

Department of Family Relations and Applied Nutrition  
University of Guelph

**FRAN 6100 Clinical Issues in CFT: Health and Well-Being  
Summer 2016**

Instructor: Pam Santon MSW, RSW, RMFT  
Phone: 416 294 3864  
Email: psanton@uoguelph.ca  
Office: Macdonald Hall Annex  
Office Hours: By appointment  
Class Time: Tuesdays 9:30-12:20

**Course Outline**

**Course Description**

This course focuses on topics related to physical and mental 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 (CC) & associated CRPO Entry-to-Practice  
Competencies (PC)**  
**CFT Program Educational Goals & Expected Student Learning Outcomes**

<b>AAMFT CC #</b>	<b>Sub-domain</b>	<b>AAMFT SELECTED CORE COMPETENCIES (CCs)</b>	<b>Linked CRPO PC</b>
1.1.3	Conceptual	Understand the behavioural health care delivery system, its impact on services provided, and the barriers and disparities in the system.	1.1
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)	1.1
2.1.2	Conceptual	Understand the major behavioural health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course and prognosis.	1.3
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).	1.3 4.5
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.	1.3 4.5
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.	1.3 4.5
3.1.3	Conceptual	Understand the effects psychotropic and other medications have on clients and the treatment process.	1.3
3.1.4	Conceptual	Understand recovery-oriented behavioural health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).	1.3
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.	5.1
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.	5.1 5.2
6.3.1	Executive	Read current MFT and other professional literature.	5.1
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation literature.	5.1
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.	5.1 5.2
<b>EDUCATIONAL GOALS (EG) AND EXPECTED STUDENT LEARNING OUTCOMES (ESLO)</b>			<b>INCORPORATION &amp; ASSESSMENT</b>

<b><u>EG – 1 THEORETICAL FOUNDATIONS</u></b>	
<b>Educational Goal:</b> 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 Course Presentations Course Paper
<b>ESLO 1 a.</b> Students will critique and compare selected CFT approaches and their applications.	Class Discussion Case Presentation
<b>ESLO 1 b.</b> Students will demonstrate verbal and written ability to critique and to apply theoretical conceptualizations of selected post-modern/social constructionist couple & family therapy approaches to case-study and client situations.	Class Discussions Course Presentation Course paper
<b>ESLO 1 c.</b> Students will articulate the theoretical basis and practice implications of their preferred approach to couple & family therapy, including an examination of the congruency with the underlying values and assumptions of the approach and their personal professional positioning.	Class Discussion Class Presentation Course Paper
<b><u>EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION</u></b>	
<b>Educational Goal:</b> 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.	Assigned Readings Class Discussion Course Presentation Course Paper
<b>ESLO 2 b.</b> Students will demonstrate an ability to write coherently about integrating theory, research, and practice skills related to their professional work.	Course Paper
<b>ESLO 2 c.</b> Students will have knowledge of current research developments in the couple and family therapy field, including empirically validated and evidence-based therapy approaches.	Course Readings Case Presentation Course Paper
<b><u>EG-4 SOCIAL CONTEXT AND POWER RELATIONS</u></b>	
<b>Educational Goal:</b> 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 Discussion and Role-plays Guest Speakers Course Presentation Course Paper
<b>ESLO 4 a.</b> Students will critically analyze how their social location, values and beliefs shape their professional identity.	Class Discussion
<b>ESLO 4 b.</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.	Class Discussion

<p><b>ESLO 4 c.</b> 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.</p>	<p>Class Presentations Course Paper</p>
<p><b>ESLO 4 d.</b> Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.</p>	<p>Course Readings Class Discussions and Role-plays Class Presentations Course Paper</p>

### **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 hope to 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) Online- library Readings for each week (see the Course Schedule) can be found on Library Course Reserve.

Student Evaluation:

Participation	30%
In-class presentation	35%
Illness/disability narrative project	35%

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 (30%)**

**Class discussions will afford students an opportunity to demonstrate their consideration of theoretical conceptualizations in couple and family therapy approaches based on current research developments in the couple and family therapy field. They will consider how their social location and values shape their professional identity and develop their abilities to assess their own development in these areas and explore and address issues of diversity in across various client situation.**

**(ESLO 1a, 1B, 1c; 2c; 4a, 4b, 4d.)**

Three readings to be identified in class, 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 the posted rubric of identifying professional behavior. 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 .

## **2. In-class Presentation (35%)**

**The intent of this project is to give students an opportunity to examine and communicate selected Couple and Family Therapy approaches and supporting research specific to an illness or disability of their choosing. Students will have an opportunity to demonstrate awareness and sensitivity to the multi-dimensions of diversity and its impact in the context of the therapeutic relationship.. (ESLO 1a, 1b, 1c, 2c, 4c, 4d;**

Students, in groups of 4, 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 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 (35%). Due Friday July 8, 2016 (dropbox only)**

**The intentions of this project are to increase understanding of illness narratives, to practice integration of the clinical approaches covered in the course to client situations, to expand awareness of empirically validated and evidence-based couple and family therapy approaches to specific client situations and to increase awareness of the use of self as a therapist (including social location) in the therapy process. (ESLO 1b, 1c, 2b, 2c, 4a, 4c, 4d)**

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)

Autism in Love

My Beautiful Broken Brain (Stroke in a Young Person)

Unfinished Song (Grief and Loss)

