Family Systems Intervention: Children and Adolescents EDP384C, unique #10805 SZB 434, Wed 9-12:00 p.m. Syllabus, Spring 2016

Instructor: Cindy Carlson, Ph.D. TA: Danika Maddocks

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<u>Texts</u>: (Additional optional and required readings will be available on Canvas.)

Nichols, M. P. (2013). (10th ed.). Family therapy: Concepts and methods. Boston, MA: Pearson Education, Inc.

Walsh, F. (2012) (4th ed.). *Normal family processes: Growing diversity and complexity.* New York/London: Guilford Press.

Course Goals for Students:

1. Learn to "think" in terms of systemic and relational processes versus individual processes in diagnosis and intervention related to childhood problems and disorders.

- 2. Demonstrate the ability to apply natural systems principles to social organizations and the family unit.
- 3. Become familiar with the stages of family therapy and the relevant ethical and legal issues.
- 4. Demonstrate understanding of patterns of emotional closeness, distance, and conflict in current functioning and how such relationship patterns are transmitted across generations.
- 5. Learn to assess functional vs. dysfunctional family processes via interview methods, observational methods, and self-report methods; integrate and interpret data with socio-cultural sensitivity.
- Acquire knowledge of evidence-based family-centered assessment models and measures and demonstrate the ability to make informed choices in clinical evaluation and/or research with families.
- 7. Increase knowledge about reciprocity in couple/parent/family relationships and child functioning.
- 8. Increase knowledge and awareness of the variability, as well as similarities, of normal family functioning and apply this knowledge to family evaluation data and case conceptualization.
- 9. Gain knowledge of theories and models of family therapy upon which further expertise can be built.
- 10. Become familiar with systems-based process and outcome research and relevant statistical analyses.
- 11. Develop expertise in a topic relevant to course goals and to your unique research or clinical practice interests/goals and demonstrate your ability share this expertise with your peers in the form of a scholarly poster.

Course Policies:

<u>Class attendance</u>: Class attendance is not required but is strongly encouraged. Information critical to the understanding of the assigned readings and completion of assignments will be presented.

<u>Special accommodations</u>: The University of Texas at Austin provides, upon appropriate request, academic accommodations for qualified students with disabilities. For more information, contact the Office of the Dean of Students at 471-6259, 471-4641. Please provide documentation to the instructor if special accommodations are necessary for the completion of assignments.

<u>Religious holidays</u>: The University of Texas at Austin has a clear policy regarding respect for students' observance of religious holidays. Students may not be penalized for a class absence, or failure to turn in an assignment due in class, that is related to the observance of a religious holiday. Please inform the instructor if this will apply to you at least two weeks prior to the date.

<u>Late assignments</u>: Assignments are due in class on the date noted and typically will be discussed at the beginning of class. Late assignments will lose one point per day of total (including 2 points for the weekend).

Overview of Course Assignments & Grading*

Overview	Point/% value	Due date
#1: Brief behavior setting systems observation	10	Feb 3
#2: Genogram	20	Feb 17
#3: Family Process Evaluation	20	Feb 24
#4: Family Assessment: Part A Self-report measures	10	Mar 9
#4: Part B: Analysis of results in context	20	Apr 13
#5: Special Topic Poster	20	May 4
Total	100	

^{*}All written assignments should use APA style (typed, double-spaced, single-sided printing).

Grading

A (Excellent) will be given for outstanding achievement in written work and class contributions. A student who earns an A shows consistent initiative, originality, and comprehension as evidenced by a total course point value on assignments of 94-100; A-=90-93.

B (Above Average) will be given for written work which is of good quality, but which is either not outstanding in the above characteristics or contains some errors of comprehension as evidenced by a total course point value of 80-89. (B+=87-89; B-= 80-82)

C (Average) will be given for written work that is of marginal quality for graduate study and/or shows significant errors of comprehension evidenced by a total earned course points below 80.

