

PRACTICUM COURSE OUTLINE¹

Instructor/Supervisor: Anna Dienhart, Ph.D.
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Supervision Schedule: Weekly, see Appendix C
Class Time: Wednesday 4:30-8:30

2nd Supervisor: Kevin VanDerZwet Stafford, M.Sc.
Office: Rm. 250, CFT Centre
Phone:
e-mail:

Supervision Schedule: Weekly, see Appendix C

Client Services Coord: Kara McFarlane, B.A.
Office: Rm. 151, CFT Centre
Phone: Ext. 56335
e-mail: cftc@uoquelo.ca

Weekly Meetings: ½ hour individual meetings TBA

For CRISIS consultations:

(available when a client is present and/or 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) Mon. & Tues. 8:30 – 4:30 = Kevin VanDerZwet Stafford
Office: Rm. 250, CFT Centre Wed. & Thurs. 11:30 – 4:30 = Anna Dienhart
Phone: Ext. 58382 (FROSS)
Ext. 53276 (Back-up On-Call Supervisor)

Evening: On-call Supervisor (4:30 - 9:00 p.m.):
Ext. 58383 (Primary On-call Supervisor)
Monday = John Beaton
Tuesday = Anna Dienhart
Thursday = Olga Sutherland

Ext. 53267 (Back-up On-call Supervisor)
Monday = Olga Sutherland
Tuesday = Olga Sutherland
Thursday = 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 (including the safe and effective use of self).

Collaborative Therapy (collaborative language systems/dialogic), based on Social Constructionist theory, is highlighted in this practicum. This approach provides a solid grounding in the primary 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. [ESLO 4b,c,d; 5b]
 - d. Explore ways of working collaboratively with clients and others to resist and/or be resilient in the face of these potential constraints. [ESLO 4b,c,d; 5b]
2. Therapeutic Alliance
 - a. Establish therapeutic bond and collaborate to co-create therapeutic goals and relevant therapy tasks.
 - b. Further develop attunement skills and transfer 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 – best practice re. best interests of clients]
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, all appropriate consents signed, case management skills, documentation. [ESLO 3c]
 - b. Address, on an ongoing basis, issues regarding ethical decision-making, accountability, safe and effective use of self, 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; ESLO 3d]
2. Demonstrate self-awareness in supervision – beginning level of competence regarding therapist's own influence on client system and therapeutic process. [EG-3; ESLO 3d]
3. Enlarge self-awareness with respect to the ways in which one's personal history, values, and context influence professional practice. [ESLO 3d, 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 (self-care) for managing and addressing the personal impact of engaging in clinical training and practice while maintaining ethical and professional standards. [EG-3; ESLO 3d]

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 3d, 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 *(some details may be subject to revision)*

See the **Program Training Contract** (signed in first practicum meeting) for a specific outline of practicum expectations and process. See **Class Schedule** (Appendix B). We will meet on **Wednesday evenings from 4:30 to 8:30 pm** with (up to) a half-hour dinner break. Many classes will involve discussion of the assigned readings (see below) and practice-oriented exercises. Several 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 either Anna Dienhart or Kevin VanDerZwet Stafford participating in each team. Each intern (as the therapist) will bring a client to work together with a reflecting team once in the semester. Each intern will, in turn, participate as a member of the reflecting team on two or three occasions.

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 course link site). **For each scheduled supervision meeting interns are expected to prepare sections of a video-recorded therapy session for review and articulate (in writing) a particular focus for the**

clinical discussion (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

By Feb. 4, 2015 each intern will submit (to Anna Dienhart) three goals for their clinical work during the balance of the practicum. These goals will be shared with other interns and Kevin VanDerZwet Stafford. 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 and reflexivity on clinical development will be strongly emphasized – reflection and reflexivity includes monitoring the safe and effective use of self. (See Weekly Journaling 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:

Student/therapist-intern development in this course is assessed on a satisfactory/unsatisfactory basis. Anna Dienhart, as course instructor and clinical supervisor, will be responsible for determining the final assessment. 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 particular responsibility for discussing class readings, are further described below and in Appendix D.

A passing grade in this course requires a satisfactory evaluation of your clinical work by Anna Dienhart 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 the Client Services Coordinator (Kara MacFarlane).

Course Requirements and Projects:

A. Academic Requirements/Projects

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.

