

Department of Family Relations and Applied Nutrition
University of Guelph

**FRAN 6100 Clinical Issues in CFT: Health and Well-Being
Summer 2014**

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Class Time: Fridays, 9:00 -11:50 am (May 9, 16, 23, 30; June 6, 13, 20, 27; July 4, 11 18 & 25)

Course Outline

Course Description

This course focuses on topics related to physical health and wellbeing across the life span. The course has an applied focus that concentrates on training family therapists in a variety of models of how to work with individuals, couples, and families around issues of health, illness, and disability. The class will also focus on how individuals, couples, and families stay connected to resilience when dealing with struggles related to physical and mental health. 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 wellbeing from family systems and family therapy perspectives.
2. To develop practical skills in responding to individuals, couples and families struggling with physical and mental health in different professional contexts.
3. To address issues of power, privilege, and diversity as they relate to physical and mental health.
4. To gain greater knowledge of how various professionals work with people who are struggling with issues of pain and illness
5. To explore the resilience of individuals, couples, and families who are dealing with some very difficult issues in their lives.
6. 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	Sub-domain	AAMFT SELECTED CORE COMPETENCIES (CCs)
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CC #		
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 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>
<p><u>EG-4 SOCIAL CONTEXT AND POWER RELATIONS</u></p> <p>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</p>

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. 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.

The classes will primarily be based on assigned readings and audiovisual materials. It is expected that each class member will come to class prepared to discuss these materials. 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 s/he 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. It is expected that class participants will show respect and courtesy to them.

Resource Course Readings

Desk Reference to the Diagnostic Criteria From DSM-V, 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	25%
In-class presentation	35%
Illness/disability narrative project	40%

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 (25%) [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 and viewings of assigned audiovisual materials are required and will be discussed in class. If they are not discussed directly, having read/viewed them will be necessary for whatever class activity takes place. Participation marks will be awarded based on weekly contributions to class discussions. These contributions must be substantive. In order to make substantive contributions, students must indicate that they have read the required readings/viewed the required materials, given considerable thought to the concepts and theoretical issues presented, engaged in thorough critique, and are reflecting on their own practice and self as a therapist. 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.

As this is an applied course in which students will actively practice the therapeutic interventions covered, attendance at all classes is mandatory. If a student is unable to attend for whatever reason, the student is expected to notify the instructor prior to the start of class, and it will be the student's responsibility to make arrangements with the instructor about satisfying participation requirements that require substantive contributions to each class.

2. In-class Presentation (35%). [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 3, and in dialogue with the course instructor, will select a mental or physical condition and give a presentation exploring what couple and family therapists need to know about this condition, the systems of care and support available to families, the role of couple and family therapists in these systems and how couple and family therapists could work effectively with individuals and families. Specifically, presentations will include attention to the following:

- a general description of the condition or 'class' of conditions and what couple and family therapists need to know
- its meanings for people living with it (as relevant)
- what are considered to be the most effective and most current 'treatments' of, or ways of responding to, the condition based on a review of (evidence based) research.

- if the condition is a mental health concern, current models for “assessment” and “diagnosis” of the condition. If it is a physical health concern, current models for discerning the helpfulness of individual, couple or family responses
- any other conditions it might occur alongside of and why (if relevant)
- the organization of services that provide assistance to individuals, couples and families responding to the condition and the role of couple and family therapists in these services
- the organization of relations of power with respect to the provision of services and the role/potential role of couple and family therapists in these relations of power
- a critique of the discourse surrounding the particular condition and its treatment (this may be covered via the discussion below)

As part of the presentation, the presenting team will facilitate a discussion organized around a central question relevant to the condition and its treatment. This question will invite reflection on all or any of the following:

- the dominant discourse and relations of power surrounding the condition and its evidence based treatments
- how current and evidence based models of treatment presented compare and contrast with the post-modern and social constructionist frameworks also studied in the course and in the program
- how the model(s) under review compare and contrast with course participants preferred approaches to the topic or condition being presented about
- questions regarding multi-dimensional aspects of diversity, power, and marginalization with respect to the condition and models of treatment under review

Presentations will be one hour in length. 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 creativity in presenting the information and inviting its incorporation into practical application.

3. Illness/Disability Narrative Project (40%). Due Friday July 4, 2014 (dropbox only)
 [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.]

The intentions of this project are to increase understanding of illness narratives, encourage integration of the clinical approaches covered in the course, and expand awareness of what a client’s experience of therapy and of their therapist’s involvement with systems of care might be.

In this assignment, you will first watch one of the films listed below. You will then imagine that you are the therapist for one of the individuals in the film, the couple, or the entire family as applicable, drawing on therapeutic approaches covered in the course (including those covered in class presentations). You will imagine that your client(s) approached you regarding a problem they were experiencing in their relationship(s) that was related to the illness, pain, disability or suffering they were experiencing. You will then create a fictional account of the therapy **from the point of view of one of the clients**. For example, your fictional account could take the form of a letter written from one of the clients to you (either at the end of, or during, the therapy). It could also take the form of journal entries written by the client about their sessions with you. Feel free to experiment with possibilities for this assignment.

The fictional account should include the following:

- Reference to the meanings and narratives of illness, pain or disability held by the characters in the film, if and how these have shifted over time, and the actions these meanings and narratives have influenced them to take.