Course Topic & Assignment Outline*

Spring, 2016

1/20: Course & Assignment Overview

1/27: Theoretical Foundations: Systems and Ecological Theories

Nichols: Introduction: Foundations

Nichols: Chapter 1: The evolution of family therapy

Nichols: Chapter 3: The fundamental concepts of family therapy

Downer, J. T. & Myers, S. S. (2010). Application of a developmental/ecological model to family-school partnerships. In *Handbook of School-Family Partnerships*. Christenson, S. L. & Reschly, A. L. (Eds.) 3 – 29.

In class: Assignment #1a: Observation of non-family system

Assignments: Begin Assignment #1b: Systems and social-ecological observation

2/3: Clinical Foundations: Stages, Techniques & Ethical Issues in Family Therapy

Nichols: Chapter 2: Basic Techniques

Walsh: Introduction

Walsh: Chapter 1: The new normal: Diversity and complexity in 21st century families

Walsh: Chapter 2: Clinical views of family normality, health and dysfunction

J. L. Lebow (2014). Ethics & values. In J.L.Lebow (Ed.), Couple and family therapy (pp. 207-220). Washington, DC: American Psychological Association.

In class: View video: Family-School Collaborative Problem-Solving Meeting

Assignments: Assignment #1 due; Introduce Assignment #2 (Genogram)

2/10: Bowen Theory; Neurobiology and Family Processes

Nichols: Chapter 4: Bowen family systems therapy Walsh: Chapter 23: Neurobiology and family processes

Miller, R. B., Anderson, S., & Keala, D. K. (2004). Is Bowen theory valid? A review of basic research. Journal of Marital and Family Therapy, 30(4), 453-466.

In class: The Legacy of Unresolved Loss: A Family Systems Approach (McGoldrick video)

2/17: Strategic & Structural Family Therapy

Nichols: Chapter 5: Strategic family therapy Nichols: Chapter 6: Structural family therapy

Szapocznik, J., et al. (2012). Brief strategic family therapy: An intervention to reduce adolescent risk behavior. *Couple and Family Psychology: Research and Practice*, 1(2), 134-145.

In class: Taming Monsters (Minuchin) or similar video of structural family therapy

Assignments: Assignment #2 (Genogram) due; Introduce Assignment #3

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2/24: Behavioral & CBT Family Therapy

Nichols: Chapter 9: Cognitive-behavioral family therapy

Recommended: Walsh: Chapter 3

Dishion, T. J., Brennan, L. M., Shaw, D. S., McEachern, A. D., Wilson, M. N., & Jo, B. (2014).

Prevention of problem behavior through annual family check-ups in early childhood: Intervention effects from home to early elementary school. *Journal of abnormal child psychology*, 42(3), 343-354.

- OR Smith, J. D., Knoble, N. B., Zerr, A. A., Dishion, T. J., & Stormshak, E. A. (2014). Family check-up effects across diverse ethnic groups: Reducing early-adolescence antisocial behavior by reducing family conflict. *Journal of Clinical Child & Adolescent Psychology*, 43(3), 400-414.
- Weinstein, S. M., Henry, D. B., Katz, A. C., Peters, A. T., & West, A. E. (2015). Treatment moderators of child-and family-focused cognitive-behavioral therapy for pediatric bipolar disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(2), 116-125.

In class: Behavioral Family Therapy

3/2: Assessment of Family Functioning in Research & Clinical Practice; Data Collection Decisions,

Walsh: Chapter 21: Assessment of effective couple and family functioning

- Carlson, C. I., Krumholz, L. S., & Snyder, D. K. (2013). Assessment in marriage and family counseling. In Geisinger, K. F. (Ed.), APA handbook of testing and assessment in psychology. American Psychological Association: Washington, D. C.
- American Academy of Child and Adolescent Psychiatry. Practice parameter for the assessment of the family.
- <u>Recommended:</u> Mansfield, A. K., Keitner, G. I., & Dealy, J. (2015). The family assessment device: An update. *Family Process*, 54(1), 82-93.

In class: McMaster initial interview video

Assignments: Assignment #3 due; Assignment #4 introduced

3/9: Assessment of Family Functioning II: Interpretation of Data & Treatment Planning

Gill, A. M., Hyde, L. W., Shaw, D. S., Dishion, T. J., Wilson, M. N. (2008). The Family Check-Up in early childhood: A case study of intervention process and change. *Journal of Clinical Child & Adolescent Psychology*, 37(4), 893 – 904.