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 by analyzing a selected dialogue with clients, as well as critically analyzing the potential influences of your relational and social locations 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 25th, 2015.**

B. Clinical Work with CFT Centre Clients

Therapist-interns will begin seeing clients no later than the last week of January (unless there are extenuating circumstances). Clinical work will continue until April 17th, 2015. Each student/therapist-intern will accumulate approximately 55-60 hours of direct client contact by the end of this clinical training period. Therapist-interns will participate in weekly supervision with Anna Dienhart throughout the term and also with Kevin VanDerZwet Stafford (2nd supervisor) from the third week of February until the end of the clinical training term.

C. 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. Anna Dienhart will provide some written comments and complete a skills development feedback form, in collaboration with Kevin VanDerZwet Stafford, at the end of the semester. Kevin VanDerZwet Stafford 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 (including monitoring the safe and effective use of self). 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.
2. In addition to participating in dialogues at the middle and end of term, each intern will prepare a brief, written **Self-evaluation Report** to be placed in their CFT Program file. **This report is due April 6th, 2015 (submit via e-mail).** The self-evaluation should incorporate attention to areas of strength, as well as, areas for expanding competency.
3. In both group and partnered (dyadic) supervision, each intern will have the opportunity to learn with and from colleagues. When providing feedback to colleagues, remember to pay attention to areas of strength, as well as, areas for expanding competency.
4. Each therapist-intern will meet with **Anna Dienhart (Course Instructor/Clinical Supervisor)** and **Kevin VanDerZwet Stafford (2nd Clinical Supervisor)** for separate final supervision discussions. Anna and Kevin will meet to collaborate on the preparation of final evaluation feedback and assessment of progress toward the MELOs, ESLOs, and AAMFT CCs. Prof. Dienhart will prepare a written final evaluation document. Interns will have an opportunity to read this prior to the end of the clinical training term. After this discussion and review of this document, relevant and agreed upon revisions may be made; **the document will be co-signed** by the instructor and the student/therapist-intern.

IMPORTANT TO READ THE FINE PRINT...

Assignment Submission Guidelines:

Note that assignments are **due by noon on the due date** (hardcopies required for written assignments - 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. **Students are required to attend scheduled classes. In the unlikely event that you are unable to attend any course activities due to illness or recognized compassionate circumstances, 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. You are expected to advise the instructor in advance of any exceptions you may require for any of these requirements.

You will be responsible for informing your clients of any change in your scheduled appointments. Changes in client scheduling is to be limited to illness or recognized compassionate circumstances.

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/>

¹ – Anna Dienhart wishes to acknowledge the extensive work by Dr. Lynda Ashbourne in designing this course and creating major aspects of this course outline. While I am deeply indebted to Lynda, the responsibility for this outline and the associated design of this specific course remains with Dr. Dienhart as the designated course instructor for Winter 2015.

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. Evaluated: Analysis of Therapeutic Dialogue Assignment.
EG-3 PROFESSIONALISM, ETHICAL CONDUCT and USE OF SELF	
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 engaging in critical, reflexive self-evaluation relevant to the safe and effective use of self.	Assigned readings; class discussions; supervision conversations; clinical documentation practices; written self-evaluation at end of term. MELO: Self of Therapist 1, 2 as well as specific skill development included in ESLO 3c, 3d 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. Self-evaluation of professional development will involve actively engaging in practices to increase self-awareness and critical reflexive self-evaluation – including monitoring one’s own subjective frame (perceptions, insights, judgements, etc.) and preferred interaction patterns as they inform one’s intentional contribution to and maintenance of an effective therapeutic alliance.	Supervision; midterm learning goals; written self-evaluation MELO 3b ;5b; 6a, b, c; 8a ,b, d; MELO-Self-of-Therapist and MELO-Social Justice and Diversity.
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. Students 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 - including research informed hypotheses - and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.		Supervision; clinical team-work MELO 3a; 4a
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 See AAMFT Core Competencies
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 approximately 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.
5.3.7*	Executive	Practice within defined scope of practice and competence.
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.

- indicates Core Competencies included in all practica

APPENDIX B - Class Schedule (subject to revision)

Class 1 2015.01.07 Introductions and Intentionality in Therapist Positioning

Reading: [read prior to course start]

Sprenkle, D. & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy*, 30, 2, 113-129. (Read pages 119 – 125).

