrics designed for accreditation assessment—further reduce educators' workloads. In summary, the book employs the most efficient and effective pedagogical methods available to family therapy theories, resulting in a win–win for instructors and students.

What's New in the Fourth Edition

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

- **New Social Justice Chapter:** The fourth edition includes a comprehensive overview of social justice issues in family therapy over the past 2 decades. This chapter highlights

a wide range of authors and voices who speak to issues of diversity, equity, and inclusion, including:
  - Critical social theories
  - Sociocultural attunement in family therapy
  - Relational responsiveness
  - Global family therapy
  - Just Therapy: working with indigenous and native communities
  - Sociocultural oppression and trauma model
  - Residual effects of slavery
  - Liberation-based healing
  - Gender and power in family therapy
  - LGBTQIA+ affirmative therapy
  - Self-of-the-clinician and sociocultural relational connection
- **New Chapter on Integrative and Cross-Theoretical Frameworks:** Given that integrative approaches are now the most commonly cited therapeutic approach, a new chapter has been added on integrative and cross-theoretical frameworks in family therapy. This chapter covers:
  - Karl Tomm's IPscope for working with interpersonal patterns
  - Pinsof and colleague's Integrative Systemic Therapy, which integrates Metaframeworks and Problem-Centered Therapy
  - Gehart's Therapy that Works Unifying Framework for Psychotherapy
- **License Exam Preparation:** Each chapter includes a licensing exam preparation section entitled "Laugh Your Way to Licensure" that outlines what material in the chapter is most likely to be included on the licensing exams for family therapy, counseling, social work, and psychology. The differences between the National and California MFT exams are included.
- **Telehealth:** Part I includes a highly practical and comprehensive overview of Telehealth applications in couple and family therapy. Then, each chapter in Part II includes theory-specific considerations and interventions for doing therapy online.
- **Interpersonal Neurobiology:** A new section on interpersonal neurobiology was added as part of the research foundations for the field.
- **Cross-theoretical Comparison:** Cross-theoretical frameworks have been integrated across all theory chapters in Part II to enable readers to more easily compare and contrast theories and retain information.
- **Socioemotional Relational Therapy:** Socioemotional relational therapy has been added to the chapter on postmodern and sociocultural therapies, providing the leading approach to addressing gender equity in couples therapy.
- **New theories:** Several new theories have been added to this edition, including:
  - Integrative Systemic Therapy
  - Therapy that Works: A Unifying framework for psychotherapy
  - Just Therapy
  - Liberation-based healing
  - Internal family systems (IFS)
  - Attachment-based family therapy for depressed teens
  - Trauma-focused cognitive–behavioral therapy
  - Exposure and response prevention therapy
  - Mindfulness-informed couple and family therapy
- **Inclusion and Representation:** Increased representation of the diverse range of voices and experiences in the field, both in terms of professional perspectives and case study content.
- **Updated Diversity, Research, and Ethics Sections:** In Part II, the diversity and research sections were updated with the latest applications and research findings.
- **Updated Legal and Ethical Issues:** Dr. Ben Caldwell updated the law and ethics section, addressing current issues, including Telehealth, self-care, and interpersonal violence.

- **eBook with Videos:** The eBook edition of this book includes nine demonstration videos with leading practitioners in the field.
- **Updated Clinical Forms:** All clinical forms were updated to reflect contemporary conceptualizations of identity, including gender, relational, and ethnoracial identities.
- **DSM-5 TR:** The clinical assessment chapter has been updated to include *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5 TR) updates.
- **Chapter Reorganization:** The chapters in Part I were reorganized to provide a solid theosophical and theoretical foundation for Part II.

Video Series

These videos are designed to teach a single intervention—such as enactment in structural therapy or sculpting in Satir's approach—and provides viewers with very specific instructions from leading experts. In addition, during the interview, significant therapeutic moments are identified and explained on the bottom of the screen to enable new clinicians to understand the thinking of the therapist during the session. Finally, the videos include a debriefing session with clients in which they share their personal experience during the session and their reflections; in virtually every video, the client debriefing provides some of the most useful instructions to viewers.

- **Systemic–strategic therapy:** Ordeals
- **Structural therapy:** Enactments
- **Satir human growth model:** Sculpting
- **Emotionally focused couples/family therapy:** Tracking the negative interaction cycle
- **Bowen Intergenerational:** Constructing a genogram in session with clients
- **Cognitive–behavioral family therapy:** Teaching families with a child diagnosed with ADHD to practice mindfulness
- **Solution-based:** Solution-focused scaling to designed homework assignments
- **Narrative therapy:** Preferred narrative
- **Collaborative therapy with reflecting teams:** Mutual puzzling and reflecting team.

