

Department of Family Relations & Applied Nutrition
University of Guelph

**FRAN 6090-I Practicum in Couple and Family Therapy
(limited to students in the CFT Program)**

Winter 2014

Practicum Course Outline

Instructor/Supervisor: Lynda M. Ashbourne, Ph.D.	Supervision Schedule: Weekly, see Appendix C
Office: Rm. 248, CFT Centre	Class Time: Monday 4:30-8:20
Phone: Ext. 54237	
e-mail: lashbour@uoquelp.ca	Pager: 519-244-4831 (leave #/ext for call-back)
Supervisor: Sally Ludwig, M.Sc.	Supervision Schedule: TBD
Office: Rm. 252, CFT Centre	
Phone: 519-731-3169	
e-mail: sludwig@golden.net	
Client Services Coord: Kara McFarlane, B.A.	Weekly Meetings: ½ hour individual meetings TBA
Office: Rm. 151, CFT Centre	
Phone: Ext. 56335	
e-mail: cftc@uoquelp.ca	

For CRISIS consultations:

(usually when client present, consultation cannot wait until scheduled supervision due to risk to client or others, and/or possible need to report)

Daytime First Response On-Site Supervisor (FROSS) John Beaton, Ph.D.
Office: Rm. 251, CFT Centre
Phone: Ext. 56256; 519-651-4734(pager); 519-826-5421(home)

Evening On-call Supervisor (4:30 - 9:00 p.m.):
January & February – Lynda Ashbourne
March & April – John Beaton

Practicum Course Description

This is the first in a series of four on-site practica in the CFT Program. This initial practicum involves particular attention to developing the therapeutic relationship, co-creating generative therapeutic dialogues, and the therapist's participation in on-going "critical" reflexivity. Collaborative Therapy (dialogic), based on Social Constructionist theory, is highlighted in this practicum since it provides a very solid grounding in these components of "critical" perspectives (Feminist, Multicultural, Narrative) that involve an analysis of power relations. The practicum entails an ongoing consideration of the historical contexts, social locations, dominant discourses, and the social, political and economic structures affecting people's lives. Systemic thinking and practice is highlighted here as it is throughout clinical training in the CFT Program. Throughout the semester, students are expected to entertain a diversity of views and practices, to develop further their self-reflective standpoint, and to clarify a personal professional position relative to the possibilities presented and discussed within the Collaborative/Dialogic model. The course builds on conceptual, assessment, and intervention skills developed in FRAN 6160. This practicum involves active participation in a range of academic, experiential and clinical activities designed for professional development.

Relevant Educational Goals [EG] and Expected Student Learning Outcomes [ESLO] are attached in Appendix A. For complete listing of these, see the Student Orientation Manual.

Model –based Expected Learning Outcomes (MELO)

[related ESLO or AAMFT core competencies are noted in brackets]

Skill Development:

1. Collaborative engagement with clients
 - a. Develop beginning engagement skills at first and subsequent sessions. [ESLO 5a]
 - b. Transfer listening and questioning skills from 6160 to practice utilizing a postmodern collaborative approach – move beyond beginning skill level. Utilize a variety of types of questions [circular, explanation/definition, reflexive] oriented to a range of subjects and perspectives. Demonstrate attentive listening and respectful interruption or redirection when required. [ESLO 5a]
 - c. Refine understandings of how oppressive structures and ideologies related to the intersecting dimensions of age, ability, religion/spirituality, ethnicity, sexual orientation, socioeconomic status, indigenous and national identity and gender constrain persons seeking therapy as well as those working as therapists. Explore ways of working collaboratively with clients and others to resist and/or be resilient in the face of these constraints. [ESLO 4b,c,d; 5b]
2. Therapeutic relationship
 - a. Transfer attunement to therapeutic awareness – move beyond beginning skill level re: conceptualization and awareness of this relationship. [ESLO 5a]
3. System mapping
 - a. Map on paper and describe to group and supervisor the context, resources and challenges associated with clients' lives and presenting concerns. [ESLO 5b,c]
 - b. Liaise appropriately with other professionals who are resources for clients. [ESLO 3d]
4. Assessment
 - a. Utilizing a postmodern collaborative approach to assessment – move beyond beginning skill level especially with respect to mapping (see above), identification of potential risk situations and appropriate interventions. [ESLO 5a]
 - b. Assess for intimate partner violence, child witnesses to domestic violence. [ESLO 5a,b,c]
5. CFT Procedures
 - a. Use of appropriate forms and procedures – move to advanced level of competence re: managing file contents, appropriate consents signed, case management skills, documentation. [ESLO 3c]
 - b. Address on an ongoing basis issues regarding ethical decision-making, accountability, and professional conduct. [ESLO 3d]
6. Use of supervision
 - a. Identify when and how to utilize supervision to benefit clinical work and professional development. Move from beginning level to more advanced level of competence in preparation for supervision, and presentation of client situations during supervision/group consultation. [AAMFT core competencies 2.5.1; 5.5.2]
 - b. Extend practice in providing constructive feedback on the work of other therapists in addition to engaging in self-critique and receiving critique from supervisors and colleagues. [ESLO 3d]
 - c. Utilize file review meetings with Client Services Coordinator to develop attention to administrative detail and client file management. [ESLO 3c]
7. Reflecting teams [This practicum will use reflecting teams based on Tom Andersen's original model]
 - a. Gain practice in use of a reflecting team as a therapist together with client – beginning level of competence. [ESLO 5a]
 - b. Gain practice in participating as a reflecting team member – moving from beginning to more advanced level of competence. [ESLO 5a]
8. AAMFT core competencies
 - a. See Appendix A. Assessment of intern's development of competencies will be assessed at the end of the semester. This assessment will take place in the context of a dialogic conversation between intern and course instructor/supervisor, and will be recorded on a checklist.

Self-of-therapist

1. Manage anxiety and critical inner voice. [EG-3]
2. Demonstrate self-awareness in supervision – beginning level of competence regarding therapist’s own influence on client system and therapeutic process. [EG-3]
3. Enlarge self-awareness with respect to the ways in which one’s personal history, values, and context influence professional practice. [ESLO 4a, 4b]
4. Move from beginning to more advanced level of personal accountability for meeting administrative, supervisory and client-generated demands of clinical training and practice. [ESLO 3d]
5. Demonstrate flexibility, creativity, and personal accountability in developing individualized strategies for managing and addressing the personal impact of engaging in clinical training and practice (self-care) while maintaining ethical and professional standards. [EG-3]

Social Justice and Diversity

1. Increase awareness of one’s own history re: privilege, power and social location as therapist; identifying influence in therapeutic system. [ESLO 4a, b]
2. Analysis of relevant power and privilege dimensions relative to each (or selected) aspects of therapeutic system. [ESLO 4c,d]

Organization and Practicum Course Requirements

See class schedule (Appendix B). We will meet on Monday evenings from 4:30 to 8:20 pm with a half-hour dinner break. Many classes will involve discussion of the assigned readings (see below) and practice-oriented exercises. Most classes during the second half of the semester will be predominately taken up with Reflecting Team work. Two reflecting teams will meet with clients between 6:15 and 8:20 pm with Sally Ludwig or Lynda Ashbourne participating in each team. Each intern will bring a client to work together with a reflecting team, and each intern will, in turn, participate as a member of the reflecting team on two or three occasions. See the Program Training Contract (signed in first practicum meeting) for a specific outline of practicum expectations and process.

Learning Environment

This practicum is based on the assumption of shared responsibility for developing a non-competitive, cooperative learning environment where therapist-interns can responsibly and constructively voice their ideas, address challenges, take appropriate risks to enhance clinical effectiveness, and further develop clinical strengths. Differences in perspectives and experiences can enrich learning opportunities. Each person is asked to be responsible for listening with respect and curiosity to the differing views of others. The instructor’s goals are: (1) to ensure clarity with respect to power relations; (2) to encourage goodwill between class members, and to participate in goodwill between the instructor and class members; (3) to demonstrate and encourage mutual respect of differences in personality, values, and learning styles; and, (4) to support commitment to the intensive mutual learning process.

Such a learning environment requires the commitment of all class participants to:

- Being accountable for our own actions and their effects (intended or unintended) on others.
- Recognizing that learning, at whatever stage of our development as interns and supervisors, is not always comfortable.
- Ensuring the feedback we give to others is respectful and constructive, appreciating how difficult it can be to receive feedback.
- Engaging in thoughtful reflection about the feedback we receive from others in preparing a response.
- Enhancing the learning opportunities of each therapist-intern, while ensuring the “best interest of the client” is served.

