

4. Consider various child / adolescent developmental differences (including ADD/ADHD, Asperger Syndrome, Autism, Tourette’s, FASD, ODD, Eating Disorders, and anxiety/worry) and family adaptations for a child living with these challenges. (EG2/ESLO – 2 b, c.)
5. Develop an understanding of how family transitions (particularly separation, divorce, and remarriage) may affect children and youth/adolescents. (EG2/ESLO – 2 b, c.)
6. Consider theoretical basis of clinical assessment and interventions pertinent to working with clients presenting with the concerns included in objectives 1 – 5 (above). (EG1/ESLO – 1 a - c.)
7. Refine understanding about how oppressive structures and ideologies related to intersecting dimensions of gender, race, class, age, culture, religion, sexual identity, ability, etc., may constrain individuals who seek therapy services, as well as those who practice as “helping” professionals. (EG4/ESLO – 4 a - d.)
8. Engage in self-reflective development as a therapist-intern regarding personal strengths and challenges that relate to working with families and children/adolescents, including considering how one’s personal history, values, and context influence professional practice. (EG4/ESLO – 4 d, e.)

Educational Goals and Expected Learning Outcomes	Incorporation and Assessment
EG-1 THEORETICAL FOUNDATIONS	
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.	
ESLO 1 a. Students will critically compare selected historical and leading-edge couple & family therapy approaches and analyze key implications for clinical practice.	Incorporated through course readings; class discussions. Assessment: Assignments 1 and 3.
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.	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.
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.	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.
EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION	
Educational Goal: Students will develop a professional identity encompassing an interdisciplinary sensibility, informed by relevant research	
ESLO 2 b. Students will demonstrate an ability to write coherently about integrating theory, research, and practice skills related to their professional work.	Incorporated through course readings; class discussions. Assessment: Assignments 2 and 3.
ESLO 2 c. Students will have knowledge of current research developments in the couple & family therapy field, including empirically validated and evidence-based therapy approaches	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.

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.	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.
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.	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.
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.	Incorporated through course readings; class discussions. Assessment: Assignments 1 and 3.
ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.	Incorporated through course readings; class discussions. Assessment: Assignments 1, 2 and 3.

AAMFT Competency	Sub-Domain	Competency	Demonstration of Knowledge
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).	Participation in class discussions; graded assignment 1 and 3
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.	Participation in class discussions
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.	Participation in class discussions; graded assignment 1,2 and 3
6.3.1	Executive	Read current MFT and other professional literature.	Participation in class discussions; graded assignment 1,2 and 3
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation literature.	Participation in class discussions; graded assignment 1,2 and 3
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.	Participation in class discussions; graded assignment 1,2 and 3

Course Organization, Process, and Requirements

Organization of this clinical issues course is based on the assumption of shared responsibility for developing a cooperative and non-competitive learning environment where students can responsibly and constructively voice ideas and explore new possibilities for understanding their clinical work. Differences in perspectives and experiences can enrich learning opportunities, thus each person is asked to be responsible for listening with respect and curiosity to the differing views of others.

The instructor's goal is to set the basic condition for the development of a constructive learning environment, including: (1) clarity with respect to power relations, (2) goodwill between class members, between the instructor and class members, and between class members and the instructor, (3) mutual respect, and (4) commitment to the intensive mutual learning process. Students are expected to participate fully in all of the following activities:

1. **Reading and Discussion of Assigned Articles / Chapters.** Students will prepare for each seminar by reading all the assigned (required) articles / chapters. Students will come to class prepared to discuss the relevance of the information gained from the reading to the development of their repertoire of clinical knowledge and clinical skills. Students will be prepared to discuss applications of the ideas in the readings to their clinical work. If a student is unable to participate in the seminar due to illness or for compassionate reasons, she/he is to inform the instructor immediately by e-mail or telephone. See below for guidelines on the evaluation for this requirement.
2. **In Class Required Reading Discussant.** See below for requirements; dates to be selected in first class meeting.
3. **In Class Project** See below for requirements; dates to be selected in first class meeting.
4. **Academic Project** See below for requirements and due date to be negotiated as a group during the first class.
5. **Evaluation.** This is a graded course. Each course requirement will be evaluated considering: (1) the comprehensiveness of the coverage of pertinent issues, (2) coherence of the analysis pertinent to the application to clinical work, (3) consideration of dimensions of social location, power, and privilege, (4) critical analytic focus, (5) clarity of presentation (oral and written), and (6) creativity or interesting nature of presentation. The final grade will be based on the following weights:

Reading facilitation/discussant	20%
In-service/Workshop	40%
Academic Paper	40%
6. **Participation:** Each student will evaluate the quality of her/his achievements in completing the readings, participation in class discussion, and attendance; at the last class meeting, each student will hand in a brief (one-page) summary of this self-evaluation. This evaluation is intended to serve students' learning; it will not be weighted as part of the course mark.

7. **Feedback.** The instructor welcomes and expects students to provide constructive feedback on an on-going basis in order to optimize the learning potential of everyone. Formal evaluations for the course and the instructor are completed at the end of the semester.
8. **Boundary Considerations.** Discussions in this clinical issues course will often draw on the clinical experience of each student, both past and current work with clients. Any discussions involving current client situations will only be used to illustrate the potential applicability of the research and clinical conceptualizations of the readings and class activities. At no time will class discussions be considered clinical supervision. If a student in this course (FRAN 6100-I) finds class discussions relevant to current client work, and wants to modify her/his current clinical approach based on this discussion, she/he is to consult with the clinical supervisor first. All clinical supervision will take place in the context of practicum – FRAN 6090-I or IV.

Disclosure of Personal Information

Professional development in the CFT field is enhanced by the exploration of the personal and professional interface. Developing self-awareness is an important component of this course. It will be important for each intern to identify what is happening for her/him now, in the moment, as well as how past experiences influence your perspective on yourself and others. While you will be encouraged to explore your own responses and what they mean for you, you will not be expected to disclose personal information with the class, in large or small groups, or with the instructor or supervisors, that you do not feel comfortable sharing.

You will be asked to reflect, both in class and in written assignments, on what the process of self-examination is teaching you about how best to approach being in the therapist position with clients. The attention to “process” is different from a focus on the content of your personal information. If, at any time, you are unclear about this distinction, please talk with the instructor for clarification. Evaluation of your participation in this class, and of your class assignments, is not dependent on your disclosure of personal information.

Requirements for Assignments

Assignment 1

In Class Discussion of Required Reading -- As this course emphasizes participatory learning, each student will sign up to read one chapter, article, or other required reading and share the ideas from it with other students. Students will convey ideas from the article / chapter and facilitate discussions in class, with attention to critical consideration of the ideas and their application to clinical work. Students may choose to prepare a one-page (point form) summary of the reading, and may include ideas from listed supplementary readings that add to, disagree with, or otherwise enrich the discussion of those presented in the assigned reading.

Assignment 2

In Class Project – “In-Service / Workshop”. This project will support students in gaining practice presenting ideas collaboratively in team settings. Working in teams of two, from topics from the selected weekly topics, each team will prepare and provide a presentation on the topic chosen; present the germane ideas, and facilitate a discussion (applied focus). This will be a one-hour “workshop” or “in-service” format. The course instructor will provide some guidelines for preparing this “workshop” and will consult with each team in advance of their project presentation.