Appropriate Courses

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

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

Assessing Student Learning and Competence

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

- *Counseling:* 2016 Council on the Accreditation of Counseling and Related Educational Programs (CACREP) standards

- *Marriage and family therapy:* MFT core competencies
- *Psychology:* Psychology competency benchmarks
- *Social work:* Council for Social Work Education accreditation standards

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

Organization

This book is organized into three parts:

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

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

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

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

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

- **In the Grand Scheme of Things: Cross-Theoretical Comparison**
- **In a Nutshell: The Least You Need to Know**
- **The Juice: Significant Contributions to the Field:** If there is one thing to remember from this chapter it should be. . . .
- **Rumor Has It: The People and Their Stories**
- **The Big Picture: Overview of the Therapy Process**
- **Making a Connection: The Therapeutic Relationship**
- **The Viewing: Case Conceptualization and Assessment**
- **Targeting Change: Goal Setting**
- **The Doing: Interventions**
- **Lights, Camera, Action: Telehealth Applications**
- **Putting It All Together: Case Conceptualization and Treatment Plan Templates**
  - Theory-Specific Case Conceptualization Template
  - Treatment Plan Template for Individuals with Depression/Anxiety Symptoms
  - Treatment Plan Template for Distressed Couples/Families

- **Tapestry Weaving:** Working with Diverse Populations
  - Ethnic, Racial, Gender, and Cultural Diversity
  - Sexual and Gender Identity Diversity
- **Research and Evidence Base**
- **Laugh Your Way to Licensure:** License Exam Preparation Tips
- **Online Resources**
- **Reference List**
- **Case Example:** Vignette with a complete set of clinical paperwork described in Part III, including a theory-specific case conceptualization, clinical assessment, treatment plan, and progress note.

Instructor and Student Resources

Additional instructor resources for this product are available online. Instructor assets include an Instructor's Manual, PowerPoint® slides, and a test bank powered by Cognero®. Sign up or sign in at www.cengage.com to search for and access this product and its online resources.

Therapy that Works Institute

Both students and faculty can download digital forms that accompany this and Dr. Gehart's other texts for *free* at www.dianegehart.com and www.therapythatworksinstitute.com /books. You can also follow her on:

- Facebook: https://www.facebook.com/DianeGehartPhD/ and her Therapy that Works Facebook group to stay connected.
- Linked In: https://www.linkedin.com/in/diane-gehart-phd/
- Twitter: https://twitter.com/DianeGehart
- Instagram: https://www.instagram.com/dgehart

YouTube

Both students and instructors will find numerous pre-recorded online lectures by Dr. Gehart on her YouTube Channel at www.youtube.com/c/DianeRGehartPhD

References

Gehart, D. (2007). *The complete marriage and family therapy core competency assessment system: Eight outcome-based instruments for measuring student learning*. Author.

Gehart, D. (2009). *The complete counseling assessment system: Eight outcome-based instruments for measuring student learning*. Marriage, Couple, and Family Counseling Edition. Author.

Acknowledgments

Content Experts

I would like to thank the following content experts who gave their time and energy to ensure that the information in this textbook was accurate and current:

Social Justice: Rhea Almeida, Saliha Bava, Jessica ChenFeng, Carmen Knudson-Martin, Teresa McDowell, Mudita Rastogi,
Intergenerational Patterns: Karl Tomm, Sally St. George, Dan Wulff, Tom Strong
Therapy that Works: Jay Burke, Diana Losey
Systemic–strategic therapies: Angela Kahn, Wendel Ray, Todd Gunter, and Allison Lux
Structural therapies: Charles Fishman, Marion Lindblad-Goldberg, Angela Kahn
Functional family therapy: Thomas Sexton
Satir model: Kathlyne Banmen-Maki, Lynne M. Azpeitia, Angela Kahn
Symbolic–experiential therapy: Michael Chafin
Emotionally focused therapy: Scott Woolley, Ben Caldwell, Jonathan Vicksburg (case study)
Bowen Intergenerational Therapy: Michael Kerr, Cynthia Larkby, Jose Luis Flores, Angela Kahn
Psychodynamic: Martha Carr, Dan Alonzo
Cognitive-Behavioral Family Therapy: Norm Epstein, Bill Northey
Integrated behavioral couples therapy: Andy Christensen and Dorothy O'Neil
Gottman's Marriage Clinic approach: Naomi Knoble
Solution-based therapies: Bill O'Hanlon, Terry Trepper, Thorana Nelson
Narrative therapy: Gerald Monk
Collaborative therapy: Harlene Anderson
Socioemotional relational therapy: Carmen Knudson-Martin
Multifamily group therapy: Eric McCollum
Outcome and session rating scales: Scott Miller
Outcome questionnaire: Michael Lambert
Competencies and learning assessment: Ron Chenail, Thorana Nelson, William Northey
Clinical forms: Julie Diaz, Angela Kahn