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.

Review (from FRAN 6160):

Tomm, Karl (1988). Interventive interviewing: Part III. Intending to ask linear, circular, strategic or reflexive questions. *Family Process*, 27, 1-15.

Class 2 2015.01.14 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.

Levin, Sue & Bava, Saliha (2012). 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.

Sundet, Rolf (2012). Therapist perspectives on the use of feedback on process and outcome: Patient-focused research in practice. *Canadian Psychology*, 53, 122-130.

Class 3 2015.01.21 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.

Auxiliary Readings:

Sutherland, O., Turner, J. & Dienhart, A. (2013). Responsive persistence Part I: Therapist influence in postmodern practice. *Journal of Marital and Family Therapy*, 39, 470-487. (pertinent sections are pages 470-476, 483-484)

Sutherland, O., Dienhart, A. & Turner, J. (2013). Responsive persistence Part II: Practices of postmodern therapists. *Journal of Marital and Family Therapy*, 39, 488-501. (pertinent sections are pages 488-490, 495-500)

Class 4 2015.01.28 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.

Optional Reading:

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 2015.02.04 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.

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 6 2015.02.11 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 2015: February 16 – 20 - No classes scheduled for this week. Centre open for client work Tuesday to Thursday, closed Monday and Friday. Seeing clients is "optional" – students will need to balance considerations for accumulating direct client hours with time for rest or relaxation.

Class 7 2015.02.25 Attending to Diversity and Oppression**Readings:**

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

Hardy, Kenneth V. & Laszloffy, Tracey A. (2002). Couple therapy using a multicultural perspective. In Gurman, A. S. and Jacobson, N. S. (Eds.), *Handbook of couple therapy*, 3rd Ed., (Chapter 22, pp 569-593). Particularly relevant pages 569-578, 582-588.

Class 8 2015.03.04 Reflexive Questioning Reflecting Teams #1**Reading:**

Tomm, Karl, (1987). Interventive Interviewing; Part II. Reflexive Questioning as a means to self-healing. *Family Process*, 26, 167-183.

Class 9 2015.03.11 Reflecting Teams #2

(ANNA to work with both RT's – we will need to change class schedule)

Reading: N/A

Class 10 2015.03.18 Constructive hypothesizing Reflecting Teams #3**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 11 2014.03.25 Uncovering the Unspeakable Reflecting Teams #4**Reading:**

Rober, P., Walravens, G., & Versteynen, 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.

Analysis of Therapeutic Dialogue due (hardcopy) in class March 25, 2015

Class 12 2015.04.01 Reflections on the Principles of Collaborative/Dialogic Practice

**** Anna is away this week. Will arrange alternate class or alternate learning activities.**

Reading:

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

Optional Reading:

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

APPENDIX C -- Supervision Schedule

Supervision Partners:

Emily – Christina
 Laura – Ornella
 MacGyver – Rena
 Sarah - Darryl

Reflecting Teams / Small Group Supervision:

Emily – Christina – Laura – Ornella
 MacGyver – Rena – Sarah - Darryl

Supervision Times with ANNA: (1.5 hours partnered supervision, with at least three (3) individual meetings in the semester).

Wednesday 1:00 – 2:30 > Emily and Christina
 Thursday 9:30 – 11:00 > Laura and Ornella
 Thursday 11:30 – 1:00 > MacGyver and Rena
 Thursday 1:30 – 3:00 > Sarah and Darryl

Supervision Times with KEVIN (1.5 hours partnered supervision beginning week of Feb. 23rd; may have selectively scheduled individual times over the semester - TBD)

Tuesday

9:30 – 11:00 Emily & Christina; 11:00-12:30 Laura & Ornella, 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl

Week 1 (beginning Jan. 5th) NO SUPERVISION MEETINGS

Caseworks training with Kara – Friday, January 9th

Week 2 (beginning Jan. 12) INDIVIDUAL 45 MINUTE MEETINGS with ANNA -- plus first client files assigned

Wednesday – January 7th

1:00 – Emily
 1:45 – Christina

Thursday – January 8th

9:30 – Laura
 10:15 – Ornella
 11:30 – MacGyver
 12:15 – Rena
 1:30 – Sarah
 2:15 - Darryl

WEEKLY INDIVIDUAL 30 MINUTE FILE REVIEW MEETINGS begin with KARA [TBD]

