



Mastering Competencies in Family Therapy

A Practical Approach to Theories & Clinical Case Documentation

Fourth Edition

Diane R. Gehart



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A Practical Approach to Theories and
Clinical Case Documentation

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

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

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Whose ideas opened new worlds for me

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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.
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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 *cs*: 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.
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Further Reading

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Preface

The Purpose of This Book

Mastering Competencies in Family Therapy is designed to be an efficient and highly effective means of teaching new therapists to master the essential competencies necessary to succeed in doing couples and family therapy in the 21st century. As an instructor in an accredited program and university that is required to measure student learning, I needed something that would enable me to effectively measure student learning. Although I created comprehensive assessment systems for measuring student mastery of competencies (Gehart, 2007, 2009), I realized that in order to do so, the students needed resources that 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 theological 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

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About the Author



Staci Gee Photography

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- *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
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Part I

Theoretical Foundations

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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 Schwalie



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 post-modern 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 filled 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

- Intergenerational and psychodynamic theories, including internal family systems
- Cognitive-behavioral and mindfulness-based family therapies
- Solution-based therapies
- Postmodern and sociocultural therapies: collaborative, narrative, and socioemotional relational therapies

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

Anatomy of a Theory

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

Anatomy of a Theory

In the Grand Scheme of Things: Cross-Theoretical Comparison

In a Nutshell: The Least You Need to Know: Brief summary of the theory

The Juice: Significant Contributions to the Field

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

Interventions for Specific Populations and Presenting Concerns

Lights, Camera, Action: Telehealth Applications

Putting It All Together:

- Case Conceptualization and Treatment Plan Templates
- Treatment Plan Template for Individuals with Depression/Anxiety Symptoms
- Treatment Plan Template for Couples/Families with Conflict

Tapestry Weaving: Working with Diverse Populations

- Ethnic, Racial, and Cultural Diversity
- Sexual and Gender Identity Diversity

Research and Evidence Base

Laugh Your Way to Licensure: License Exam Preparation Tips

Questions for Personal Reflection and Class Discussion

Online Resources

Reference List

Case Example

In the Grand Scheme of Things: Each theory is introduced within the Therapy that Works Unifying Framework to see how it relates to other theories. This should facilitate deeper understanding of individual approaches as well as increase your ability to identify similarities and differences across theories.

In a Nutshell: The Least You Need to Know: The chapters begin with a brief summary of the key features of the theory. Although it may not be the absolute least you need to know to get an A in a theory class or help a client, it is the basic information you should have memorized and be able to quickly articulate at any moment to help you keep your theories straight.

The Juice: Significant Contributions to the Field: In the next section, I use the principle of primacy (first information introduced) to help you remember one of the most significant contributions of the theory to the field of family therapy. In most cases, well-trained clinicians who generally use another approach to therapy are likely to be skilled and use this particular concept because it has shaped standard practice in the field. This section is your red flag to remember a seminal concept or practice for the theory. Feedback from students indicates this is often one of their favorite sections. (I only hope that isn't because they skim the rest of the chapter; but, of course, *you* would never think of such a thing.)

Rumor Has It: The People and Their Stories: In this section, you can read about the developers of the theory and how their personal stories shaped the evolution of the ideas. And, yes, some of the rumors are juicier than others. As the focus of this text is how therapy theories are actually used in contemporary settings, I have deemphasized the history and development of the theory, but you will find brief summaries of such history here.

The Big Picture: Overview of the Therapy Process: The big picture provides an overview of the flow of the therapy process: what happens in the beginning, middle, and end, and how change is facilitated across these phases.

Making a Connection: The Therapeutic Relationship: All approaches start by establishing a working relationship with clients, but each approach does it differently. In this section, you will read about the unique ways that therapists of various schools build relationships that provide the foundation for change.