The following reviewers provided invaluable feedback on making this book work for faculty:

William F. Northey, Jr. (Bill Northey): Former AAMFT staff member
John K. Miller: University of Oregon
Joshua M. Gold: University of South Carolina
Brent Taylor: San Diego State
Randall Lyle: St. Mary's University
Cynthia T. Walley: Old Dominion University

Research and Instructional Material Assistants

4th Edition: Case study updates and literature review: Mingjia "Maggie" Chen, Jacqueline Lee, Fareaba Moradiahani, Kerianne Stephan
4th Edition: Clinical forms: Fareaba Moradiahani
4th Edition: Updated genograms: Mingjia "Maggie" Chen
4th Edition: References and formatting: Audrey Gehart and Kerianne Stephan

4th Edition: Final Proofreading: Purnam Bean, Gina Gargano, Adam Sieger, Melanie Yarian
3rd Edition: Graduate student research team: Christopher Abounayan, Deborah Brown, Jessica Erker, Sara Klausner, Matt Kloeris, Courtney Markowitz, Matt Stephan, Anna Schaerf
2nd Edition: Instructor and student materials: Dana Stone, Jessica Lopez, Brooke Clarke, Corie Loiselle
2nd Ed: Research assistants for textbook: Hiroko Okuishi, Alejandra Trujillo
1st Ed: Graduate assistants for the instructor's manual: Brandy Lucus, Tricia Lethcoe, Karen Graber, Julie Woodworth, Alina Whitmore

Personal Thanks

I would also like to thank the following people for their generous assistance:

Bill O'Hanlon: Whose Writing Bootcamp made this book happen much more easily and quickly and whose encouragement kept me going
Marquita Flemming: The book's initial editor at Cengage, who helped develop its vision and focus
Seth Dobrin: The book's second editor at Cengage, who oversaw the expanded use of clinical forms
Julie Martinez: The book's third Cengage editor, who helped transition the book to MindTap
Ali Balchunas: The book's fourth Cengage editor, who oversaw the numerous updates to this edition
Anupam Bose: The editorial assistant who oversaw all the details required to get this book to press legally
Diana Losey: For a lifetime of friendship and support from the first inspiration to the latest edition
Michael and Alexander McNicholas: For teaching me about what family is all about

About the Author

Staci Gee Photography

DR. DIANE R. GEHART is Professor in the Marriage and Family Therapy Program at California State University, Northridge, and Director of the Therapy that Works Institute, where she provides professional development training and license exam preparation for mental health professionals around the word. Having practiced, taught, and supervised for over 30 years, she has authored/edited numerous books in the field in addition to this one, including:

- *Theory and Treatment Planning in Counseling and Psychotherapy Case Documentation in Counseling and Psychotherapy* (Cengage)
- *Theory and Treatment Planning in Family Therapy* (Cengage)
- *Case Documentation in Counseling and Psychotherapy* (Cengage)
- *Mindfulness and Acceptance in Couple and Family Therapy* (Springer)
- *Mindfulness for Chocolate Lovers: A Lighthearted Way to Savor More Each Day* (Rowman & Littlefield)
- *Collaborative Therapy: Relationships and Conversations that Make a Difference* (co-edited with Harlene Anderson; Routledge)
- *Collaborative-Dialogic Practice: Relationships and Conversations Across Contexts and Cultures* (co-edited with Harlene Anderson; Routledge)

She has written extensively on postmodern therapies, mindfulness, mental health recovery, sexual abuse treatment, gender issues, children and adolescents, client advocacy, qualitative research, and counselor and Marriage and Family Therapy education. She speaks internationally, having given workshops to professional and general audiences around the world, and her research has been featured in newspapers, radio shows, and television programs worldwide. She maintains a private practice in Los Angeles, California, specializing in trauma, couples, families, entertainment industry professionals, adolescents and young adults, mindfulness, and difficult-to-treat cases. For fun, she enjoys spending time with her family, hiking, swimming, yoga, salsa dancing, meditating, and savoring all forms of dark chocolate. You can learn more about her work on www.dianegehart.com and www.therapythatworksinstitute.com.