Assignment 3 Academic Project

This paper is to be an in-depth exploration considering therapy with families presenting with a problem issue or topic discussed in the course (select one) in reference to a child of either younger age, grade school / mid age, or youth / adolescence (select one). Compare and contrast two or three therapeutic modalities reflected in literature included in this course (using citations from required and any other additional readings) and their applicability to working with such families. In this part, which should be 10-12 pages double spaced, address the following questions and considerations:

- What are the theoretical implications of each approach for understanding and working with such families and children?
- Critical analysis of each approach, including its relationship to post-modern orientation
- How does each modality attend to issues of diversity?
- How does each conceptualize human development and family processes?
- Implications for clinical application with such families and children

Instructor feedback - the University of Guelph is committed to providing students with appropriate and timely feedback on their work. Instructors must provide meaningful and constructive feedback prior to the 40th class day. **Class members are expected to inform the instructor if sign-up for assignments do not allow for feedback on at least one of these assignments prior to March 8, 2013.** Alternative arrangements for instructor feedback prior to Mar. 8th will be made if this is the case.

Academic Misconduct - The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring. University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection.

Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor. The Academic Misconduct Policy is detailed in the Graduate Calendar: http://www.uoguelph.ca/registrar/calendars/graduate/2012-2013/genreg/sec_d0e1634.shtml

Electronic recording of classes is expressly forbidden without prior consent of the instructor [or, where appropriate, student or guest presenter] and notice to all class participants. Material recorded with permission is restricted to use for this course and may not be reproduced, or transmitted to others, without further written consent.

Accessibility - The University of Guelph is committed to creating a barrier-free environment. Providing services for students is a shared responsibility among students, faculty and administrators. This relationship is based on respect of individual rights, the dignity of the individual and the University community's shared commitment to an open and supportive learning environment. Students requiring service or accommodation, whether due to an identified, ongoing disability or a short-term disability should contact the Centre for Students with Disabilities as soon as possible.

Course Schedule and Required Readings

(Subject to revision)

Week 1 Jan. 9 Introduction – Orienting Frames

Week 2 Jan. 16 Resilience and Family Life Cycle

Walsh, Froma (2003). Belief systems: the heart and soul of resilience. In F. Walsh (Ed), Strengthening family resilience (pp.49-82). New York/London: The Guilford Press.

McGoldrick, Monica & Carter, Betty, (2005). The Family Life Cycle. In B. Carter & M. McGoldrick (Ed), The expanded family life cycle: Individual, family and social perspectives. (pp. 375-384). New York: Pearson.

Biblarz, T & Savci, E. (2010). Lesbian, Gay, Bisexual and Transgendered Families. Journal of Marriage and Family. 72, 480-497.

Week 3 Jan. 23 Attachment, Intersubjectivity & Family Therapy

McGoldrick, Monica & Carter, Betty, (2005). Becoming Parents- The family with young children. In B. Carter & M. McGoldrick (Ed), The expanded family life cycle: Individual, family and social perspectives. (pp.249-273). New York: Pearson.

Hughes, D. (2007). Attachment and Intersubjectivity. In Attachment-focused family therapy. (pp 13-36). New York/London: WW Norton & Company.

Week 4 Jan 30 Developmental Milestones & Foster Care

Centers for Disease: Control and Prevention. (2005). Child Development, <http://www.cdc.gov.ncbddd/child/infants.htm>

Mc Wey, L. (2004). Predictors of attachment styles of children in foster care: an attachment theory model for working with families. Journal of Marital and Family Therapy, 30,439-452.

In service: Kids in Foster Care: Presenter - Margarita Rabinovich

Week 5 Feb 6 Collaborative Family Therapy and Play

Gerhart, Diane (2007). A collaborative and playful approach to working with children and families. In Harlene Anderson & Diane Gehart (eds.), Collaborative therapy: Relationships and conversations that make a difference (PP 183-196). New York: Routeledge.

Freeman, J., Epston, D. & Lobovits, D. (1997). Therapies of Aesthetic as well as literary merit. In Freeman, J., Epston, D. & Lobovits, D. (eds.). Playful approaches to serious problems. (pp 145-171). New York/London: WW Norton & Company.

In-service – SFT and Play: Dina Bednar

Week 6 Feb 13 Children & Uncommon Developmental Pathways

Tilson, J., Russell, S., & Michael. (2005). Nimble and courageous acts: How Michael became the boss of himself. Journal of Systemic Therapies, 24, 29-42.

