

Department of Family Relations and Applied Nutrition
University of Guelph

**FRAN 6100 Clinical Issues in CFT: Health and Well-Being
Summer 2012**

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Office Hours: By appointment
Class Time: Tuesdays (May 15, 22, 29; June 5, 12, 19, 26; July 3, 10, 17, 24, 31 – 9:30am-12:20pm)

Course Outline

Course Description

This course focuses on topics that are related to physical health and wellbeing across the life span. This course has an applied focus that concentrates on training family professionals in various models on how to work with individuals, couples, and families around issues of health, illness, and disability. We will examine how various family professionals work with physical and psychological health issues. The class will also focus on how resilient individuals, couples, and families are in dealing with these types of issues. In examining these issues we will integrate theory, research, and practice.

Specific Objectives

1. To review and critique different theoretical models related to physical health and well-being from family systems and family therapy perspectives.
2. To increase knowledge about a variety of physical health issues and mental health disorders.
3. To develop skills on how to deal with health issues and mental health disorders in different professional contexts.
4. To address issues of power, privilege, and diversity as they relate to health issues and mental health disorders.
5. To expand our views of how family professionals traditionally work with people.
6. To explore the resilience of individuals, couples, and families who are dealing with some very difficult issues in their lives.
7. To develop knowledge of current research developments in the couple and family therapy and clinical/counselling psychology, including empirically validated and evidence-based therapy approaches.

AAMFT Selected Core Competences and CFT Program Expected Student Learning Outcomes

AAMFT CC #	Sub-domain	AAMFT SELECTED CORE COMPETENCIES (CCs)
1.1.3	Conceptual	Understand the behavioural health care delivery system, its impact on services provided, and the barriers and disparities in the system.
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics)
2.1.2	Conceptual	Understand the major behavioural health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
3.1.3	Conceptual	Understand the effects of psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioural health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation literature.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.

CFT PROGRAM EXPECTED STUDENT LEARNING OUTCOMES (ESLOs)
<p><u>EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION</u></p> <p>Educational Goal: Students will develop a professional identity encompassing an interdisciplinary sensibility, informed by relevant research-based information from related disciplines (family therapy, sociology, psychology, social work, health, etc.) and supported by the principles of critical appraisal of knowledge.</p> <p>ESLO (2 b) Students will demonstrate an ability to write coherently about integrating theory, research, and practice skills related to their professional work.</p> <p>ESLO (2 c) Students will have knowledge of current research developments in the couple and family therapy field, including empirically validated and evidence-based therapy approaches.</p>

EG-4 SOCIAL CONTEXT AND POWER RELATIONS

Educational Goal: Students will integrate a sophisticated sensitivity to diversity into their professional identity as a couple and family therapist, privileging attention to social location/socio-cultural context and including an understanding of social justice issues and awareness of how direct and systemic marginalization, discrimination, and abuse may impact people's everyday lives.

ESLO (4 a) Students will critically analyze how their social location, values and beliefs shape their professional identity.

ESLO (4 b) Students will develop abilities to critically and reflexively analyze power relations of a given situation and/or embedded in the construction of knowledge, including attention to one's own participation in these processes.

Course Organization

The course is designed to provide a dynamic and interactive face-to-face learning process for each student in the course. Each course participant (student and instructor) brings a wealth of experience about human nature, development, and experience. Throughout its duration, the course will evolve as students and their instructor dynamically interact using these resources.

This course is specifically designed to encourage active participation and collaboration among students and the instructor. The instructor assumes that each individual in the class has valuable personal and professional experience that will benefit the learning of everyone in the course. There is also the assumption that people may have very different views about various topics. The instructor's hope is that this class will be a place where everyone feels free to respectfully listen and challenge one another. At times this class may invoke some challenging emotions. Students are encouraged to do whatever is needed during class to take care of themselves.

The classes will primarily be based on assigned readings and other relevant topical materials. It will be assumed that each class member will come to class prepared to discuss the readings. The instructor attempted to limit the readings and course workload in order that everyone can have the time to read the materials prior to class discussion.