- Your client's experience of interaction with "systems of care and assistance", with discourses of health and illness, and with you as a therapist.
- How clients have managed to hold onto resilience, hope, faith, sustenance, presence, connection, whatever words they might use to describe what makes it possible to carry on, resist, and/or thrive.
- Their experience of how you have positioned yourself in your conversations with them, the assumptions, principles and clinical postures that appear to be guiding you.
- Their experience of your therapeutic presence, questions, statements, 'interventions', etcetera.
- Any ethical issues that emerged in your work and how you attended to these.
- Issues of social location and power in the therapy and how you attended to these as well.
- How you appeared to manage the personal and professional interface or connections in your work with them.
- Anything they did and/or did not appreciate about the way you were working.
- Any insights they might have to offer you about your work with other clients in similar situations in the future.

Papers should be 12-15 pages in length.

Listed below are some movie possibilities:

Amour (French language film about a husband and wife's attempt to respond to her stroke and impending death)

Away from her (about a couple responding to a woman's experience of Alzheimer's Disease)

Shine (Schizoaffective Disorder)

The Diving Bell and the Butterfly (disability)

Winter's Bone (addiction)

Requiem for a dream (addiction)

Fly away (autism)

The perks of being a wallflower (Trauma, suffering and mental health)

Clean, shaven (Schizophrenia)

Students are also welcome to propose a movie of their own.

Course Schedule and Required Readings

Week	Date	Topic	Assignments
Week 1	May 9	Generosity	
Week 2	May 16	<p>Deep listening and compassionate witnessing</p> <p>Frank, A. (1998). Just listening: Narrative and deep illness. <i>Families, Systems and Health, 16</i>, 197-212.</p> <p>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, 15</i>, 41-54.</p> <p>Penn, P. (2001). Chronic illness: Trauma, language, and writing: Breaking the silence. <i>Family Process, 40</i>, 33-52.</p>	
Week 3	May 23	<p>Diagnosis and dialogue: Responding to mental illness</p> <p>Crews, J. A., & Hill, N. R. (2005). Diagnosis in marriage and family counseling: An ethical double bind. <i>The Family Journal, 13</i>, 63-66.</p> <p>Tomm, K. (1990). <i>A critique of the DSM</i>. Dulwich Centre Newsletter (http://www.familytherapy.org/downloads.html)</p> <p>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.</p> <p>Disturbed minds or manuals. The Agenda with Steve Paikin, May 6, 2012. http://theagenda.tv.o.org/story/todays-mental-illness</p> <p>Out of Mind, Out of Sight (newly released follow up documentary)</p>	
Week 4	May 30	<i>Sexuality Intensive – NO CLASS</i>	
Week 5	June 6	<p>Post traumatic stress and anxiety</p> <p>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, 30</i>, 173-183.</p> <p>Priest, Jacob (2013). Emotionally Focused Therapy as Treatment for Couples With Generalized Anxiety Disorder and Relationship Distress. <i>Journal of Couple & Relationship Therapy, 12</i>:22–37. DOI:</p>	<i>Class Presentation (Group 1)</i>

		10.1080/15332691.2013.749763	
Week 6	June 13	<p>Depression: Chronic sorrow, demoralization and suicide</p> <p>Weingarten, Kaethe (2012). Sorrow: A therapist's reflection on the inevitable and the unknowable. <i>Family Process</i>, x, p 1-16. doi: 10.1111/j.1545-5300.2012.01412.</p> <p>Griffith, J.L., & Gaby, L (2005). Brief psychotherapy at the bedside: Countering demoralization from medical illness. <i>Psychosomatics</i>. 46:2:109-116.</p> <p>White, Michael (2011). <i>Narrative practice: Continuing the conversations</i>. New York: WW Norton & Co. Chapter 10: Engagements with suicide. Pages 135-149.</p>	<i>Class Presentation (Group 2)</i>
Week 7	June 20	<p>Psychosis & Schizophrenia Guest Speaker: Dave Vervoort, MSc., RMFT</p> <p>White, Michael (1995). <i>Re-authoring lives: Interviews & essays</i>. Adelaide, Dulwich Centre Publications. Chapter 5. Page 112-154. Psychotic experience and discourse.</p>	
Week 8	June 27	<p>Disability and difference, on-line</p> <p>Goodley, D., & Tragaskis, C. (2006). Storying disability and impairment: Retrospective accounts of disabled family life. <i>Qualitative Health Research</i>, 16, 630–46.</p> <p>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.</p> <p>Clare, E. (2009). Freaks and queers. In <i>Exile and Pride: Disability, Queerness, and Liberation</i> (pp. 67-101). Cambridge: South End.</p>	
Week 9	July 4	<p>Physical illness <u>Possible Guest Speaker: Head Injury</u> <u>David Delay, MSW, PhD Candidate, University of Toronto</u></p> <p>Weingarten, Kaethe (2013). The cruel radiance of what is: Helping couples live with chronic illness. <i>Family Process</i> 52:83–101.</p> <p>Landau & Lissett (2008). Mild traumatic brain injury: Impact on identity and ambiguous loss in the family. <i>Families, Systems & Health</i>. 26:1:69-85.</p> <p><i>Movie: The crash reel (disturbing content)</i></p>	<i>Class Presentation (Group 3)</i>

Week 10	July 11	Pain and Illness in the lives of children and adolescents Guest speakers: Catherine & Erin Hanenberg	Class Presentation (Group 4)
Week 11	July 18	Substance abuse Guest speaker: Lucy Hume, Jean Tweed Centre for Women 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: 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.	Class Presentation (Group 5)
Week 12	July 25	Grief & bereavement 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.	Class Presentation (Group 6)