Pluznick, R. & Kis-Sines, N. (2010). New Narratives for parents with mental health difficulties. *Context*, April, 43-46.

DSM – IVR (2000) pp 51-81

In-service- Children and Youth with mental health diagnosis and family therapy:

Week 7 Feb 27 Working With Youth and Their Families #1

Hardy, K. & Laszloffy, T. (2005). Adolescent Violence in a socio-cultural context. In Hardy, K. & Laszloffy, T. *Teens who hurt: Clinical interventions to break the cycle of adolescent violence.* (pp 11-33) New York: The Guilford Press.

Selekman, M. (2008). Guidelines for fostering co-operative relationships with difficult parents. In Selekman, M., *Pathways to change: Brief therapy with difficult adolescents.* (pp.109-132) New York: The Guilford Press.

Blouch, L. & Guillory, P. (2011) The attachment frame is the thing: Emotion-Focused Family therapy in Adolescence. *Journal of Couple and Relationship Therapy*, 10, 229-245.

In-service-Angry Teens:

Week 8 March 6 Collaborative Therapy with Youth and Their Families #2

Selekman, M. (2009). Introduction: Understanding the territory of young adult and adolescent self-harm. In Selekman, M., *The adolescent and young adult self-harming treatment manual.* (pp.1-36) New York/London: WW Norton and Co.

Fiske, H. (2008). Even among children & Hope and Energy: Preventing adolescent suicide. In Fiske, H., *Hope in action: Solution-focused conversations about suicide.* (pp175-201) New York: Taylor and Francis Group.

In-service- Cutting/Suicidal thinking

Week 9 March 13 High Risk Youth

Myers, S., (2006). Positive Practices: Solution-focused and narrative therapeutic techniques with children with sexually harmful behaviours. *British Association of Social Workers*, 18, 183-192.

Creeden, K. (2004). The Neurodevelopmental impact of early trauma and insecure attachment: rethinking our understanding and treatment of sexual behavior problems. *Sexual Addiction and Compulsivity*, 11, 223-247.

In-service- Working with youth who have sexually offended: Daniela Lisi

Week 10 March 20 Times of Crisis/Trauma

Yuen, A. (2007). Discovering children's responses to trauma: a response-based narrative practice. *The International Journal of Narrative Therapy and Community Work*. 4, 3-18.

Buckley, E. & Dector P. (2006). From Isolation to Community: Collaborating with children and families in times of crisis. *The International Journal of Narrative and Community Work*. 2. 3-12.

In-service- Working with youth who have witnessed violence:

Week 11 March 27 High conflict Divorce

Owens, J. & Rhoades G. (2012). Reducing interparental conflict among parents in contentious child custody disputes: An initial investigation of the working together program. *Journal of Marital and Family Therapy*. 38, 542-555.

Kelly, J. & Emery, R. (2003). Children's adjustment following divorce: risk and resilience perspectives. *Family Relations*, 52, 352-362.

Eldar-Avidan, D., Haj-Yahia & Greenbaum, C. (2009). Divorce is part of my life....Resilience, survival, and vulnerability: Young adult's perception of the implications of parental divorce. *Journal of Marital and Family Therapy*, 35, 30-46.

In-service- Kids caught in the middle of high conflict divorce

Week 12 April 3 Remarriage & Step-parenting

Bray, J. & Kelly, J. (1998). The modern stepfamily & Hope and expectation: The turbulent first two years in Bray, J & Kelly, J. *Stepfamilies: Love, marriage, and parenting in the first decade*. (pp1-14 and 99-120). New York: Broadway.

Berger, R. (2000). Gay Stepfamilies: A triple-stigmatized group. *Families in Society*, 81, 504-516

Coleman, M. & Nickelberry, L. (2009). An evaluation of the remarriage and stepfamily self-help literature. *Family Relations*, 58, 549-561

In-service- Blended Families