Week 3 (beginning Jan. 19st)

Wednesday – January 21st

1:00 – 2:30 – Emily and Christina

Thursday – January 22nd

9:30 – 11:00 – Laura and Ornella
 11:30 – 1:00 – MacGyver and Rena
 1:30 – 3:00 - Sarah and Darryl

Week 4 (beginning Jan. 26th)

Wednesday – January 28th

1:00 – 2:30 – Emily and Christina

Thursday – January 29th

9:30 – 11:00 – Laura and Ornella
 11:30 – 1:00 – MacGyver and Rena
 1:30 – 3:00 - Sarah and Darryl

Week 5 (beginning Feb. 2nd) INDIVIDUAL 45 MINUTE MEETINGS with ANNA

Wednesday – February 4th

1:00 – Emily
 1:45 – Christina

Thursday – February 5th

9:30 – Laura
 10:15 – Ornella
 11:30 – MacGyver
 12:15 – Rena
 1:30 – Sarah
 2:15 - Darryl

Week 6 (beginning Feb. 9th)**Wednesday – February 11th**

1:00 – 2:30 – Emily and Christina

Thursday – February 12th

9:30 – 11:00 – Laura and Ornella

11:30 – 1:00 – MacGyver and Rena

1:30 – 3:00 – Sarah and Darryl

February 12th is Mid-term FILE DAY**READING WEEK (Feb. 16th-20th): Centre open for client work Tuesday to Thursday – Students have the option to see clients or not. If seeing clients, must sign up for Supervision with ANNA****Wednesday – February 18th**

1:00 – 1:45

1:45 – 2:30

Thursday – February 19th

9:30 – 10:15

10:15 – 11:00

11:30 – 12:15

1:00 – 2:15

2:15 – 3:00

Week 7 (beginning Feb. 23rd): Midterm Dialogue with ANNA during INDIVIDUAL 45 Minute Meeting**Wednesday – February 25th**

1:00 – Emily

1:45 – Christina

Thursday – February 26th

9:30 – Laura

10:15 – Ornella

11:30 – MacGyver

12:15 – Rena

1:30 – Sarah

2:15 – Darryl

KEVIN: Tuesday, February 24th

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 8 (beginning Mar. 2nd):**Wednesday – March 4th**

1:00 – 2:30 – Emily and Christina

Thursday – March 5th

9:30 – 11:00 – Laura and Ornella

11:30 – 1:00 – MacGyver and Rena

1:30 – 3:00 – Sarah and Darryl

KEVIN: Tuesday, March 3rd

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 9 (beginning Mar. 9th)**Wednesday – March 11th**

1:00 – 2:30 – Emily and Christina

Thursday – March 12th

9:30 – 11:00 – Laura and Ornella

11:30 – 1:00 – MacGyver and Rena

1:30 – 3:00 – Sarah and Darryl

KEVIN: Tuesday, March, 10th

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 10 (beginning Mar. 16th)**Wednesday – March 18th**

1:00 – Emily
1:45 – Christina

Thursday – March 19th

9:30 – Laura
10:15 – Ornella
11:30 – MacGyver
12:15 – Rena
1:30 – Sarah
2:15 – Darryl

KEVIN: Tuesday, March 17th

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 11 (beginning Mar. 23rd) * Note – the special schedule for this week only! *******Wednesday – March 25th**

1:00 – 2:30 – Emily and Christina
2:30 – 4:00 – Sarah and Darryl

Thursday – March 26th

9:00 – 10:30 – Laura and Ornella
10:30 – 12:00 – MacGyver and Rena

KEVIN: Tuesday, March 24th

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 12 (beginning Mar. 30th)

**** ANNA is AWAY this week – Supervision with KEVIN only!**

KEVIN: Tuesday, March 31st

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 13 (beginning Apr. 6th) Self Evaluation due date April 6th ** FINAL FILE DAY coming up - APRIL 13th ****Wednesday – April 8th**

1:00 – 2:30 – Emily and Christina

Thursday – April 9th

9:30 – 11:00 – Laura and Ornella
11:30 – 1:00 – MacGyver and Rena
1:30 – 3:00 – Sarah and Darryl

KEVIN: Tuesday, April 7th

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

Week 14 (beginning Apr. 13th) ** Individual Final Dialogue with ANNA during INDIVIDUAL 45 Minute Meetings**Wednesday – April 15th**