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

When I first became a therapist, I never envisioned myself writing a book such as this. I focused my early career less on the science and more on the heart and soul of therapy, choosing to train as a collaborative therapist who works side by side with clients to create new understandings (see Chapter 12; Anderson & Gehart, 2007, 2023); to conduct postmodern qualitative research that introduces the voices of clients into professional literature (Gehart & Lyle, 1999); and to incorporate Buddhist psychology, mindfulness, and spiritual principles and practices into my work (Gehart, 2012). So, how did I get here? Ironically, what led me here were the very things that one would assume would have prevented it: namely, my postmodern and Buddhist training. More specifically, their practices of saying "yes."

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

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

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

My Other Purpose: Falling in Love

I must confess that I had another intention for writing this book: to help you to fall in love. And, preferably to do so again and again—making even Casanova envious. I want you to fall in love with not one but all of the family therapy theories in this book, enthusiastically embracing each while seeing both its beauty and its limitations, much in the same way we help our clients to love each other. I hope you cultivate a profound respect for the brilliant minds that have paved the way for us to help clients with their most complex and intimate problems—their couple and family relationships—or, more essentially, to teach them how to love. I hope you find yourself passionate about the insight each approach offers in understanding human relationships as well as about helping people create the relationships they desire. As family therapists, we inherit a stunning and profound body of knowledge that is difficult to fully appreciate in the beginning. I personally believe that some of the greatest wisdom in the Western, Eastern, and indigenous forms of

knowledge are captured in the philosophical foundations of family therapy (see Chapters 2 and 3). Although these ideas sometimes seem surprising or even objectionable at first, if you sincerely try to put them into practice, I believe you will find that each touches upon a useful truth and reality. Should you choose to seriously study it, the field of family therapy offers an ever-widening exploration of the human experience that cannot help but transform you both personally and professionally. I hope this book inspires you to start on a passionate journey of discovery that lasts a lifetime.

What You Will Find

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

The Invitation

I invite you to passionately and enthusiastically embrace each perspective, concept, and theory that follows. Savor the big-picture view of case conceptualization while also taking time to examine the intricate matters of clinical assessment. Appreciate the unique wisdom of each theory while also recognizing the *cross-theoretical concepts* (see Chapter 4) and *common factors* (see Chapter 5) that they share. Get excited about research and the evidence base of our work (see Chapter 5), while honoring the philosophical and social justice foundations (see Chapters 2 and 3). Be open to theories that rely on technique and content to promote change as well as to those that rely on process and relationship, knowing that each has its place when working with diverse clients. Say "yes" to all that comes your way, and take pleasure in the incredible journey of becoming a family therapist.

Enjoy the adventure.

Diane R. Gehart, Ph.D.
Westlake Village, California
July 2022

References

Anderson, H., & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. Brunner/Routledge.

Anderson, H. & Gehart, D. R. (2023). *Collaborative dialogic practice: Relationships and conversations that make a difference across contexts and cultures*. Routledge. https://doi.org/10.4324/9781003156260

Gehart, D. (2012). *Mindfulness and acceptance in couple and family therapy*. Springer.

Gehart, D. R., & Lyle, R. R. (1999). Client and therapist perspectives of change in collaborative language systems: An interpretive ethnography. *Journal of Systemic Therapy, 18*(4), 78–97.

Part I

Theoretical Foundations

Chapter Outline

Chapter

1

Competency and Theory in Family Therapy

Learning Objectives

After reading this chapter and a little focused studying, you should be able to:

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

The Secret to Competent Therapy

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

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

The Five Steps to Competent Therapy

Step 1. Map the Territory: Conceptualize the situation with the help of theory (Chapter 13).
Step 2. Identify Oases and Obstacles: Assess the client's mental status and provide case management (Chapter 14).
Step 3. Select a Path: Develop a treatment plan with therapeutic tasks—including how to build a working therapeutic relationship—and measurable client goals (Chapter 15).
Step 4. Track Progress: Evaluate the client's response to treatment (Chapter 16).
Step 5. Leave a Trail: Document what happens (Chapter 17).

Mapping a Successful Therapeutic Journey

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

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

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

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

Once you select a course of action, you need to check frequently to make sure that: (a) the plan is working and (b) you are sticking with the plan. In therapy, this translates to *assessing*

client progress along the way. If the client is not making progress, the therapist needs to go back and reassess: (a) the accuracy of the map and (b) the wisdom of the plan. It is almost always easy to make improvements in both areas that will get things back on course. The key to assessing client progress is often just to notice when you are off course as soon as possible.