Personal Self-Disclosure: CFT Program Guidelines

The CFT Program recognizes that professional development in the field is often enhanced by exploring the interface between the personal and the professional. Students are generally encouraged to thoroughly explore this interface. This is particularly important in specific instances where their personal history and experience closely parallels the course subject matter and client situation. Generally, a student should only reveal as little or as much information as he or she is comfortable sharing with the instructor and colleagues. The evaluation of student performance is not dependent upon student disclosure of personal information.

Guest Speakers

We will have guest speakers and panelists coming to our class. Their wisdom and personal stories will be generously shared with you. I expect that you will show respect and courtesy to them.

Required Course Readings

Quick Reference to the Diagnostic Criteria From DSM-IV. American Psychiatric Association.
(see CFT Centre copy)

Readings for each week (see the Course Schedule) can be found under CourseLink.

Course and Instructor Evaluation

Student Evaluation:

Participation	20%
In-class presentation	25%
Illness/disability narrative project	30%
Public service announcement	25%

Instructor/Course Evaluation:

Students are invited to complete formal written course/instructor evaluations at the end of the semester. The instructor invites class members to provide any feedback at any time during the term.

1. Participation (20%) [ESLO 1a-b, 2b-c, 3d, 4a-c, 5b-c; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.3., 2.1.5., 2.1.6., 3.1.3., 3.1.4., 6.1.1., 6.3.1., 6.3.3., 6.4.1.]

All readings are required. It is expected that students will read the course materials. Readings will usually be discussed in class or, if they are not discussed directly, having read them will be necessary for whatever class activity takes place. Participation marks will be awarded to students who contribute weekly to the discussions. Students are expected to make substantive contributions to the dialogue. To do so, they must have read the required materials and given considerable thought to the concepts and theoretical issues presented. In general, scholarly work involves the ability to critically analyze information, synthesize information from a variety of sources, compare and contrast similar theoretical structures across different theories, and raise relevant examples to illustrate principles.

2. In-class Presentation (25%). [ESLO 1b, 2b; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.5., 2.1.6., 3.1.3., 6.1.1., 6.3.1., 6.3.3., 6.4.1.]

Students, in groups of 2 or 3, will select a mental or physical condition and give a presentation exploring what couple and family therapists need to know about this condition and how they could work effectively with individuals and families who struggle with it. Students will also discuss current research developments and evidence-supported therapy approaches used to address this condition. Presentations will be 1 hour in length (time TBD). They will be marked on the content (breadth and depth of empirical, theoretical, and clinical knowledge on the topic); critical thinking; oral communications and discussion facilitation; and ability to apply ideas to practice. *A brief handout listing locally available resources that address this issue (e.g., support group, crisis centre, community programs, specialists) will be provided to all students (please include contact information).*

3. Illness/Disability Narrative Project (30%). Due June 22 (Friday), 2012. [ESLO 1a-b, 4a-c; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.3., 2.1.5., 2.1.6., 6.4.1.]

In this assignment, you will read a book/article or watch a movie that explores a story of a person or family undergoing a psychological or physical illness. You will be asked to imagine being a therapist working with this individual/family and explore the following questions (no need to address them all – only those you deem relevant or significant):

- What are the major personal and relational themes in this narrative/movie?
- What meaning do the characters make of the illness or disability? How does it impact them?
- How do these meanings shift and change over time?
- What is their experience of interaction with “systems of care and assistance”, and with discourses of health and illness?
- How, as a therapist, would you position yourself in your work with this individual/family?
- What assumptions would inform your clinical work? What principles would guide you?
- Drawing directly on readings from the course, what kinds of conversations might you engage in? What questions might you ask? What “interventions” might you use? Please be explicit about the readings you are choosing (cite) and why you have chosen them.
- What ethical issues may emerge in your work and how would you attend to these?
- In what ways are your social locations similar? Different? How would this influence your therapeutic relationship and approach?
- What relations of power might circulate in your therapeutic relationship? How would you attend to these?
- In what ways might this work touch you personally? How would you attend to and draw on this resonance in your clinical work?

Listed below are some book possibilities:

Jamison, K. R. (1996). *An unquiet mind: A memoir of moods and madness*. New York: Vintage Books.

Linton, S. (2006). *My body politic: A memoir*. Ann Arbor: The University of Michigan Press.