1:00 – Emily
1:45 – Christina

Thursday – April 16th

9:30 – Laura
10:15 – Ornella
11:30 – MacGyver
12:15 – Rena
1:30 – Sarah

KEVIN: Tuesday, April 14th – Individual Meetings during usual supervision schedule times - TBD

(9:30-11:00 Emily & Christina; 11:00-12:30 Laura & Ornella; 1:00-2:30 MacGyver & Rena; 2:30-4:00 Sarah & Darryl)

***** FINAL FILE DAY – April 13th *****

***** LAST DAY TO SEE CLIENTS April 16th *****

APPENDIX D

Assignment: Analysis of Therapeutic Dialogue

Due Date: March 25, 2015

[ESLO refers to Expected Student Learning Outcomes and MELO refers to Model-based Expected Learning Outcomes – see course outline for Educational Goals and Expected Student Learning Outcomes attached to this course, see Student Orientation Manual for complete listing]

Purpose -

This assignment is intended to provide you with an opportunity to closely examine the micro-processes represented in a transcribed segment of in-session dialogue between therapist and client. The transcribed segment will be selected by you as a demonstration of what you experienced as collaborative, dialogic engagement with a client. You will also include 'maps' of your own and the client's social location, family and broader system, and relevant life experiences. The written reflections will allow you to demonstrate your analysis of collaborative dialogue (MELO Skill Devel 1,2; ESLO 5a); critical analysis of the intersection of social location, values, and beliefs held by you, the therapist, and by the client; critical analysis of power relations and the collaborative construction of meaning (ESLO 4a,b); and, reflexive analysis of your influences that enhanced or hindered the "safe and effective use of self" (ESLO 3d).

Assignment – [Note: you MUST use pseudonyms, submit hardcopy only, assignments will be treated as confidential therapy material by instructor. DO NOT include names or identifying material on any electronic version stored on your computer – e.g., ok to refer to client by initials or as 'client' in transcript analysis and reflective writing, maps (using only pseudonyms) should be prepared by hand as is practice for clinical maps in CFTC. Shred any documents that may contain any identifying information after the assignment is returned to you.]

1. Select a client¹ with whom you are working in the second half of the semester, and a **20 minute segment from a therapy session** (+/- 2 minutes) that you will be transcribing verbatim (note that word-for-word transcribing from recording typically requires about 3 times the length of segment, so expect at least one hour for this process). Consider a segment that, in your estimation, reflects a collaborative dialogue oriented to 'meaning-making' (e.g., a minor 'aha' moment for you and your client, a slight 'shift' or introduction of new information that appears to be illuminating in some way for the client, new meaning or metaphor that emerges in the context of dialogue that appears to change perspective on area of focus for therapy in a helpful direction, etc.). **Session from which segment is chosen should occur after Feb. 11, 2015.**
2. Prepare the **transcript** (as complete as possible with respect to verbal content, including pauses and fumbling for words), using two columns to allow half-page width for transcript and half-page width for your comments. In right-hand column include your comments regarding what you think is happening in the dialogue (sentence-by-sentence or line-by-line , e.g., your intentions, your understanding of what client is intending or responding to, opening/closing of space, type of question or positioning, etc.).
3. Provide on a separate page a simple, **basic outline of the whole session** with approximate times attached and indicating where the transcribed dialogue occurred (e.g., Check-in re: client activities since last session – 5 minutes; Discussion of significant argument with partner last night – 15 minutes; Transcribed segment – 20 minutes; Discussion of how these ideas might extend to other messages to self – 10 minutes; Collaborative note-taking – 10 minutes).
4. Prepare a **therapist map** for yourself [this will NOT be submitted, but must be prepared for your own reference] that is similar to the client map already prepared for client. Include details for at least three generations, significant relationships, broader system influences, social location markers (ADDRESSING categories) and any other relevant life experience in both maps. Ensure that the client map [which WILL be submitted] is completed (using pseudonyms or initials ONLY) based on information provided directly by the client, rather than post facto assumptions on your part (e.g., do not make assumptions about ethnicity, religious faith, sexual orientation, or any social location based on client's physical appearance, but based on conversation with the client and on

¹ Select an individual client, or only one client who may be part of a larger couple or family constellation with whom you have been working. Do not choose a client who has worked with you and a co-therapist.

client self-report). If you are unable to complete sections based on lack of information, indicate that this is so and describe why you have been unable to ask about this area of this client's identity.