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

Try It Yourself

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

From Trainee to Seasoned Therapist

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

Competency and Theory: Why Theory Matters

Although much has changed in the past decade in mental health—better research to guide us, new knowledge about the brain, more details about mental health disorders, increased use of psychotropic medication—the primary tool that therapists use to help people, *theory,* has not. Therapeutic theories provide a means for quickly sifting through the tremendous amount of information clients bring; then targeting specific thoughts, behaviors, or emotional processes for change; and finally helping clients effectively make these changes to resolve their initial concerns. Even with fancy fMRI (functional magnetic resonance imaging), neurofeedback machines, and hundreds of available medications, no other technology has taken the place of theory. However, the changing landscape of mental health care has altered how therapy theories are understood and used. Specifically, theory and how it is being used and understood has been recontextualized by two major movements in recent years: (a) the **competency** movement, which includes competency in diversity and social justice issues (Chapter 3) and (b) the research- or evidence-based movement (Chapter 5). These movements have not ended the need for theory, but have instead changed how we conceptualize, adapt, and apply theory.

Arguably, working with the complex dynamics of couples and families requires greater use of theory, especially case conceptualization. Regardless of professional identity—family therapist, professional counselor, social worker, psychologists, or psychiatric nurse—competent therapy with couples and families involves learning to conceptualize not only the psychology of the individual but also the complex web of relationships that constitutes a person's social world *and* the interaction between the two. In fact, anyone working with an individual struggling with relational issues also needs to use these same forms of conceptualization to avoid making things worse rather than better. There are a lot of moving pieces whenever our clients have relational concerns, which is the vast majority of the time. The theories in this text will help you learn what to focus on to better understand this complex web of interpersonal dynamics.

Some readers may be quietly thinking, "I don't want to do couple or family therapy" and may conclude they don't need to worry too much about these theories. The problem is that even if you have only one client in the room, the client's web of relationships is still affecting their behavior and mood, often in ways that are difficult to imagine or accurately assess without using couple and family theoretical concepts. In general, the more severe the client problem, the more people you need in the room to effect change (Lebow, 2006).

Why All the Talk about Competency?

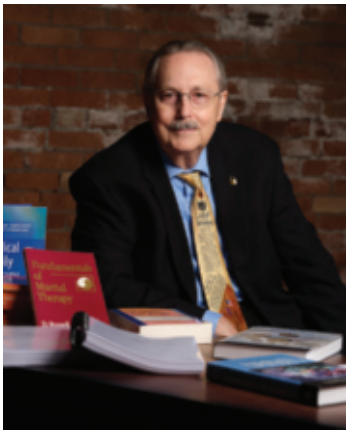
All health professions, including mental health, have been abuzz in recent years with talk of *competencies,* detailed lists of the knowledge and skills professionals need to effectively do their job. The main source of this movement has been external to the field and has come from stakeholders who believe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

Each major mental health profession—including counseling, marriage and family therapy, psychology, psychiatry, psychiatric nursing, and chemical dependency counseling—has developed a unique set of competencies. Thankfully, there are many similarities across them. For working with couples and families specifically, most professionals refer to the Marriage and Family Therapy Core Competencies, which was developed by a task force commissioned by the American Association for Marriage and Family Therapy (Nelson et al., 2007). On nights when you have insomnia, you may find it helpful and interesting to read through what are considered 128 essential skills for working with couples and families, regardless of the title on your license (see Appendix A).


Courtesy of Ron Chenail


Courtesy of Thorana Nelson


Courtesy of James Alexander


Courtesy of Dr. Russell Crane


Courtesy of Linda Schwallie


Courtesy of William F. Northey, Jr.

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

For those with shorter attention spans, my colleague Bill Northey and I recently (2019) condensed these 128 competencies down to 16 to save the sanity of faculty who are supposed to regularly measure these in their students. These include:

1. **MFT Theories:** Apply systems concepts, theories, and techniques of marriage and family therapy.
2. **Human Development:** Understand principles of human and development, human sexuality, gender development, trauma, psychopathology, psychopharmacology, trauma, recovery-oriented care, and their implications for treatment.
3. **Cultural and Contextual Awareness:** Conduct assessment and therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
4. **Apply Models:** Recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history.
5. **Therapeutic Relationships:** Establish and maintain appropriate and productive therapeutic alliances with clients, recognizing when to involve significant others and extrafamilial systems.
6. **Diagnosis:** Diagnose and assess client behavioral and relational health concerns systemically and contextually utilizing current models for assessment and diagnosis.
7. **Relational Assessment:** Assess interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genogram, systemic interviewing techniques, structured interview, and symptom inventories to conceptualize treatment systemically and develop relational hypothesis.
8. **Treatment Planning:** Develop measurable outcomes, treatment goals, treatment plans, appropriate referrals, and after-care plans with clients utilizing a systemic perspective.
9. **Treatment, Intervention, and Practice:** Deliver systemic interventions that are consistent with model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.
10. **Safety Planning:** Screen and develop adequate safety plans for substance abuse, maltreatment of children and vulnerable adults, domestic violence, physical violence, suicide potential, and danger to self and others.
11. **Collaboration:** Work collaboratively with stakeholders, including family members, other significant persons, and professionals who empower clients to navigate complex systems of care.
12. **Law and Ethics:** Practice within state, federal, and provincial laws/regulations and professional ethical standards.
13. **Supervision and Consultation:** Contribute to supervision and consultation by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.
14. **Self-of-Therapist:** Monitor personal reactions to clients and the treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact on effective intervention and clinical outcomes.
15. **Measure Effectiveness:** Measure the effectiveness of one's own clinical practice, using outcome measures and client feedback.
16. **Research:** Use current MFT and behavioral health research to inform clinical practice. (pp. 46–48)