The Viewing: Case Conceptualization and Assessment: The case conceptualization section will identify the signature theory concepts that therapists from each school use to identify and assess clients and their problems. This really is the heart of the theory and where the real differences emerge. *I encourage you to pay particularly close attention to these.* For this fourth edition, you will find theory-specific case conceptualization forms at www.masteringcompetencies.com. You can also read more about case conceptualization in Chapter 13.

Targeting Change: Goal Setting: Based on the areas assessed in the case conceptualization and the overall therapy process, each approach has a unique strategy for identifying client goals that become the foundation for the treatment plan.

Interventions for Specific Problems/Populations: Probably the most exciting part for most new therapists, the doing section outlines the common techniques and interventions for each theory. In some cases, a section for techniques used with special populations is included if these are notably different than those in standard practice.

Putting It All Together: Case Conceptualization and Treatment Plan Templates: After graduation, you will probably thank me most for this section, which provides templates

for theory-specific case conceptualization and treatment plans that can be used for addressing depression, anxiety, or trauma with individual clients and conflict with couples and families. These plans tie everything in the chapter together (just imagine a little bow on top).

Tapestry Weaving: Working with Diverse Populations: This section reviews specific approaches for working with diverse populations using the theories covered in the chapter. Each chapter includes sections on ethnic and sexual identity diversity issues.

Research and Evidence Base: Finally, the chapters end with a brief review of the research and evidence base for each theory to offer a general sense of empirical foundations for the theory. In some cases, influential evidence-based treatments (see Chapter 5 for a definition) are highlighted.

Try It Yourself: Throughout the chapter, you will find opportunities to “try it for yourself” and apply a concept to yourself or with a partner.

Laugh Your Way to Licensure: License Exam Preparation Tips: This section lists what sections of the chapter are important for licensing purposes for all major mental health licenses.

Questions for Personal Reflection and Class Discussion: At the end of each chapter, you will find questions to help you meaningfully engage the material.

Online Resources: A list of web pages and web documents are included for those who want to pursue specialized training or conduct further research on the theory.

Reference List: Many students pass right over reference lists and forget all about them. But if you have to do an academic paper or literature review on any of these theories, this should be your first stop. In this case, I had several hundred books and articles go through my 12-by-12-foot office while writing the editions of this book. Thus, you can certainly shorten the time it takes to locate key resources by pursuing these before you hit the library yourself. (Oh, I forgot, no one steps foot in these places anymore; I meant “surf” the library’s web page while still wearing your bunny slippers.)

Case Example: Finally, each chapter ends with a case vignette, case conceptualization, clinical assessment, treatment plan, and progress note to give you a sense of how the theory looks in action and how to put it down on paper. The details for how to complete these forms are in Chapters 13–17.

Voice and Tone

Finally, I should mention that the voice and tone of this textbook are a bit different from that of your average college read. Hopefully, you have noticed by now that I am talking to ya’. I also like to add some humor and have some fun while I write. Why? Well, first, I have more fun writing this way. But, more importantly, I want to engage you as if you were one of my students or supervisees learning how to apply these ideas for the first time. Family therapies are relationship-based practices, one in which the parties construct knowledge together. So, it’s hard for me to write about these ideas as a detached, faceless author, thereby perpetuating the myth of objectivity in knowledge construction (you’ll better understand why I’m worried about this after reading about the philosophical foundations of family therapy in Chapter 2). So, as I write, I’m imagining you as a real person, eager to learn about how to use these ideas to help others. I am going to try to reach out to you, answer questions I imagine you have, and periodically tap you on the shoulder to make sure you are still awake

Suggested Uses for This Text

Suggestions for Thinking about Family Therapy Theories

As you read the chapters in this book, you are going to be tempted to identify which ones you like the best and deemphasize the ones to which you are less attracted. This may seem like a great idea at first, but here are some points to consider:

- **Favorite vs. Useful:** The theories that the average therapist finds personally useful are probably not the same ones that the average client of a new therapist is likely to find useful. Many therapists are psychologically minded, meaning that they enjoy thinking about the inner world and how it works. However, most new therapists begin working in lower-fee clinics that serve diverse, multiproblem clients and families, many (but not all) of whom are not psychologically minded because they are often struggling with issues of survival and/or come from cultural traditions that place less value on analysis and understanding of the inner world. So, the theory you find most useful to you personally may not be a good fit for your first client.
- **Appreciative:** The theories in this book are not casually chosen. They have become part of the standard cannon of theories because generations of therapists have found them helpful. Each has wisdom worthy of study. The one lesson I have learned over the years is that the more theories therapists understand, the better able they are to serve their clients because their understanding of the human condition and its concomitant problems is broader. Thus, I recommend approaching each theory with an attitude of searching for its most wide and useful parts. I facilitate this for you in the “Juice” section of each chapter, which identifies the one concept I believe has near universal utility from the particular theory.
- **Common Threads:** Family therapy theories are ironic: in one sense they are very different and inform distinct and mutually exclusive behaviors and attitudes. However, the better you understand one, the better you understand them all. In fact, some therapists, the common factors proponents, argue that theories are generally equally effective because they are simply different modes for delivering the same factors (Miller et al., 1997; you will read more about this in Chapter 5). So, it is quite possible that commonalities across theories are *more important* than their differences.

Suggestions for Using This Book to Learn Theories

First, I recommend that you set aside 1 hour or 2 to read about a single theory from beginning to end (from the “In a Nutshell” to “Putting It All Together”) to help get the full sense of the theory. Some chapters have a couple theories in one, so for these, it is fine to read the chapter in chunks. In addition, some learners may find it helpful to scan the treatment plan (either the template or the example at the end of the chapter) or some other section first to provide a practical overview; that said, I have tried to organize the ideas in the way most people seem to prefer. But I encourage you to discover what works best for you, as different learners have different strategies that work best for them. When you are done with a chapter, you might want to try completing a case conceptualization and treatment plan for yourself (you may have to make up a problem if you are nearly perfect) or someone else to get a sense of how this would work.

Finally, I strongly recommend that either after reading the chapter or after going to class you take good, old-fashioned notes. Yes, I mean it. I recommend that you type up (or if you prefer, handwrite) a complete outline of the key concepts in your own words. Why do I advocate such painful torture? When we read long, dense books such as this one, we all fade in and out of alert attentiveness to what we are reading—often lapsing into more interesting fantasies or less interesting to-do lists—and—gasp!—sometimes even skim large sections of the text. (No, I am not surprised or offended.) The only way

to make sure that you really understand the concepts you read about is to put them in your own words and organize them in a way that makes sense to you. If you need to take culminating exams or plan to pursue licensure, you will have to log the concepts in this book into your long-term memory, which requires more than cramming for a final exam. If you are new to graduate and professional school, I am sorry to be the bearer of the sad news: this is not like undergraduate study, where forgetting everything you learned the week after finals was generally not a problem. Being a mental health professional requires that you master and build upon what you learn. You will be expected to know what is in this book for the entire time you are active in the profession (seriously—and if you think that is bad, just wait until you get to a class on diagnosis—you’ll have to memorize an even longer book). So, if your former study habits included all-night cramming, gallons of espresso (or other favorite caffeine-delivery system), and minimal recall after the exam, you might want to try my note-taking tip or some other strategy as you move forward.

Suggestions for Using This Book to Write Treatment Plans

I want to emphasize that the treatment plan format, templates, and examples in this book are just that: formats, templates, and examples. They do not represent the only approach or the only right approach. They are simply a solid approach based on the common standards and expectations. You most likely will work at a counseling agency or institution that uses another format, but the same general rules (those in Chapter 15) will still apply. That is why understanding the principles of how to write good goals and interventions is more important than memorizing the format.

Furthermore, don’t use the templates and examples too rigidly. Feel free to modify the goal statements and techniques to fit the unique needs of your client. I have provided some relatively specific goals as an example of what might work and encourage you to radically tailor these for each client’s unique needs. You will notice that treatment plans in the case study do not rigidly follow the templates; I encourage you to do the same.