Lorde, A. (1997). *The cancer journals*. San Francisco: Aunt Lute Books.

Resnick, R. (2008). *Love junkie: A memoir*. New York: Bloomsbury.

Scheff, D. (2008). *Beautiful boy: A father's journey through his son's addiction*. Boston: Mariner Books.

Styron, W. (1990). *Darkness visible: A memoir of madness*. New York: Vintage Books.

Vega, V. (2007). *Comes the darkness, comes the light: The memoir of cutting, healing, and hope*. New York: Amacom.

Allocation of Grade (30 marks):

Application (ability to translate knowledge into practice)	10 marks
Awareness of issues (awareness of different viewpoints)	5 marks
Critical thinking (demonstrated in the analysis and evaluation of information)	5 marks
Subject content (a comprehensive grasp of the subject matter or topic)	5 marks
Organization, writing, & APA style	5 marks

4. Public Service Announcement (25%) (July 24&31 – in class) [ESLO 1a-b, 2b, 4a-d; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.3., 2.1.5., 2.1.6., 3.1.3., 6.1.1., 6.3.1., 6.3.3., 6.4.1.]

There are two parts to this project:

1) In groups of 2 students, you will create a 2-5 minute Public Service Announcement (PSA) or public service ad to raise awareness or change public attitude or behaviour towards a social issue

in the broad area of health and wellbeing (e.g., body image and eating disorders in children, texting while driving, self-injury). The ad must be made for television and YouTube. Beyond earning a grade on the assignment, the class will vote for the top ads. PSAs rated top 3 by the class will receive prizes. The PSA will be well researched, educational, inclusive (diversity sensitive), stimulating, respectful, powerful, thought provoking, creative (musical, art, etc.), and memorable. Submit your ad to me 72 hours prior to presentation date to ensure no technical difficulties.

Possible topics:

Nutrition & mental health

Physical exercise & mental health

Safer sexual practices

Healthy lifestyle

Behaviour change

Coping with chronic illness

Stress and well-being

Balancing work-family life

A range of mental health concerns, stressors, and life transition issues (e.g., anxiety, depression, substance use/dependence; childbirth, death and bereavement)

2) On July 24 and 31, 2012 each group will have 30-35 minutes to present a PSA, facilitate class discussion on the topic/issue addressed in their ad, and discuss the following questions:

- How did you choose this particular social issue or topic?
- Who is your audience?
- What were your objectives in creating this PSA?
- What was your experience in producing the PSA (learning about self/others, challenges, etc.)?

Grading rubric:

Content (5%)	Explanation of concepts or issues is accurate and complete. Audience is able to develop understanding.
Creativity/Originality (5%)	Various creative strategies are used for presenting the material. Information is presented in a unique, engaging, and interesting format.
Impact (5%)	PSA is memorable and effective in enhancing public awareness or having a strong potential to promote social change.
Style (5%)	Effective verbal and nonverbal communication skills are used in the PSA and its presentation to the class.
Discussion Facilitation (5%)	The team prepared questions and facilitated interesting discussion.
Technical production (5%)	The recording is clear and loud enough to be heard. Background sound and effects blend with the PSA message.

Course Schedule and Required Readings

Week	Date	Topic	Assignments
Week 1	May 15	Course overview Introduction to health & well-being Mental health & illness	
Week 2	May 22	Mental health & illness (cont); Narrative perspectives on pain and illness Crews, J. A., & Hill, N. R. (2005). Diagnosis in marriage and family counseling: An ethical double bind. <i>The Family Journal</i> , 13, 63-66. Tomm, K. (1990). <i>A critique of the DSM</i> . Dulwich Centre Newsletter (http://www.familytherapy.org/downloads.html) Gergen, K., J., & McNamee, S. (2000). From disordering discourse to transformative dialogue. In Neimeyer, R. A. & Raskin, J. D. (Eds.), <i>Constructions of disorder: Meaning-making frameworks for psychotherapy</i> (pp. 333-349). Washington, DC: American Psychological Association. Frank, A. (1998). Just listening: Narrative and deep illness. <i>Families, Systems and Health</i> , 16, 197-212. Weingarten, K., & Weingarten-Worthen, M. E. (1997). A narrative approach to understanding the illness experiences of a mother and daughter. <i>Families, Systems and Health</i> , 15, 41-54. <i>Optional:</i> Millon, T., Krueger, R.R., & Simonsen, E. (Eds.) (2010). <i>Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11</i> . New York: Guilford. Penn, P. (2001). Chronic illness: Trauma, language, and writing: Breaking the silence. <i>Family Process</i> , 40, 33-52.	
Week 3	May 29	Anxiety & PTSD (CBT) Figley, C. R., & Figley, K. R. (2009). Stemming the tide of trauma systemically: The role of family therapy. <i>Australian & New Zealand Journal of Family Therapy</i> , 30, 173-183.	<i>Class Presentation (Group 1)</i>
<i>Week 4</i>	<i>June 5</i>	<i>Sexuality Intensive</i>	
Week 5	June 12	Stress, coping, and mindfulness	<i>Class Presentation (Group 2)</i>