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

Competency and (Not) You

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

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

I first learned this competency lesson when working with families in which the parents had difficulty managing the behaviors of their young children. I was never a huge fan of behaviorism, but it did not take too many hysterically screaming, clawing, and biting 2-year-olds before I was preaching the value of reinforcement schedules and consistency. Given my strong—admittedly zealous—attachment to my postmodern approach at the time, I have faith that you will be driven either by principle (ideally) or desperation (more likely) to move beyond your comfort zone to become a well-rounded, competent therapist.

Common Threads of Competencies

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

- **Social Justice and Diversity:** The use of therapeutic theory is always contextualized by diversity issues, which means that the application and applicability vary—sometimes dramatically—based on diversity issues, such as age, ethnicity, sexual orientation, ability, socioeconomic status, immigration status, etc.
- **Research and the Evidence Base:** To be competent, therapists must be aware of the research and the evidence base related to their theory, client populations, and presenting problem.
- **Ethics:** Perhaps the most obvious commonality across sets of competencies is law and ethics; without a firm grasp of the laws and ethical standards that relate to professional mental health practice . . . well, let's just say you won't be practicing very long. A solid understanding of ethical principles, such as confidentiality, is a prerequisite for applying theory well.
- **Person-of-the-Therapist:** Finally, unlike most other professions, specific personal qualities are identified as competencies for mental health professionals. These will be discussed in more depth below.

Social Justice, Diversity, and Competency

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

I have often heard new and experienced therapists alike claim that because they are from a marginalized group or are progressive politically, they don't need to worry about diversity issues. Regardless of your social location and personal experiences of marginalization, *everyone* has much to learn regarding the complex challenges of diversity, social justice, equity, and inclusion. First of all, we are all part of numerous sociological groups that exert cultural norms on us, with the more common and powerful ones stemming from gender identity, ethnicity, race, sexual orientation, socioeconomic class, religion, and age. Many, if not most, people belong to some groups that align more with dominant culture and to some that are marginalized. However, it is important to realize that some groups experience far more traumatic and painful forms of marginalization both presently and historically, often with intergenerational trauma affecting generations in ways even those affected may not recognize or understand. To further complicate matters, each individual responds to the experience of marginalization differently.

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

Suffice it to say, competently handling diversity issues requires great attention to the unique needs of each person; it is a career-long struggle and journey that adds great depth and humanity to the person-of-the-therapist. In this book, you will examine issues of diversity in virtually every chapter. In Chapters 2 and 3, you will read about the postmodern and social justice concepts that form the foundation for working responsively and responsibly with diverse clients, and Chapter 4 provides three contemporary cross-theoretical approaches that include sensitive and thoughtful approaches to working with multiple forms of client diversity. In Part II of the book, you will find discussions of diversity related to each theory, including descriptions of how these issues relate to specific theoretical concepts, and an extended section at the end of each chapter covers racial, ethnic, gender, and sexual identity diversity related to the implementation of the specific theory. Finally, in Part III, you will find that diversity issues are prominent in case documentation forms, including the case conceptualization, assessment, and treatment plan.

Research and Competency

Another common thread found in mental health competencies is understanding and, more importantly, *using* research to inform treatment and to measure one's effectiveness and

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

Law, Ethics, and Competency

I often quip with students entering the field that if they think therapists can cut corners with legal or ethical issues, they should transfer to a business program so that they can make some money without worrying about such details and avoid a felony prison sentence after working as an underpaid intern for 4+ years. That might be a bit of an exaggeration, but not much. Therapists who fail to develop competence in legal and ethical issues will not last long. These issues are so central to the profession that even before you begin reading about theories and treatment planning, you need a brief introduction so you don't run off and start applying the concepts in this book to identify the underlying causes of problems in your clients, friends, family, neighbors, pets, and yourself. All mental health professional organizations—the American Association for Marriage and Family Therapy, the American Counseling Association, the American Psychological Association, and the National Association of Social Workers—have codes of ethics that their members must follow. Thankfully, there is significant agreement between the various organizations, which results in general agreement on most key issues; federal and state laws also generally agree on the key principles. These issues are covered in depth in Chapter 5.

