

**FRAN 6100: Clinical Issues in Couple and Family Therapy:
Trauma and Resilience**

Winter 2012

Instructor	Veena Kaur, M.Sc.
Room	MacDonald Hall Annex, CFT Centre Room F
Class Time	Thursdays 8:30 am – 11:20 pm, beginning January 12, 2012
Office Hours	By appointment
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COURSE OUTLINE

Course Description

This seminar focuses on clinical issues related to trauma and resilience in couple and family therapy, with emphasis on forms of violence and abuse in relationships, and on resilience, resistance and hope in the face of such violation. Participants will be invited to critically examine the social contexts in which violence occurs, to deconstruct notions of trauma and violence and to consider how discourses of race, class, gender, sexuality, nationality, age and other categories of identity and power mutually influence one another in all aspects of the experience of violation and abuse. We will consider a number of approaches for understanding and responding to trauma, drawing on texts from psychology and psychiatry, in addition to those selected from the field of couple and family therapy. A primary focus of this course will be on discerning and expanding repertoires of protest, resistance, and resilience.

Specific Objectives

1. To explore and evaluate selected approaches to trauma and resilience from the fields of psychology, neurobiology and couple and family therapy, and to identify the unique contributions as well as the potential limitations of these approaches. (EG-1, ESLO 1a)
2. To develop a critical understanding of key concepts in “trauma therapy”, including violence, abuse, trauma, resilience, resistance, accountability, safety, reconciliation, and forgiveness. (EG-1, ESLO 1a)
3. To examine the ways in which discourses of race, class, gender, sexuality, nationality (and/or nation-building) and age mutually influence one another in both social discourses and embodied experiences of trauma and how the contradictions within these discourses can also provide sites of resistance. (EG-4, ESLO 4a)
4. To enhance practical clinical skills in discerning the presence of violence and trauma, approaching conversations with individuals, couples and families, creating safety, and facilitating generative conversations which promote accountability and change. (EG-1, ESLO 1b, 1c)

5. To critically reflect on one's own assumptions about and constructions of power, powerlessness, violence, abuse, trauma, resilience, resistance and hope. (EG-4, ESLO 4a, 4b, 4c)
6. To begin to develop one's own unique and preferred clinical positions and responses. (EG-1, ESLO 1c; EG-2, ESLO 2b)
7. To enhance the ability to make choices about how and when to remain in connected dialogue with clients, colleagues, supervisors and self when faced with disturbing clinical material, complex explanations, challenging ethical dilemmas, diverse and sometimes opposing viewpoints, and our own powerful reactions. (EG-1, ESLO 1b)

AAMFT Selected Core Competences and CFT Program Expected Student Learning Outcomes

AAMFT CC #	Sub-domain	AAMFT SELECTED CORE COMPETENCIES (CCs)
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
6.1.1	Conceptual	Know the extant MFT literature, research and evidence-based practice.
6.3.1	Conceptual	Read current MFT and other professional literature.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.

CFT PROGRAM EXPECTED STUDENT LEARNING OUTCOMES (ESLOs)
<p><u>EG-1 THEORETICAL FOUNDATIONS</u> Educational Goal: Students will gain a broad understanding of the range of epistemological assumptions and core theoretical frameworks within the field of couple & family therapy, including an historical and critical analysis of significant theoretical issues and developments.</p>
<p>ESLO (1 a) Students will critically compare selected historical and leading-edge couple & family therapy approaches and analyze key implications for clinical practice.</p>
<p>ESLO (1 b) Students will demonstrate verbal and written ability to critique and to apply theoretical conceptualizations of selected post-modern/social constructionist couple & family therapy approaches to case-study and client situations.</p>
<p>ESLO (1 c) Students will articulate the theoretical basis and practice implications of their preferred approach to couple & family therapy, including an examination of the congruency with the underlying values and assumptions of the approach and their personal professional positioning.</p>
<p><u>EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION</u> 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>

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.

ESLO (4 c) Students will demonstrate awareness of and sensitivity to multi-dimensional aspects of diversity in the everyday lives of clients, including an ability to explore and articulate with clients the pertinence of potential social location issues on their experience of current concerns for therapy.

ESLO (4 d) Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.