Suggestions for Use in Internships and Clinical Practice

When working as an intern or licensed mental health professional, this book can be useful for teaching yourself theories and techniques in addition to learning how to complete clinical documentation. You will likely find that when you work with new populations and problems, you may be interested in considering how other therapy models might approach these situations. This book is designed to be a prime resource that can be quickly scanned to identify other possibilities. Alternatively, you might have a colleague or supervisor who uses a theory with which you are not familiar. You can use this book to quickly review that theory and keep from looking uneducated. In addition, this book is written to help you appreciate and find common ground across theories, which can be of particular benefit when working in a “mixed theory” context. However, to actually learn to practice any of these theories well, I strongly urge you to take advanced training from experts in that approach.

Suggestions for Studying for Licensing Exams

If you are accustomed to cramming for exams and passing, licensing exams will require you to develop a long-range plan. Licensing exams require you to master an incredibly large body of knowledge. They also involve a different strategy than your typical college exam, where the material to be studied is reasonable and easily identifiable. Thus, I strongly recommend taking *written notes* for all of the sections listed for your license under *Laugh Your Way to Licensure*. Whether handwritten or typed, your brain will encode this material best if you put it in your own words while engaging as many systems in the brain as possible. If you are lucky, your professor will require a closed book multiple choice exam and force you to memorize the entire book while in graduate school. Most of my exam candidates bemoan the fact that they had few multiple-choice exams in graduate school and never memorized anything . . . until they had to take the licensing exam.

Suggestions for Faculty to Measure Competencies and Student Learning

This book is specifically designed to help faculty and supervisors simplify and streamline the onerous task of measuring student competencies as required by the various accreditation bodies. The forms and scoring rubrics for assessing student learning using counseling, psychology, social work, and family therapy competencies are available on the book's resources for instructors (log in to your instructor portal at cengage.com and add *Mastering Competencies in Family Therapy* to your digital library in MindTap to find all the available resources). On this website, instructors will also find PowerPoint slides, sample syllabi, and test banks. On the author's websites (www.dianegehart.com and www.therapythatworksinstitute.com/books), you and your students will also find all of the forms for free download. Furthermore, the author has numerous free online lectures related to this text available on her YouTube channel: www.youtube.com/c/DianeRGehartPhD. This text may be used as the primary or secondary text in a family therapy theories class or as a primary text in a prepracticum or practicum/fieldwork class. Because of its combination of solid theory and practical skills, it can easily be used across more than one class to develop students' abilities to conceptualize theory and complete clinical documentation, skills that are not likely to be mastered in a single class.

When designing a class to measure competencies and student learning using these treatment plans and case conceptualizations, I recommend initially going over the scoring rubrics with students so that they understand how these are used to clearly define what needs to be done and the expectations for the final product. I have found that is most helpful to provide two to three opportunities to practice case conceptualization and treatment planning over a semester to provide feedback and enable students to improve and build upon these skills in a systematic fashion. Specifically, I have a small group present a case conceptualization and treatment plan with each theory studied based on a video the class watches on the theory; that way they have enough information to actually conceptualize the client dynamics and treatment. Then the entire class can see an example and discuss the thought process of developing the plan. A later or final assignment for the class can be to independently develop a treatment plan for a case (either one assigned by the instructor, from a popular movie, from personal life, or from an actual client). By the end of a semester, with these activities, students will have developed not only competence but also confidence in their case conceptualization and treatment planning abilities.

Questions for Personal Reflection and Class Discussion

1. How would you define "competent" therapy, and what specific behaviors do you associate with competency?
2. Describe why you think each of these are common threads to competency: diversity, research, law and ethics, and person-of-the-therapist.
3. What learning and study strategies work best for you? Based on the description in this text, what do you think is the best way for you to learn the material in this text?