In class: Discussion of Assignment #4 Part A; Sample case reports Assignments: Assignment #4 Part A Due (bring to class for discussion)

3/16: Spring Break (No Class)

3/23: Developmental Perspectives on Family Functioning

Walsh: Chapter 16: The family lifecycle

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Walsh: Choose at least one additional chapter from chapters 17-20 for class discussion

Walsh: Chapter 17: Family resilience

Walsh: Chapter 18: Normative family transitions

Walsh: Chapter 19: Mastering family challenges in serious illness and disability

Optional: Walsh: Chapter 20

Optional research article: Shapiro, A. F., Gottman, J.M., & Fink, B. C. (2015). Short-term change in couples' conflict following a transition to parenthood intervention. *Couple and Family Psychology Research and Practice*, 4(4), 239-251.

3/30: Cultural Dimensions of Family Functioning

Walsh: Chapter 11: Culture: A challenge to concepts of normality

Walsh: Choose at least one additional chapter from chapters 12 – 15 for class discussion

Chapter 12: Intersections of race, class, and poverty

Chapter 13: Immigrant family processes

Chapter 14: Changing gender norms in families and society

Chapter 15: The spiritual dimension of family life

Research article: Valdez, A. et al. (2013). An adapted brief strategic family therapy for gang-affiliated Mexican American adolescents. Research on Social Work Practice, 23, 383.

In class video: Tres Madres – (Harry Aponte)

Assignments: One-page summary of poster topic due next class

4/6: Varying Forms & Challenges

Walsh: Read two chapters of your choice from chapters 3 – 10 for class discussion

Chapter 3: Couple interaction in happy and unhappy marriages

Chapter 4: Contemporary Two-parent families

Chapter 5: Risk and Resilience after divorce

Chapter 6: The diversity, strengths, and challenges of single-parent households

Chapter 7: Remarriage and stepfamily life

Chapter 8: Gay and Lesbian Family Life

Chapter 9: Family processes in kinship care

Chapter 10: Adoptive families

<u>In class video</u>: House Divided (Harry Aponte)

Assignments: One-page summary of poster topic due

4/13: Evidence-Based Models of Family Therapy/Advancing Family Systems Research and Practice

Nichols: Chapter 14: Research on family intervention

Carr, A. (2014). The evidence base for family therapy and systemic interventions for child-focused problems. *Journal of Family Therapy*, 36, 107-157.

Choose one of the following:

Walsh: Chapter 22: Unraveling the complexity of gene-environment interplay and family processes

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- Carlson, C., Ross, S.G., & Stark, K.H. (2012). Bridging systemic research and practice: Evidence-based case study methods in couple and family psychology. *Couple and Family Psychology: Research and Practice*, 1, 48-60.
- D'Aniello, C. (2015). Common factors as a road map to MFT model integration: Implications for training therapists. *Contemporary Family Therapy*, 1-7.
- Larnera, G. (2004). Family therapy and the politics of evidence. Journal of Family Therapy, 26, 17-39.
- Sexton, T., Coop-Gordon, K., Gurman, A., Lebow, J., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process*, 50, 377-392. Doi: 10.111/j.1545-5300.2011.01363.x.
- Patrika, P., & Tseliou, E. (2015). Blame, responsibility and systemic neutrality: a discourse analysis methodology to the study of family therapy problem talk. *Journal of Family Therapy*.
- OR Kiyimba, N., & O'Reilly, M. (2015). Parents' resistance of anticipated blame through alignment strategies: A discursive argument for temporary exclusion of children from family therapy. *The Palgrave Handbook of Child Mental Health* (pp. 559-577). Palgrave Macmillan UK.

Assignments: Assignment #4 Part B due (turn in with Part A

4/20: Solution-Focused Therapy

Nichols: Chapter 10: Family therapy in the twenty-first century

Nichols: Chapter 11: Solution-focused therapy

Conoley, C., et al. (2003). Solution-focused family therapy with three aggressive and oppositional-acting children: An empirical study. *Family Process*, 42(3), 361-374.