Organization

The design of this course is based on the assumption that all seminar participants bring unique and valuable resources to the academic endeavor. Each individual has much to offer including: knowledge and experience related to taking a "helping" role (professional and/or volunteer); their own specific life experiences; previous educational experiences, a variety of specific passions and talents; and the wisdom passed down to them from previous generations and through their ethnic heritage. Each person also has much to learn from the others in the group. Correspondingly, the pedagogical approach for this course emphasizes learner-centered activities, mutual support, and collaborative sharing of resources among colleagues. It is expected that there will be respect for diverse views, curiosity about differences, and the development of a seminar environment where generative dialogue will flourish.

The following course activities are required:

1. Readings and Class Discussions. [ESLO 1a. CC 2.1.1., 6.1.1., 6.3.1., 6.4.1.]

From the vast literature on the topic of trauma and resilience, key publications have been selected. The average number of pages to be read each week is 60. All readings are required. It is expected that students will read the course materials thoroughly prior to the date of the class. 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.

2. Dialogue of Hope¹ [ESLO 1b, 2b, 4a, 4b, 4d]
(Small group dialogue and paper). (Due 15th March).

The instructor will assign class participants to groups (usually three people in a group). Members of each group will view the same movie either alone or together, selected from several choices provided by the instructor. The selected movies will contain material on trauma and violence, on the influence of race, class, gender, sexuality and other categories of power and identity, and will contain rich material on resistance and resilience.

As soon as possible after viewing, group members will dialogue about the movie (about 90 minutes). The focus of the dialogue will be on: (a) the experience of viewing the movie, (b)

1 Revised based on an assignment developed by Jean Turner, PhD.

the forms of trauma and violence the characters in the movie performed and/or experienced, (c) the effects of this trauma and abuse, (d) the ways in which the characters in the movie demonstrated/performed resilience and resistance, and e) signs of hope and possibility for change. General questions will be provided to guide the dialogue.

After the group meeting each student will independently write a paper that includes two parts: (a) Part One: A summary and critical reflection on the process of watching the movie and reflecting with colleagues, and (b) Part Two: Drawing on readings discussed so far in the course, how they might work as a therapist with the characters in the movie in a manner that would foster hope, resistance and resilience.

The instructor will provide guidelines for the paper. The paper will be approximately 12-15 typewritten, double-spaced pages (Part One 4-6 pages and Part Two 8-10 pages). Part one is weighted at 35 percent and Part two at 65 percent of the assignment mark. References to course materials (seminars and readings) will be required.

This project is designed to provide practice in:

- developing a complex analysis of trauma, abuse and relations of social power
- applying this analysis to clinical situations in a helpful and generative manner
- sharing responses to difficult material and exchanging clinical ideas with colleagues in a generative way

3. Submitting a Job Application for new Trauma Specialist in a community agency. [ESLO 1c, 2b, 4c] (Part one Due 16th February; Final assignment Due April 5, 2012)

You are required to submit an application to an organization that provides multiple services to a vulnerable population. The organization is noticing a need to add a therapist who will specialize in Trauma work to their existing team. The organization is inviting applications from professionals who could understand the complex needs of the vulnerable population in this community and design services that are responsive and ethical.

You may choose your client group from one of the following:

1. A remote, isolated community in the far north of Canada, population mainly aboriginal
2. A refugee camp in a Third World nation where people have experienced civil war
3. A community recovering from a natural disaster and from violence in the wake of the disaster due to failure of law and order

The assignment involves three parts:

Part 1. You are to put yourself in the shoes (so to speak, as some of your potential clients may not have shoes) of your potential clients and write a narrative from their position, describing their experience of being part of their community. You are to write a "First Person account" keeping in mind that your story represents a more generalized experience of people in this community. This narrative will include the impact of trauma they experience/d, their resources, acts of resistance, their possible ideas about getting help, challenges and barriers to accessing therapy. (EG-4, ESLO 4b, 4c)

You are expected to draw on (and reference) materials from varied sources such as news accounts, documentaries, biographies, auto-biographies, books, movies, you tube, class presentations etc. to inform your constructed narrative.

This part will be 5-6 pages in length and is due on 16th February 2012.