		<p><u>Guest speaker Barbara Wilkinson</u> <i>Youtube Videos:</i> Jon Kabat-Zinn "As Good as it gets" (2 min), "What is mindfulness" (2 min), & "The Benefits of Meditation" (3 min) Mark Williams talks about MBCT (11 min) & Mark Williams on MBCT (3 min)</p>	
Week 6	June 19	<p>Physical illness <u>Guest Speaker Dr. Lisa Wenger</u> (Help-Seeking Among Men With Cancer) Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. <i>American Psychologist</i>, 58(1), 5-14. <i>Optional:</i> Wenger, L. M. (2011). Beyond ballistics: Expanding our conceptualization of men's health-related help seeking. <i>American Journal of Men's Health</i>, 5(6), 488-499.</p>	<i>Class Presentation (Group 3)</i>
Week 7	June 26	<p>Disability and difference <u>Guest speaker Dr. Carla Rice</u> Goodley, D., & Tragaskis, C. (2006). Storying disability and impairment: Retrospective accounts of disabled family life. <i>Qualitative Health Research</i>, 16, 630-46. Rice, C., et al. (2005). Envisioning new meanings of disability and difference. <i>International Journal of Narrative Therapy & Community Work</i>, 3/4, 119-130. Clare, E. (2009). Freaks and queers. In <i>Exile and Pride: Disability, Queerness, and Liberation</i> (pp. 67-101). Cambridge: South End.</p>	<i>Class Presentation (Group 4)</i>
Week 8	July 3	<p>Grief & bereavement; Working with older adults <u>Guest speakers William Cooke & Margotte Kaczanowska</u> Hedtke, L. (2002). Reconstructing the language of death and grief. <i>Illness, Crisis and Loss</i>, 10(4), 285-293. White, M. (1998). Saying hullo again: The incorporation of the lost relationship in the resolution of grief. In C. White, & D. Denborough (Eds.), <i>Introducing narrative therapy: A collection of practice-based writings</i> (pp. 17-29). Adelaide: Dulwich Centre.</p>	
Week 9	July 10	<p>Substance abuse Rowe, C. L., & Liddle, H. A. (2003). Substance abuse. <i>Journal of Marital & Family Therapy</i>, 29, 97-120. Smith, L., & Winslade, J. (1997). Consultations with young men migrating from alcohol's regime. <i>Dulwich Centre Newsletter</i> (can be downloaded:</p>	<i>Class Presentation (Group 5)</i>

		http://www.dulwichcentre.com.au/consultations-with-young-men.html Vetere, A., & Henley, M. (2001). Integrating couples and family therapy into a community alcohol service: a pantheoretical approach. <i>Journal of Family Therapy</i> , 23, 85-101.	
Week 10	July 17	Language and learning disabilities <u>Question-answer period with Dr. Mary Ann Evans (researcher & psychologist)</u> Sori, C. F, & Biank, N. M. (2006). Treating children and families experiencing serious illness. In C. F. Sori (Ed.), <i>Engaging children in family therapy: Creative approaches to integrating theory and research in clinical practice</i> (pp. 223-244). New York: Routledge. <i>Other readings: TBA</i>	<i>Class Presentation (Group 6)</i>
Week 11	July 24	Public Service Announcements	
Week 12	July 31	Public Service Announcements	