In class video: I'd Hear Laughter (Insoo Kim Berg)

4/27: Narrative Therapy

Nichols: Chapter 12: Narrative Therapy

Williams-Reade, J., Freitas, C., & Lawson, L. (2014). Narrative-informed medical family therapy: Using narrative therapy practices in brief medical encounters.

In class video: Narrative Therapy with Steve Madigan

5/4: Poster Fair: Family-Centered Application to your research or practice

In class: Presentation of final special topic poster

*Please note that course topics may have supplemental readings on Canvas. Reading assignments not currently listed in the syllabus or changed during the course of the semester will be provided in class at least one week prior to the due date.

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Guidelines for Assignments

#1.BEHAVIOR SETTING AND SOCIAL-ECOLOGICAL SYSTEMS OBSERVATION 10 PTS.

<u>Purpose</u>: To gain experience viewing behavioral phenomena as a reciprocal, interrelated, goal-determined process within a social-ecological context.

<u>Directions</u>: You are to complete <u>two</u> brief observations using systems theory and social-ecological principles; one will be completed in dyads in class (Jan. 27) and discussed in class.

Assignment 1a) Your first observation will be completed in small groups and should be of any behavior setting that is not a family group. Observe transactional behavior patterns for 10 minutes.

- Document your analysis in a brief report using bullet points and limited to 3-4 double-spaced pages. In this report, discuss your observation using the systems theory and social-ecological principles presented in class and described in your assigned readings.
- · Completed, written, uploaded, & discussed in class.

Assignment 1b) Your second observation should be completed independently and should focus on a family grouping or sub-grouping. Repeat the above process.

- Document your analysis of these two systems in a brief report (limit to 3-4 typed, double-spaced pages).
- Conclude with a single discussion paragraph that compares and contrasts the experience for you
 of viewing a family and non-family system.

Helpful hints:

- Begin with a 2-3 sentence paragraph that describes the setting and participants.
- Be sure to use only observable data to support your systemic hypotheses and conclusions.
- Use most, preferably all, of the systems principles included in the readings/lecture.
- Create hypotheses regarding system properties; then test and observe the system's response to
 confirm your hypotheses regarding system properties <u>if possible</u>. A perturbation to the
 regularities of the system is an excellent way of documenting feedback loops. <u>If you cannot
 create a perturbation</u>, consider whether you observed a perturbation from another source.
- Embed your systems observation within its larger social-ecological context; discuss how the broader context at each level constrains or enables the behavior you have observed within the system that is the target of your observation.

Due: Assignment 1a due Jan. 27 in class; Assignment 1b due Feb. 3

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20 PTS.

<u>Purposes</u>: A) Gain understanding of Bowen family systems theory through application; b) Become familiar with the genogram method of assessing trans-generational patterns of family functioning; c) Consider the role of your own family dynamics in your individual development and your development as a mental health professional. (Purpose C is optional)

<u>Directions</u>: Complete a three (four is recommended if you have children) generational genogram of a family system, either your own or identify a volunteer individual.

Part A: Construct the genogram. Directions will be provided in class and will be augmented with course readings and, if available, software. A complete genogram representation may require some family history research and communication with family members (or not). What is not known can be as relevant as what is known. You may, however, wish to begin data collection for Part A of this assignment early, depending upon your level of interest in the topic, and the accessibility of family members.

<u>Part B:</u> Genogram analysis. The purpose of the written analysis is to *demonstrate your understanding of Bowen theory* as reflected in your evaluation of your family genogram. The key to the genogram analysis is the multigenerational transmission of anxiety as reflected in symptomatic behavior. Please be certain to use all of the key concepts of Bowen theory in your analysis of the relational aspects of anxiety present in the family that is the focus of the genogram.

There are also genogram variations, such as the cultural genogram, that you may prefer to explore. If you choose a genogram variation, please get approval from the instructor.

Your genogram analysis should not exceed 8 pages (typed, double-spaced) and should be accompanied by a copy of the actual family genogram for reference.