Person-of-the-Therapist and Competency

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

The more subtle issues of the person-of-the-therapist come out in building relationships with clients. To begin with, the research is clear that clients need to feel heard, understood, and accepted by therapists, which often takes the form of offering empathy and avoiding advice giving (Miller et al., 1997). Furthermore, therapists need to identify and work through their personal issues to avoid bias and to avoid inappropriately pathologizing a client—what psychodynamic therapists call *countertransference* (see Chapter 9). Although more difficult to quantify, these issues often become quickly apparent by the appearance of strong emotions or unusual interactions in relationships with clients, supervisors, instructors, and peers. Managing these well is part of being a competent therapist. In the Therapy that Works Unifying Framework for Psychotherapy in Chapter 4, you will read about a comprehensive method for approaching your own personal journey as a therapist that includes the ongoing pursuit of wellness in six areas: emotional/spiritual wellness, physical health, relationships, financial well-being, career path, and fun/adventure.

Finally, a more difficult aspect to define is *therapeutic presence*, a quality where one is considered to have intrapersonal, interpersonal, and transpersonal elements, including elements of empathy, compassion, charisma, spirituality, transpersonal communication, patient responsiveness, optimism, and expectancies—making it elusive and difficult to operationalize (McDonough-Means et al., 2004). Clients—rather than a professional—are the best judges of this subtle quality because in the end, it comes down to how the client experiences the therapist as a human being in the room. Although these competencies are more difficult to measure, they are nonetheless some of the more important to develop.

Try It Yourself

Either by yourself or with a partner, describe what elements of competency make the most sense to you. What surprises you?

Laugh Your Way to Licensure . . . with Competency

Shortly upon entering the field, you begin to hear faint whispers. The whispers grow to become rumors shared quietly between friends, but they quickly become horror stories proclaimed in lecture halls and supervision groups. I'm talking about the common narratives we have about licensing exams in all of the mental health fields. Most new therapists are filed with dread before the end of their first semester of graduate school and live in fear of these exams for years.

Let's stop the horror show and rewrite this script to be a *comedy*. Yes, I am inviting you to *laugh your way to licensure.* I'll be honest. I didn't laugh my way to licensure when I became a licensed Texas Licensed Professional Counselor (LPC) in 1997 and a licensed California Licensed Marriage and Family Therapist(LMFT) in 1999. I followed the traditional doom-and-gloom approach. But in 2020, during the COVID-19 pandemic, I decided I wanted to get licensed in Hawai'i as part of my remote work and retirement fantasies. To my great surprise, despite the *aloha* spirit, the State of Hawai'i would not honor my 20+ years of licensure elsewhere and wanted me to take the National MFT licensing exam. After 60 seconds of outrage, I found myself hysterically laughing—and crying tears of joy. For over 20 years, people have been emailing me to thank me for how my books (particularly this one) and YouTube videos helped them pass their licensing exams from all the mental health disciplines. Now, after all these years, I had to take the test myself. I got excited! Life does not offer many "do overs," but I got one!

After 30 years of practice and 25 years of being an educator, I wasn't afraid of the exam at all. In fact, I experienced a sweet nostalgia for the early years of my career when I first learned theories—for when I was in the place you find yourself in right now. Looking back, I could see that my licensing exams were an important *rite of passage* that deepened my competency in ways that nothing else could. Nothing else would have made me memorize the *Diagnostic and Statistical Manual* (DSM), 20 theories, and hundreds of legal and ethical mandates (except maybe my doctoral comprehensive exams). Trust me, you will never have as much information in your head than the day you take your licensing exam—enjoy having that much information in your head without a Google search!

So, I invite you to approach your licensing exams knowing that they should be a *joyful* rite of passage that offers you the chance to master and "own" the professional field of knowledge. I admit, they are *not* perfect exams. In fact, I think there are lots of problems with them, and I have found no evidence that they actually measure your competence as a clinician. To be honest, I did *not* start my first licensure study group with the intention of creating a comprehensive MFT licensure prep course. But when I heard first-hand how much talented therapists were suffering trying to pass these exams, I got mad and created

the easiest and most enjoyable road to MFT licensure I could think of. Because, regardless of all the flaws in the system, *you* can choose to engage the process in a way that is uplifting and build your competence and confidence. The choice is yours!