5. Write a **reflective paper** (double-spaced, Arial-11 pt font, 1" margins, 8-12 pages) considering the following:
 - a. Critically analyse the ways in which your map and client map intersect, including overlapping and disparate areas, especially focusing on the beliefs/values that are associated with the various social locations identified. You will submit **ONLY** the client map, but you will need to refer to intersections and gaps with specificity (while sharing only what you wish to share about your own genogram/social location/broader influences – e.g., too vague to say “We are very similar”; appropriate to indicate “While not having the same type of specific experiences growing up, I also was raised in a working-class home and rural area and had a distant relationship with my father. What was quite different for me is that there were a number of extended family members who were quite closely involved in positively supporting my upbringing and I did not experience the isolation and neglect that this client reports.”) How do you see that these intersections challenge/enhance your therapy dialogue/interaction? What might you overlook? How do these intersections challenge your own thinking or expectations about therapy with this client? [ESLO 4a]
 - b. What stands out for you with regard to your analysis of the 20 minute transcript from this therapy session? How would you describe the engagement, interaction, and meaning-making that you experienced and observed during this therapy dialogue? Are there alternative perspectives that you think the client might highlight if he/she were to participate in this micro-analysis of dialogue? [ESLO5a]
 - c. Reflect critically on the power relations between you as therapist and this client that are evident in the 20 minute segment that you transcribed. How do you see yourself participating in these processes of power, voice, and meaning-making in this segment of the therapy session? [ESLO 4b]
 - d. How do you see the intersections and gaps in social location (identified in examining therapist and client maps) being evidenced in the transcribed segment of the therapy session? Remember to pay attention to the beliefs/values embedded in social locations, not just the markers of those locations. [ESLO 4a]
 - e. How do you think your own social location, values and beliefs shaped your selection of a segment of therapy with this client, your analysis of the transcript, and your conceptualization of your overall therapy work with this client? [ESLO 4a]
 - f. Based on your close examination of a therapy segment, are there things you would like to do more of or less of in upcoming therapy dialogues? What did this exercise teach you about collaborative therapy practices, dialogic engagement with clients, and discursive perspectives in therapeutic practice? [ESLO 5a]
 - g. Provide a brief critique (based on this exercise examining therapy with a particular client and citing course readings related to these practices more broadly) of dialogic therapy in terms of areas of strength and what may be potentially overlooked when practicing from this perspective. [ESLO 1a]

Submit the following:

1. Project/Assignment Cover Page
2. Transcript Cover page - Time line summary of session from which transcript is drawn.
3. Transcript and Analysis (two columns) document.
4. Client Map [keep Therapist Map for your own reference and refer specifically to this in assignment, but do not submit it – it should be evident to the instructor that you did complete this with detail and careful consideration.]
5. Reflective Paper.

Assessment of Satisfactory Demonstration of Expected Student Learning Outcomes:**ESLO 1a** will be satisfactorily demonstrated by **the following:**

- Written reflective paper includes critique as outlined in section (g) above that meets at least 'B' standard according to U of Guelph grading standards and based on instructor's subjective evaluation clarified in written comments.

ESLO 4a will be satisfactorily demonstrated by **all of the following:**

- Client map submitted and complete; evidence in assignment responses that Therapist map was completed with careful consideration and detail.
- Written reflective paper includes responses to questions under (a), (d), and (e) above that meet at least 'B' standard according to U of Guelph grading standards and based on instructor's subjective evaluation clarified in written comments.

ESLO 4b will be satisfactorily demonstrated by **the following:**

- Written reflective paper includes responses to questions under (c) above that meet at least 'B' standard according to U of Guelph grading standards and based on instructor's subjective evaluation clarified in written comments.

ESLO 5a will be satisfactorily demonstrated by **all of the following:**

- Client map submitted and complete; evidence in assignment responses that Therapist map was completed with careful consideration and detail.
- Transcription, analytic comments, and summary of session timeline submitted and complete.
- Written reflective paper includes responses to questions under (b) and (f) above that meet at least 'B' standard according to U of Guelph grading standards and based on instructor's subjective evaluation clarified in written comments.