Important note regarding informed consent: Mental health professionals are expected to engage in self-reflection that may be relevant to their 'blind spots' or biases in clinical practice. Family therapists commonly complete genograms of their family with the dual purpose of understanding Bowen family systems theory and understanding themselves. However, completion of the genogram of one's own family can be highly personal and anxiety-provoking, especially within the context of an unequal student/instructor relationship. Therefore, several options for completion of this assignment are provided without prejudice.

Option A: Students may complete the genogram assignment with a volunteer adult individual to avoid any disclosure of personal information by the student to the instructor. To protect the confidentiality of that family, only first names and last name initials should be used.

Option B: Informed consent. Students who wish to complete the genogram with their own family data will be asked to sign a self-disclosure consent form, which will be provided to you, and to include this signed consent form with the genogram assignment. To protect student-student confidentiality, please note that the TA will <u>not</u> be involved in the review or grading of the genogram assignment if you select Option B. To further assure your confidentiality is not breached, if using your own family data, please note on the cover page of final assignment, "For instructor only."

Option C: Cultural genogram or other specifically targeted genogram applied to one's own family. Please discuss with instructor.

Due: February 17

20 PTS.

<u>Purpose</u>: To develop skill in the assessment of family functioning through observation of family transactional patterns from multiple theoretical models.

<u>Directions:</u> Students will be provided with a brief description of a family case and a video recording of a 15-minute pre-treatment assessment of family interaction and a 1-hour initial interview. You are to evaluate the family interaction patterns from two theoretical models: strategic/structural and behavioral/CBT.

First evaluate the family's functioning from the strategic/structural or structural model using the relevant dimensions and principles. Second, evaluate the family's functioning from the behavioral/social learning or cognitive-behavioral model using relevant dimensions and principles. Be sure to identify strengths/areas of better functioning as well as areas of dysfunction that would be prioritized for intervention. Please also rank order the targets for intervention from each theoretical model in order of most to least important given its proximity to (role in maintaining) the presenting problem. Third, compare and contrast your results when using these two different theories.

Your family interaction analysis should not exceed 8 pages (typed, double-spaced, single-sided).

Due: March 2

#4: FAMILY ASSESSMENT USING SELF-REPORT DATA

Part A) Self-report measure scoring and interpretation	10 PTS	Mar 9
Part B) Analysis of results in context	20 PTS	Apr 13

<u>Purpose:</u> Gain experience in integrating multi-method, multi-level, multi-person data; become familiar with family assessment empirical models, measures, methods, and issues relevant to research and clinical practice with families.

<u>Directions</u>: Commonly used empirically-derived family functioning models and associated measures will be described in class (3/2). You have two options from which to choose for this assignment. <u>Option 1</u>: Select two models of interest to you <u>for which you</u> wish to compare their clinical utility and validity using single informant self-report data; <u>Option II</u>: Select one model of interest to you for which you will gather and compare multi-informant self-report data that will include you and two or more additional family members, and discuss the clinical utility and validity of the model and measure.

Option 1, Part A: Once the two models are selected, please (a) read at least one article or chapter that further describes each model; (b) complete the whole family self-report measure associated with each model for your family of origin at a certain time in the history of your family (e.g. high school years, during a period of family crisis/transition); (c) score the two measures according to the test manual or scoring information; (d) provide a summary of the results for each assessment measure; and (e) briefly discuss how the results were comparable or different when your family functioning was viewed from the perspective of the two different measures/models.

Option 2, Part A: Follow the Option 1, Part A directions with the following changes: select only one model; (a) read one article/chapter further describing your model and one article on the issue of multifamily member data (some recommended references will be provided and you may search for your own); (b) have multiple members of your family complete the whole family self-report measure retrospectively at a certain time in history; (c) score as noted; (d) provide a summary of results in a table that includes the

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scores of all members with clinical significance noted; (e) briefly discuss the divergence and convergence of reports across family members.

Evaluation of self-report data should not exceed 5 typed double-spaced pages + data/profiles, etc.

Part B: Add an addendum to Part A in which you reconsider the meaning of your scores within a sociocultural context that includes family structure, family developmental stage, and family social class and ethnicity. It will be important that you cite your readings as references when completing Part B. It will also be necessary to consult the manuals or supportive documentation for the models/measures you selected to determine if these have been used and/or normed with populations similar to your family. These materials are available in the filing cabinet outside of Nicole's office.