Online Resources for Students and License Exam Candidates

- **Clinical Forms:** Students and exam candidates will find digital forms, including theory-specific case conceptualizations, and other resources for the text on the Cengage website (www.cengagebrain.com) and the author's websites (www.dianegehart.com and www.masteringcompetencies.com). These include:
 - **eBook:** Students who purchase the eBook version will have access to the nine demonstration videos.
 - **YouTube:** Free online lectures for most of the theories covered in this book on YouTube: www.youtube.com/c/DianeRGehartPhD
- **Author Sites:** Visit the author's webpages www.dianegehart.com and www.therapythatworksinstitute.com/books for free digital versions of the forms for all assignments: case conceptualizations (for all individual theories and cross-theoretical), clinical assessment, treatment plan, and progress note.

Online Resources for Instructors

Instructors will find a full suite of instructional materials to make course preparation a breeze. This includes

Cengage.com: Syllabi, PowerPoints, Scoring Rubrics, and Other Teaching Resources: Log in to Cengage.com for digital instructional tools and resources that complement this text and help you to be more successful in your course and your students in their careers. There's an interactive eBook plus videos of client sessions, skill-building activities, quizzes to help you prepare for tests, apps, and more—all in one place on the Cengage website (login.cengage.com). These include:

- Digital forms for all assignments: case conceptualization, clinical assessment, treatment plan, and progress note
- Sample syllabi for how to use this book in a theory class, prepracticum skills class, or practicum class
- PowerPoint slides for all chapters
- Scoring rubrics for each assignment correlated to each profession's competencies: counseling, family therapy, psychology, and social work
- Test bank

Demonstration Videos: Instructors have free access to nine instructional videos of client sessions to stream in class via the electronic version of the text in Cengage's Instructor's Portal. To access the videos, simply add *Mastering Competencies in Family Therapy* to your instructor library (whether or not you assign the digital version to

students). Create an online version of the course, and you will find the videos at the end of the digital text. Students can access the videos by purchasing one of the digital products that include videos available at www.Cengage.com. Each video is designed to teach students a specific intervention from the theory being demonstrated, setting the class up for small-group practice sessions. The video topics include:

- **Systemic–strategic therapy:** Ordeals
- **Structural therapy:** Enactments
- **Satir human growth model:** Sculpting
- **Emotionally focused couples/family therapy:** Tracking the negative interaction cycle
- **Bowen Intergenerational:** Constructing a genogram in sessions 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.

Clinical Forms: All the forms in this text can be downloaded for free from Cengage.com or the author's webpages www.dianegehart.com and www.therapythatworksinstitute.com/books

YouTube: And if you ever need Diane to cover one of your courses, you will find numerous free prerecorded lectures on YouTube: www.youtube.com/c/DianeRGehartPhD

Resources for Professional Competencies

Clinical Psychology Competencies

www.apa.org/ed/graduate/competency.aspx

Counselor Education Competencies (Marriage, Couple, and Family Counseling)

www.cacrep.org

Laugh Your Way to Licensure

www.therapythatworksinstitute.com/laugh-to-licensure-mft

Marriage and Family Therapy Core Competencies

Nelson, T. S., Chenail, R. J., Alexander, J. F., Crane, R., Johnson, S. M., & Schwallie, L. (2007). The development of the core competencies for the practice of marriage and family therapy. *Journal of Marital and Family Therapy*, 33, 417–438.

Social Work Competencies: National Association of Social Workers

www.socialworkers.org

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Chapter

2

Philosophical Foundations of Family Therapy: Systems Theory and Postmodernism

Learning Objectives

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

- Describe the philosophical foundations of family therapy.
- Describe the foundational assumptions of systemic theory, including cybernetics and second-order cybernetics.
- Outline the basic assumptions of the four major postmodern schools that inform contemporary family therapy.

Lay of the Land

Before exploring the specific models of family therapy, I want to briefly introduce you to their philosophical foundations.

- **Systems Theory:** The origins of family therapy are in systemic theories of mid-20th century. These theories look at the family as a “whole” organism and work with the systemic dynamics *between* people to address both intrapsychic and interpersonal problems.