Weekly Supervision

See Program Training Contract for specific expectations regarding clinical supervision. **Preparation prior to supervision is required** (see Supervision Checklist on courselink site). **For each scheduled supervision meeting interns are expected to prepare sections of a video-recorded therapy session for review and articulate a particular focus for the clinical**

discussion in writing (see Supervision Form – Practicum I available in lower filing cabinet drawer and on courselink site). See Appendix C for the Supervision Schedule.

Goal setting and Critique of Clinical Work

Initially the goals set for each intern will be the same. **By Feb. 3, 2014 each intern will submit three goals for their clinical work during the balance of the practicum to Lynda Ashbourne via e-mail.** These goals will be shared with other interns and Sally Ludwig. They will be considered dynamic in the sense that they can be altered or revised over the course of the semester in consultation with supervisors. On-going self-reflection on clinical work will be strongly emphasized (see Weekly Journalling Guidelines available on courselink).

Disclosure of Personal Information

Self-awareness is an important component of this course. As a developing professional it is important to be able to identify what is happening for you 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 as well as how they might influence your work with clients, you will not be expected to disclose personal information with the class, in large or small groups, or with the instructor or supervisor, that you do not feel comfortable sharing. Evaluation of your participation in this class and of your class assignments is not dependent on your disclosure of personal information. 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 a therapist position. This attention to ‘process’ is different from a focus on content. If at any time you are unclear about this distinction, please talk to the instructor for clarification.

Evaluation:

This course is assessed by Lynda Ashbourne on a satisfactory/unsatisfactory basis. A detailed description of practicum requirements is provided in the Program Training Contract. There are two assignments that must be completed in order to satisfactorily complete the course. These assignments, one written and one involving presenting class readings, are further described below and in Appendix D. **A passing grade in this course also requires a satisfactory evaluation of your clinical work from Lynda Ashbourne and any other supervisors who work/consult regularly with you during the semester, as well as satisfactory completion of administrative case management requirements as set out by Kara McFarlane.**

Assignment Descriptions -

1. **Dialogist Assignment:** For one of the group supervision meeting times [one of Classes 3, 4, 5, or 6], each intern will act as a **dialogist** with a partner. This will involve:
 - a. Reading class readings and discussing together with your partner prior to class.
 - b. During class, the dialogist partners will talk with each other in front of their colleagues:
 - First, about what they identify as the main points of each reading for that week,
 - and then moving into a discussion of how they plan to apply these ideas in their clinical work.
 - This discussion will serve as a starting point for class discussion of the readings.
 - c. While ideas contained in the class readings will, of course, come from various perspectives and highlight different aspects of clinical practice, dialogists are encouraged to engage in critical (in the sense of attending to various aspects of power and privilege influences on therapy practice) and reflexive conversation.
 - d. I will be asking for one volunteer to engage in a dialogue on two occasions to balance numbers.
2. **Analysis of Therapeutic Dialogue Assignment:** See the description of this assignment in Appendix D. This assignment provides you with an opportunity to enhance your own understanding of collaborative practices in dialogue with clients, as well as the potential influences of your relational and social location and experience and those of a client with whom you are working. You will critically and reflexively examine the intersection of these “maps” and transcribed therapeutic dialogue in a written paper. Due Date: March 24, 2014.

Evaluation of Developing Clinical Skills –

Therapist-interns will participate in the on-going discussion and evaluation of their progress toward general clinical competencies, and on specific learning goals for the semester. There will be informal, verbal evaluation comments shared at the mid-term. Lynda M. Ashbourne will provide some written comments and complete a skills development feedback form in collaboration with Sally Ludwig at the end of the semester. Sally Ludwig will provide oral feedback at the end of the semester. Each supervisor may focus on some different aspects of the therapist-intern's work over the semester.