Part 2. You are then, to write an application to the organization representing your impressive suitability for the position of “Trauma Specialist” and stating your intent for providing comprehensive Trauma Services to the vulnerable population of the community. This application will include:

- Your preferred theoretical framework for understanding and treating impact of trauma and violence
- Range of services you intend to offer to members of this community including the non-vulnerable members
- Your plan to make services accessible for this particular population (How you will construct yourself and therapy)
- Your plan to navigate practical and ethical challenges in providing services in this particular context. This will include reference to your limits of what you can and cannot provide and when and how you would access consultation and/or supervision.

This section of the project must be referenced (APA) and draw upon both class readings and other selected readings/literature pertinent to the topics and population. (EG – 1, ESLO 1a, 1b, 1c; EG – 2, ESLO 2b)

This section will be 8-12 pages.

Part 3. As a last step, you will write a short (3-5 Pages) reflection on your experience of writing this application, both from a personal as well as a professional perspective. You are to comment on the most useful part of the assignment for you. You can also provide your ideas for what you would change in this assignment. (EG-4, ESLO 4a, 4b, 4c)

Further guidelines for this part will be provided by the Instructor.

Full Assignment due on 5th April 2012.

Please refer to objectives 2 to 7.

- developing preferred ways of understanding and clinically responding to trauma and resilience
- negotiating practical and ethical challenges in 'marketing' oneself in the area of trauma
- reflecting on the personal/professional interface

4. Comments on Class Presentation. [ESLO 1b, 2b. CC 2.1.1., 6.1.1., 6.3.1., 6.4.1]
(Due one week after the presentation)
In addition to materials read and presented by the instructor, this course will also emphasize dialogue with professionals currently working in the field of violence and trauma. Students will choose one presentation and write a brief, 3-5 page paper commenting on what the presenter added to the course readings, how the presentation expanded student's learning on the topic, and how the student might use the material of the presenter in their own work. A copy of this paper will be sent to the presenter.

The objectives of this activity are to practice:

- Commenting upon and critically engaging with the work of colleagues in the field, both presenters and authors of written work

NOTE: Written assignments may be submitted to the instructor in hard copy format or as an e-mail attachment. References should be written using APA format in a list at the end of the paper.

Disclosure of Personal Information: CFT Program Guidelines

The CFT Program recognizes that professional development in the CFT field is often enhanced by the exploration of the personal-professional interface. Students are encouraged to thoroughly explore this interface. In specific instances where their personal history/experience closely parallels the course subject matter and/or client situation, it is particularly important to be self-reflective. Generally, a student should only reveal as much information to faculty and colleagues as s/he is comfortable sharing. The evaluation of student performance in this course is not dependent on student disclosure of personal information.

Confidentiality

All students in the course must have read the AAMFT Code of Ethics and signed the CFT Program Oath of Confidentiality form before the third class meeting.

Evaluation

Student Evaluation

"Dialogue of Hope" Project (Due March 15, 2012)	40%
Application for "Trauma Specialist" Project (Due Feb 16/ April 5, 2012)	45%
Comments on Presentation (Due 1 week after presentation)	15%

Course and Instructor Evaluation. The Course Schedule is subject to change as the course proceeds. Halfway through the semester we will review the course up to that date and reconsider the plan for the remainder of the classes. Formal written course/instructor

evaluation will take place at the end of the course. The instructor invites class members to provide her with feedback and suggestions for changes at any point over the term.

Absences/Time

The course design emphasizes collaborative learning among participants. Participants are expected to attend all classes. In the event that a class member is unable to participate, or knows in advance that they will be late they are expected to leave a message on the instructor's phone-mail (226-989-0402). The class will always begin on time. If a class member has to leave early, they are asked to let the instructor and their colleagues know ahead of time.

Late and Missed Assignments

The instructor will not accept late assignments unless consideration is requested and negotiated in advance of the due date. Departmental regulations on meeting course requirements are as follows: When you find yourself unable to meet an in-course requirement due to illness or compassionate circumstances, you are required to advise the course instructor in writing, giving your name, address, phone and e-mail address contact information. Where possible, this should be done in advance of the missed work or event, but otherwise, just as soon as possible after the due date. If appropriate documentation of your inability to meet that specific course requirement is necessary, the instructor will request it of you.

Academic Misconduct

Students are required to familiarize themselves with the University of Guelph policies. Review the website: www.uoguelph.ca/graduatestudies/calendar/genreg.