So, this book is designed to also serve as one of your core study manuals for licensure, whether you are pursuing licensure as a counselor, MFT (CA or National), social worker, or psychologist. First, you will find a *Laugh Your Way to Licensure* section in each chapter that outlines what material you can expect on each test (as of 2022). Furthermore, you will find this book is organized by *key concepts* rather than by general headings. This organization facilitates the retention of vocabulary and terms because of the visual layout. For all exams, knowing *theory-specific vocabulary* is essential to ruling out wrong answers and identifying the correct ones.

Finally, I should also let you in on another fun historic fact: this book evolved from some of my earliest academic work, which involved writing an outline to serve as the study guide to the Texas MFT Licensing Exam before Texas used the National MFT exam. It was quite some time ago—and, no, dinosaurs were not roaming the planet then, but it's true that texting didn't exist, email wasn't widely used, and on-call therapists used pagers because almost no one had a mobile phone. This outline turned into my own personal licensure study guides, which turned into my lecture notes for my theory courses, and eventually found its way into this book. Basically, this book evolved from a license exam study manual. Ultimately, spending time with this text should better prepare you for the big exams in your future, so you may want to invest in some highlighters.

How This Book Is Different and What It Means to You

Mastering Competencies in Family Therapy is a different kind of textbook. Based on a new pedagogical model, learning-centered teaching (Killen, 2004; Weimer, 2002), this book is designed to help you *actively learn* the content and develop real-world competencies rather than simply deliver the content and hope that you will memorize it. Thus, learning activities are a central part of the text so that you have opportunities to apply and use the information in ways that facilitate learning. The specific learning activities in this book are: (a) case conceptualization, (b) clinical assessment, (c) treatment planning, and (d) progress notes; these translate the theory learned in the chapter to practical client situations. This book teaches real-world skills that you can immediately use to better serve your clients.

Lay of the Land

This book is organized into three parts:

Part I: Theoretical Foundations provides an introduction to:

- Competencies
- Philosophical foundations
- Social justice
- Integrative and cross-theoretical approaches
- Research, ethics, and telehealth

Part II: Couple and Family Therapy Theories covers the major schools of family therapy:

- Systemic theories: Mental Research Institute (MRI), Milan, and strategic
- Structural family therapies: structural family therapy and functional family therapy
- Experiential family therapies: Satir's human growth model and emotionally focused couples therapy

Global Indexes

- Global Severity Index: overall psychological distress
- Positive Symptom Distress Index (PSDI): intensity of symptoms
- Positive Symptom Total (PST): number of self-reported symptoms

Ultrabrief 6- and 10-item versions that correlate to the overall distress scores have also been developed (Rosen et al., 2000), and are more feasible options for everyday practice. The SCL-90-R has good test–retest validity, ranging from 0.63 to 0.86 for online versions and 0.68 to 0.84 for pen-and-paper versions (Derogatis & Fitzpatrick, 2004; Vallejo et al., 2007). The internal consistency coefficients are also good, ranging from 0.70 to 0.90.

Cross-Cutting Symptom Measures

Described in detail in Chapter 14, therapists can use the DSM cross-cutting symptom measures to assess whether there has been a change in symptoms. As these are newer measures, less research has been done using them as progress or outcome measures, but in initial reliability test–retest studies, the measures had good to excellent reliability, especially for the adult scales (Narrow et al., 2013).

Couple Measures

Dyadic Adjustment Scale

One of the most widely used couples inventories, the Dyadic Adjustment Scale is often used to measure progress with couples; it is a 32-item self-report instrument that requires 5 to 10 minutes to complete (Anderson et al., 2014). The scale is designed to measure the quality of the relationship and is commonly used to measure overall satisfaction; it is available for free download.

Locke–Wallace Marital Adjustment Test

Originally developed in 1959, the Locke–Wallace Marital Adjustment Test is a brief 15-item scale that measures overall marital adjustment. Also free to clinicians, this measure provides a simple method for measuring each party's marital adjustment (Freeston & Pléchaty, 1997).

Marital Satisfaction Inventory

The Marital Satisfaction Inventory, Revised (MSI_R) is a more extensive couple inventory that includes 150 true/false items and can be used clinically to quickly identify the focus of treatment. The instrument includes the following areas of couple functioning:

- Affective communication
- Role orientation
- Problem-solving communication
- Aggression
- Family history of distress
- Time together
- Dissatisfaction with children
- Disagreement about finances
- Conflict over child rearing
- Sexual dissatisfaction
- Global distress

Index

D

E

F

S