1. Interns are encouraged to engage in an ongoing process of self-reflection and self-evaluation with respect to the practice of therapy and the self-of-the-therapist. Journaling practices initiated in first semester may be one helpful way to continue to engage in this reflective practice. Goal-setting early in the semester and attention to revising these over time can also be an important aspect of self-evaluation. In addition to participating in dialogues at the middle and end of term, each intern will prepare a brief **Self-evaluation** Report to be placed in their CFT Program. **This report is due April 14, 2014.** Both self-evaluation and feedback to your colleagues over the course of the semester should incorporate attention to areas of strength as well as areas for expanding competency.
2. Each therapist-intern will meet with **Prof. Lynda M. Ashbourne (Course Instructor)** and **Sally Ludwig (Clinical Supervisor)** for a final supervision discussion. Prof. Ashbourne will prepare a written final evaluation document and you will have an opportunity to read this prior to the end of the semester. After this discussion and your review of this document, relevant and agreed upon revisions may be made; **the document will be co-signed.**

IMPORTANT TO READ THE FINE PRINT...

Assignment Submission Guidelines:

Note that assignments are **due in class on the due date** (hardcopies handed in during class time, no electronic submissions will be accepted for the Analysis of Therapeutic Dialogue assignment as this contains confidential client material). Extensions will be given for medical or extenuating compassionate reasons (heavy workload related to end-of-term due dates set at the beginning of the semester does not constitute an extenuating circumstance – if you note a conflict with requirements for another course in the first two weeks of classes in January, please bring this to the attention of both instructors). **You are expected to inform the instructor immediately and in writing should an extension be required.** Keep a copy of each assignment you hand in.

Absences/Class, Team, Client and Supervision Attendance:

This course depends heavily on collaborative and active engagement of class members in learning activities and team work, sometimes with clients. **In the unlikely event that you are unable to attend any course activities, or know in advance that you will be late, please contact the instructor or relevant supervisor by e-mail or voicemail in advance of scheduled activity.** If you must leave class early, you are expected to advise the instructor in advance. You will be responsible for informing your clients of any change in your scheduled appointments.

Required Readings:

Readings are available on Courselink through the library course reserve system. Note that **you are not allowed to use the CFT Centre printer to print course readings – this is a very important reminder that this printer is provided for client-related printing only.** Printing readings for your own use does not violate copyright laws, and printers are available at a cost at various on-campus locations (you will need a vendacard from the main library).

Important Statements required for inclusion in Graduate Course Outlines at University of Guelph:

E-mail Communication

As per university regulations, all students are required to check their <uoguelph.ca> e-mail account regularly: e-mail is the official route of communication between the University and its students.

When You Cannot Meet a Course Requirement

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor in writing. See the graduate calendar for information on regulations and procedures for Academic Consideration:

http://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e1400.shtml

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. The Academic Misconduct Policy is detailed in the Graduate Calendar:

http://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e1687.shtml

Recording of Materials

Presentations which are made in relation to course work—including lectures—cannot be recorded in any electronic media without the permission of the presenter, whether the instructor, a classmate or guest lecturer.

Resources

The Graduate Calendar is the source of information about the University of Guelph's procedures, policies and regulations which apply to graduate programs:

<http://www.uoguelph.ca/registrar/calendars/graduate/current/>

APPENDIX A

ESLOs linked to MELOs for FRAN*6090-I Practicum in CFT I

EDUCATIONAL GOALS AND EXPECTED STUDENT LEARNING OUTCOMES	INCORPORATION & ASSESSMENT
EG-1 THEORETICAL FOUNDATIONS, PROFESSIONALISM, ETHICAL CONDUCT AND ACCOUNTABILITY	
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.	Assigned readings; class discussions; specific to dialogic, collaborative approaches to therapy.
ESLO 1 a. Students will critique and compare selected CFT approaches and their applications.	Class discussions, specific to dialogic, comparison limited due to this being first model applied in program. Analysis of Therapeutic Dialogue Assign.
EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY	
Educational Goal: Students will develop a professional identity as a couple & family therapist who consistently applies the principles of ethical practice in their work with clients, maintains high standards of conduct – including following “best practices” regarding the delivery of therapy services, and engages in critical, reflexive self-evaluation.	Assigned readings; class discussions; supervision conversations; clinical documentation practices; written self-evaluation at end of term. MELO: Self of Th 1,2 as well as specific skill devel included in ESLO 3c,d below
ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFT Centre Operations & Procedures Manual</i> .	Meetings with Client Services Coordinator (CSC) & File Day clearance; supervision MELO 5a;8c
ESLO 3 d. Students will demonstrate an ability to maintain professional accountability practices, including consistently working in the “best interests of clients”, engaging clients in on-going informal review of the progress and fit of the therapeutic work, regular review of personal/professional learning goals, and self-evaluation of professional development.	Supervision; midterm learning goals; written self-evaluation MELO 3b;5b;6a,b,c;8a,b,d
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.	Assigned readings; class discussions; supervision conversations; Analysis of Therapeutic Dialogue Assignment
ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.	Analysis of Therapeutic Dialogue Assignment MELO 8c;9a
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	Analysis of Therapeutic Dialogue Assignment; supervision MELO 1c; 8c; 9a
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.	Supervision; system maps MELO 1c; 9b
ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.	Practicum class discussions; supervision MELO 1c; 9b
EG-5 CLINICAL APPLICATION	
Educational Goal: Students will integrate theory, research, and practice skills in on-going clinical work with clients seeking therapy.	Assigned readings, practicum and supervision discussions; clinical presentations; clinical team-work
ESLO 5 a. Students will develop beginning to intermediate level practice skills associated with the featured post-modern couple and family therapy approaches, including engaging clients, “assessing” presenting concerns, setting therapeutic goals, and collaborating with clients to create desired changes.	Supervision discussions; clinical presentations; clinical team-work; Analysis of Therapeutic Dialogue Assignment MELO: Skill Dev 1a,1b,2a,4a,4b,7a,7b
ESLO 5 b. Student will integrate analysis of social context and power relations into clinical conceptualizations and will respond sensitively to the differential needs and circumstances of each client system.	Supervision; Analysis of Therapeutic Dialogue Assignment MELO 1c;3a;4b
ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses and to translate their conceptualization into therapeutic	Supervision; clinical team-work MELO 3a;4a

conversations that are consistent with the selected practice model.		
ESLO 5 d. Students will be introduced to the AAMFT Core Competencies and will be able to connect their clinical practice to the Core Competencies featured in the CFT program for specific training and practice skill evaluation.		Supervision; meetings with CSC <i>See AAMFT Core Competencies</i>
ESLO 5 e. Students will complete 500 hours of direct clinical practice with clients, with at least 250 hours with family and/or couple clients. Students will complete at least 100 hours of clinical supervision over 5 practica.		Total accumulated hours in this semester 55-60 hours
ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters.		Midterm goals submitted to supervisors.
AAMFT CC #	Sub-domain	AAMFT Core Competency
ADMISSION TO TREATMENT		
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.5.3	Professional	Maintain policies for fees, payment, record keeping, and confidentiality.
CLINICAL ASSESSMENT AND DIAGNOSES		
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.8	Executive	Identify clients’ strengths, resilience, and resources.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis
2.5.1*	Professional	Utilize consultation and supervision effectively.
TREATMENT PLANNING AND CASE MANAGEMENT		
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.4.3*	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of the practice setting.
THERAPEUTIC INTERVENTIONS		
4.3.12*	Executive	Integrate supervision communication into treatment.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
LEGAL ISSUES, ETHICS, AND STANDARDS		
5.1.3*	Conceptual	Know policies and procedures of practice setting
5.3.1*	Executive	Monitor issues related to ethics, laws, regulations, and professional standards
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5*	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6*	Executive	Report information to appropriate authorities as required by law.
5.5.1*	Professional	Maintain client records with timely and accurate notes.
5.5.2*	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
RESEARCH AND PROGRAM EVALUATION		
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 in the literature
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.

6.4.1*	Evaluative	Evaluate knowledge of current clinical literature and its application.
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* indicates Core Competencies included in all practica

APPENDIX B

Class Schedule: (subject to revision)

Class 1 2014.01.06 Introductions

Reading: [read prior to course start]

Sprenkle, D., Davis, S., & Lebow, J. (2009). Common factors in couple and family therapy (Chapter 7: Therapeutic alliance, pp. 87-106). New York: Guilford Press.

Blow, A., Sprenkle, D., & Davis, S. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33, 298-317.

Class 2 2014.01.13 Collaborative Therapy

Readings:

Anderson, Harlene (2007). A postmodern umbrella: Language and knowledge as relational and generative, and inherently transforming. In Harlene Anderson & Diane Gehart (eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp.7-21). New York: Routledge.

Shawver, Lois (2004). Therapy theory after the postmodern turn. In David Pare & Glenn Lerner (eds.), *Collaborative practice in psychology and therapy* (pp.23-39). New York: Haworth.

Levin, Sue & Bava, Saliha (2014). Collaborative therapy: Performing reflective and dialogical relationships. In Andy Lock and Tom Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp.126-142). Oxford: Oxford University Press.