COURSE SCHEDULE AND REQUIRED READINGS (schedule subject to revision)

NOTE: The readings for the course have been strategically and intentionally selected because of their impact on the field of trauma treatment. Some readings may be a few years old but they are generally considered core literature in shaping our understanding and treating trauma.

Date	Topic	Readings
Jan 12	Thinking critically about trauma and resilience	Coates, Linda & Wade, Allan (2007). Language and violence: Analysis of four discursive operations. <i>Journal of Family Violence</i> : 22: 511-522.
Jan 19	Moving beyond self-care: attending to the effects of trauma	<p>Frank, Arthur (2004). <i>The renewal of generosity: Illness, medicine and how to live</i>. University of Chicago Press. Chapters 2 & 5.</p> <p>Hernandez, P., Gangsei, D., Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. <i>Family Process</i>, 46(2), 229-241.</p> <p>Killian, Kyle D (2007). What we know (so far) about therapist self-care: Myths of individual coping, realities of organizational policy: What MFT's should know about self-care and resilience. <i>Family Therapy Magazine</i>. 6:2:28-30.</p>
Jan 26 Presenter: Daniel Rzondzinski	Locating trauma and violence in political and social context	<p>Hardy, Kenneth (2002). To be a healer not a jailer. <i>The international journal of narrative therapy and community work</i>. 5 pages.</p> <p>Weingarten, Kaethe (2004). Witnessing the effects of political violence in families: Mechanisms of intergenerational transmission and clinical interventions. <i>Journal of Marital and Family Therapy</i>. 30:1:45-59.</p> <p>Pakman, Marcelo (2007). The epistemology of witnessing: Memory, testimony and ethics in family therapy. <i>Family Process</i>. 43:2:265-274.</p>
Feb 2	Constructing trauma and its effects	Herman, Judith (1997). <i>Trauma & Recovery</i> . New York: Basic Books. Chapters 2-6 (pp 33-129)

<p>Feb 9</p> <p>Presenter: Megan Cohoon</p>	<p>Constructing resistance and resilience</p>	<p>Beaudoin, Marie-Nathalie (2005). Agency and choice in the face of trauma: A narrative therapy map. <i>Journal of Systemic Therapies</i>, Vol. 24, No. 4, pp. 32–50</p> <p>Wade, Allan (2007). Despair, resistance, hope: Response-based therapy with victims of violence. In Flaskas, Carmel, McCarthy, Imelda, & Sheehan, Jim (eds). <i>Hope and despair in narrative and family therapy: Adversity, forgiveness and reconciliation</i>. pp. 63-74.</p> <p>Walsh, Froma (2006). Traumatic loss and major disasters: Strengthening family and community resilience. <i>Family Process</i>. 46:2:207-227.</p>
<p>Feb16</p> <p>Presenter:</p>	<p>Constructing and responding to perpetration</p>	<p>Jenkins, A. (2010). <i>Becoming Ethical: A parallel, political journey with men who have abused</i>. Dorset, Russell House Publishing. Chapter 1, pp. 3-26.</p> <p>Augusta-Scott, Tod (2003). Dichotomies in the power and control story. Exploring multiple stories about men who choose abuse in intimate relationships. In <i>Responding to violence: A collection of papers relating to child sexual abuse and violence in intimate relationships</i>. Adelaide, Dulwich Centre Publications. pp. 203-224.</p> <p>Augusta-Scott, Tod (2007). Letters from prison: Re-authoring identity with men who have perpetrated sexual violence. In Brown, Catrina & Augusta Scott Tod (eds). <i>Narrative therapy: Making meaning, making lives</i>. Thousand Oaks, CA: Sage Publications.</p> <p>Nylund, David & Corsiglia, Victoria (1993). Internalized other questioning with men who are violent. <i>Dulwich Centre Newsletter</i>, 2: 29-34.</p> <p>Part 1 of APPLICATION FOR “TRAUMA SEPECIALIST” Project due</p> <p>MID-POINT COURSE EVALUATIONS</p>
<p>Feb 23</p>		<p>READING WEEK (NO CLASSES)</p>
<p>Mar 01</p>	<p>Constructing and responding to victimization</p>	<p>Kinewesquao (Cathy Richardson) & Wade, A. (2009). Taking resistance seriously: A response-based approach to social work in cases of violence against indigenous women. In Strega, S. & Sohki Aski Esquao (Carriere. J.) <i>Walking this path together: Anti-racist & anti-oppressive child welfare practice</i>. Nova Scotia. Ferndale Publishing.</p>