Please conclude Part B with your evaluation of the degree to which the models and measure you selected to evaluate your family were reliable, valid and clinically useful.

#5 SPECIAL TOPIC POSTER

20 PTS.

<u>Purpose</u>: a) Gain knowledge in a topic of interest that may not have been adequately covered in class; b) Share your knowledge with your peers in a format, the scholarly poster, that is commonly used at professional conferences; c) contribute to your professional development (i.e. hopefully your poster can be included in a portfolio or submitted to a professional conference).

<u>Directions</u>: Students will select a topic of interest that fits within the scope of the course. A brief description of the topic should be written in a single paragraph and submitted to the instructor for approval no later than April 6th, but preferably as soon as decided by the student. Your topic may be a review of research, a review of interventions, or the completion of and report of a scientific case study, if feasible, within your practicum setting. The primary criterion is that your scholarly poster reviews empirical literature or evidence-based interventions related to the topic. Students will be asked to inform their peers about their special topic via a scholarly poster and provide their classmates in a handout (or upload to Canvas) a list of references. Specific directions for poster completion (e.g. size, production, etc.) will be provided in class.

Due: May 4

This class addresses the following NASP training domains:

Primary: Home/School/Community Collaboration (NASP 2.8)

Secondary:

- 1. Data-Based Decision-Making and Accountability (NASP 2.1)
- 2. Consultation and Collaboration (NASP 2.2)
- 3. Socialization and Development of Life Skills (NASP 2.4)
- 4. Student Diversity in Development and Learning (NASP 2.5)
- 5. School and Systems Organization, Policy Development, and Climate (NASP 2.6)
- 6. Prevention, Crisis Intervention, and Mental Health (NASP 2.7)
- 7. Research and Program Evaluation (NASP 2.9)

Society for Family Psychology (Div. 43, American Psychology Association) Core Competencies

Family Psychologists have core competencies in:

- Natural Systems Theory: Understand how natural systems work: how systems regulate themselves, change, and resist change.
- Interviewing Methods: Acquiring the history of a relationship or family, its problems, strengths, and goals essential to understanding systems and how to intervene. The interviewing technique is used in theory building, research, and treatment.
- Family Evaluation: Competence in family assessment that goes beyond individual measures and test batteries. A family psychologist should be able to construct new tests or use current instruments to measure family functioning, carry out validation studies, and administer and interpret test results. Evaluating how a family functions requires the ability to assess relationship patterns in both current functioning and in prior generations. The ways in which a family manages emotional closeness, distance, and conflict are central to the work of a family psychologist.
- Marital/Couples Therapy and Parenting Issues: Know theories of marital interaction, marital
 evaluation, and marital therapy and their relationship to parenting, and have the skills to use this
 knowledge to help couples change.
- Family Therapy: Have knowledge of theories of family interaction, family evaluation, and family therapy and the skill to use this knowledge to effect change in families.
- Family Diversity: Recognize ethnic and cultural differences between families, as well as
 similarities among families of all backgrounds. Be aware of the way in which gender and the
 unequal power relationships between men and women construct family structures and family
 relationships. Develop awareness of one's own racial, ethnic, and class identity, as well as one's
 unconscious biases.
- Family Law: Be familiar with law and regulations regarding such issues as custody and visitation; child, spouse, and elderly abuse; and ethical relationships with attorneys.
- Systems Research: Be familiar with systems-based process and outcome research and relevant statistical analyses. Paradigms that analyze family and/or group interactions are necessary. Sociological research also may be relevant to family and larger systems.
- Family Violence: Skill in assessing and treating all types of abuse and violence and its impact on individuals, families, and larger systems.
- Sex Therapy: Knowledge of normal and abnormal sexual functioning, able to evaluate sexual
 functioning, and the principle and programs used in treating sexual problems.

CACREP Competency-Based Standards (2009) for master students in marriage and family counseling are available on Canvas.

AAMFT comprehensive core competencies are available on canvas and at: (www.aamft.org)