Class 3 2014.01.20 Therapeutic Relating

[2 DIALOGISTS:]

Readings:

Bird, Johnella (2002). The heart's narrative: Therapy and navigating life's contradictions. (Chapter 4: Building the therapeutic relationship, pp. 140-166). Green Bay, NZ: Edge.

Penn, Peggy (2007). Listening voices. In Harlene Anderson & Diane Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp.99-108). New York: Routledge.

Anderson, H. (2012). Collaborative relationships and dialogic conversations: ideas for a relationally responsive practice. *Family Process*, 51, 8-24.

Class 4 2014.01.27 Ideas about Assessment in a Collaborative Framework

[2 DIALOGISTS:]

Readings:

Andersen, Tom (1995). Reflecting processes; Acts of informing and forming. In T. Andersen (Ed.), *Reflecting team in action* (pp. 11-37). New York: Guilford.

Bird, Johnella (2004). *Talk that sings: Therapy in a new linguistic key* (Chapter 1: The politics of language-making, pp. 3-42). Auckland, NZ: Edge Press.

Everri, M., & Fruggeri, L. (Online, 2013). The individual-system relationship: Methodological cues from the stance-taking process analysis. *Journal of Family Therapy* doi: 10.1111/1467.12025

Class 5 2014.02.03 Hope and Hopelessness

[2 DIALOGISTS:]

Readings:

Weingarten, Kaethe (2010) Reasonable hope: Construct, clinical applications, and supports. *Family Process*, 49, 5-25.

Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy*, 29, 186-202.

Rober, P. & Seltzer, M. (2010). Avoiding colonizer positions in the therapy room: Some ideas about the challenges of dealing with the dialectic of misery and resources in families. *Family Process*, 49, 123-137.

Class 6 2014.02.10 Couple Relationships

[2 DIALOGISTS:]

Readings:

- Sesma Vázquez, Mónica (2011). Pathways to dialogue: The work of collaborative therapists with couples. *International Journal of Collaborative Practices*, 2(1), 48-66.
- Rautiainen, E-L., & Seikkula, J. (2009). Clients as co-researchers: How do couples evaluate couple therapy for depression? *Journal of Systemic Therapies*, 28(4), 41-60.
- Olson, Mary E., Laitila, Aarno, Rober, Peter, & Seikkula, Jaakko (2012). The shift from monologue to dialogue in a couple therapy session: Dialogical investigation of change from the therapists' point of view. *Family Process*, 51, 420-435.

READING WEEK 2014: No classes scheduled for this week. Centre open for client work Tuesday to Thursday, closed Monday and Friday.

Class 7 2014.02.24 Reflecting Team #1

Reading:

- Wade, Allan (2007) Despair, resistance, hope: Response-based therapy with victims of violence. In C. Flaskas, I. McCarthy, & J. Sheehan (Eds.), *Hope and despair in narrative and family therapy* (pp.63-74). New York: Routledge.

Class 8 2014.03.03 Reflecting Team #2

Reading:

- Rober, Peter (2002). Constructive hypothesizing, dialogic understanding, and the therapist's inner conversation: some ideas about knowing and not knowing in the family therapy session. *Journal of Marital and Family Therapy*, 28(4), 467-478.

Class 9 2014.03.10 Reflecting Team #3

Reading:

- Rober, P., Walravens, G., & Versteijnen, L. (2014). "In search of a tale they can live with": About loss, family secrets, and selective disclosure. *Journal of Marital & Family Therapy*, 38, 529-541.

Class 10 2014.03.17 Reflecting Team #4

Reading:

- Strong, T., & Tomm, K. (2007). Family therapy as re-coordinating and moving on together. *Journal of Systemic Therapies*, 26, 42-54.

Class 11 2014.03.24 Attending to Diversity and Oppression

Analysis of Therapeutic Dialogue due (hardcopy) in class March 24, 2014

Readings:

- Laitila, Aarno (2009). The expertise question revisited: Horizontal and vertical expertise. *Contemporary Family Therapy*, 31, 239-250.

Class 12 2014.03.31 Reflections on the Principles of Collaborative/Dialogic Practice

Reading:

- Larner, Glenn (2011). Deconstructing theory: Towards an ethical therapy. *Theory & Psychology*, 21, 821-839.