		<p>Penn, Peggy (1998). Rape flashbacks: Constructing a new narrative. <i>Family Process</i>. 37:3: 299-310.</p> <p>Dolan, Yvonne (1991). Resolving sexual abuse: Solution focused therapy and Ericksonian hypnosis for adult survivors. New York, Norton. Chapters 2 & 7.</p> <p>Kamsler, Amanda (1990). Her-story in the making: Therapy with women who were sexually abused in childhood. In Durrant, M, & White C. (eds). Ideas for therapy with sexual abuse. Adelaide: Dulwich Centre Publications. pp. 47-76. (Optional)</p>
Mar 08	Creating safety for children and families: the therapist as child protection worker and/or power broker	<p>MacKinnon, Laurie & James, Kerrie (1991). Initial meetings in child-at-risk cases: Developing a therapist-family alliance. <i>Australian & New Zealand Journal of Family Therapy</i>. 12:4:175-185.</p> <p>MacKinnon, Laurie & James, Kerrie (1992). Working with the welfare in child at risk cases. <i>Australian & New Zealand Journal of Family therapy</i>. 123:1:1-15.</p> <p>MacKinnon, Laurie; James, Kerrie (1992). Raising the stakes in child-at-risk cases: Eliciting and maintaining parents' motivation. <i>Australian and New Zealand Journal of Family Therapy</i>. 13:2:59-71.</p>
Mar 15 Presenter: Lindsey Bussey	Creating safety for children and families: the therapist as facilitator	<p>Sheinberg, Marcia & Frankel, Peter (2001). The relational trauma of incest: A family-based approach to treatment. New York: Guilford Press. Chapters 1, 4, 5, 6 & 7.</p> <p>Pearlman, L.A. & Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. <i>Journal of Traumatic Stress</i>, 18, 449-459.</p> <p>DIALOGUE OF HOPE Project due</p>
Mar 22 Presenter	Approaching conversations about violence in intimate relationships	<p>Bograd, Michelle & Medeiros, Fernando (1999). Battering and couples therapy: Universal screening and selection of treatment modality. <i>Journal of Marital and Family Therapy</i>. Vol. 25(3). pp. 275-289.</p> <p>Goldner, Virginia (1998). The treatment of violence and victimization in couple relationships. <i>Family Process</i>. Vol. 37(3). pp. 263-286.</p> <p>Greene, Kelly & Bogo, Marion (2002). The different faces of intimate violence: Implications for assessment and treatment. <i>Journal of Marital and Family Therapy</i>. 28:4:455-466.</p>

<p>Mar 29</p>	<p>Continuing conversations about violence in intimate relationships</p>	<p>Goldner, Virginia (2004). When love hurts: Treating abusive relationships. <i>Psychoanalytic Inquiry</i>, 24:3,346-372.</p> <p>Jory, Brian, Anderson, Debra & Greer, Cassandra (1997). Intimate justice: Confronting issues of accountability, respect and freedom in treatment for abuse and violence. <i>Journal of Marital and Family Therapy</i>. 23:4:399-419.</p> <p>Jory, Brian & Anderson, Debra (2000). Healing the anguish of abuse and embracing the anguish of accountability. <i>Journal of Marital and Family Therapy</i>. Vol. 26(3). pp. 329-340.</p> <p>Bograd, Michelle (1999). Strengthening domestic violence theories: Intersections of race, class, sexual orientation and gender. <i>Journal of Marital and Family Therapy</i>. 25:3:275-289.</p> <p>INSTRUCTOR EVALUATIONS</p>
<p>Apr 05</p>	<p>Considering forgiveness and reconciliation</p>	<p>Jenkins, Alan, Hall, Rob, and Joy, Maxine (2003). Forgiveness and child sexual abuse: A matrix of meanings. In <i>Responding to violence: A collection of papers relating to child sexual abuse and violence in intimate relationships</i>. Adelaide, Dulwich Centre Publications. pp 35-70.</p> <p>APPLICATION FOR "TRAUMA SPECIALIST" project DUE</p>