Students are also welcome to propose a movie of their own

**Course Schedule and Mandatory and Recommended Readings**

<p>Week 1</p>	<p>May 17</p>	<p><b>Introduction to Course and Assignments: The Big Picture of Healthcare in Ontario. Where do we position ourselves in the conversation on ‘Health and Well Being’? Deep listening and compassionate witnessing. Power and Dominance: Dominant Discourses ? The Person of the Therapist: Self care</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Frank, A. (1998). Just listening: Narrative and deep illness. <i>Families, Systems and Health, 16</i>, 197-212.</p> <p>Weingarten, K., &amp; 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> <p>Raheim, S. An Invitation to Narrative Practitioners to Address Privilege and Dominance. The Dulwich Centre</p> <p>Negash, S., Sahin, S. Compassion Fatigue in Marriage and Family Therapy Implications for Therapists and Clients. <i>In Journal of Marital and Family Therapy</i> January 2011, Vol. 37, No. 1, 1–13</p> <p>Clark, P. (2009) Resiliency in the Practicing Marriage and Family Therapist. <i>Journal of Marriage and Family Therapy</i>. April Vol. 35 No.2 , 231-247</p> <p>Leblow, J. (2012) Common Factors, Shared Themes, and Resilience in Families and Family Therapy. <i>Family Process</i>, Vol. 51, No. 2, 159-162</p>	<p>Youtube Video on ‘We need Different Brains’. Temple Grandin <a href="https://www.youtube.com/watch?v=aF4sP-uC-yI">https:// www.youtube.co m/watch? v=aF4sP-uC-yI</a></p> <p>Dr. Kirlaw from Sioux Lookout: <a href="http://podcast.cbc.ca/mp3/podcasts/ontariotoday_20160415_16108.mp3">http:// podcast.cbc.ca/ mp3/podcasts/ ontariotoday_201 60415_16108.mp 3</a></p> <p>Richard Wilkinson on Economic Inequality: <a href="http://www.ted.com/talks/richard_wilkinson">http:// www.ted.com/ talks/ richard_wilkinson</a></p>
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<p>Week 2 May 24</p>	<p><b><u>WEEK 1: SUPPLEMENTAL READINGS</u></b></p> <p>Linley, P.A., Harrington, S. (2006) Playing to Your Strengths. <i>The Psychologist</i> Vol. 19 (2) February, 86-89.</p> <p>Corneau, S. Stergiopoulos, V., (2012) More than being against it: Anti-racism and anti-oppression in mental health services. <i>Transcultural Psychiatry</i> 49(2) 261–282</p> <p>Collier, R. (2011) Verdict still out on family health teams. <i>Canadian Medical Association Journal</i>, July 12, 2011, 183(10) 1131-1132</p> <p>Goldman MSc, J., Meuser MD CCFP FCFP, J., Rogers, J., Lawrie, L., Reeves PhD, S. (2010) Interprofessional collaboration in family health teams. <i>Canadian Family Physician Le Médecin de famille canadien</i> VOL 56: OCTOBRE 2010, 370-374</p> <p>Smylie, J. et al. A Guide for Health Professionals Working with Aboriginal Peoples <i>EXECUTIVE SUMMARY</i> No. 100, December 2000</p> <p><a href="http://thespec-codered.com">http://thespec-codered.com</a></p> <p><a href="http://tvo.org/video/documentaries/out-of-mind-out-of-sight-inside-the-brockville-psych-0">http://tvo.org/video/documentaries/out-of-mind-out-of-sight-inside-the-brockville-psych-0</a></p> <p><b>Diagnosis and dialogue: Responding to mental/emotional health as an MFT, an Allied Professional in the dominant discourse of Health and Well Being.</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Crews, J. A., &amp; Hill, N. R. (2005). Diagnosis in marriage and family counseling: An ethical double bind. <i>The Family Journal</i>, 13, 63-66.</p> <p>Tomm, K. (1990). <i>A critique of the DSM</i>. Dulwich Centre Newsletter (<a href="http://www.familytherapy.org/downloads.htm">http://www.familytherapy.org/downloads.htm</a>)</p> <p>Gergen, K., J., &amp; McNamee, S. (2000). From disordering discourse to transformative dialogue. In Neimeyer, R. A. &amp; Raskin, J. D. (Eds.), <i>Constructions of disorder: Meaning-making frameworks for psychotherapy</i> (pp. 333-349). Washington, DC: American Psychological Association.</p>	<p>All in the Family: Part 1 (ACE Study)</p> <p><a href="http://www.cbc.ca/player/play/2686768631">http://www.cbc.ca/player/play/2686768631</a></p>
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Week 3	May 31st	<i>Sexuality Intensive – NO CLASS</i>	

Week 4	June 7	<p><b>Stress, Anxiety, PTSD in the 21st Century.</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Figley, C. R., &amp; Figley, K. R. (2009). Stemming the tide of trauma systemically: The role of family therapy. <i>Australian &amp; New Zealand Journal of Family Therapy</i>, 30, 173-183.</p> <p>Manda, C.(2015) Re-authoring life narratives of trauma survivors: Spiritual perspective. <i>HTS Theological Studies</i> 71(2) 8 pages</p> <p>Priest, Jacob (2013). Emotionally Focused Therapy as Treatment for Couples With Generalized Anxiety Disorder and Relationship Distress. <i>Journal of Couple &amp; Relationship Therapy</i>, 12:22–37.</p> <p><b><u>SUPPLEMENTAL READINGS</u></b></p> <p>Szpringer, S.(2015) A review of the book titled “Getting Past Your Past” written by Francine Shapiro. <i>Medical Studies/Studia Medyczne</i>; 31 (4): 313–314</p> <p>Moulding, R., Nedeljkovic, M. (2011) Anxiety disorders:Assessment and management in general practice,.<i>Australian Family Physician</i> VOL.40, NO.6, June, 370-374</p> <p>Reynolds, J. et al.(2011) Anxiety and Depression Online Resources and Management Tools. <i>Australian Family Physician</i> Vol.40, no.6, June, 382-386</p>	<p><i>Guest:</i> <i>Janice</i> <i>Armstrong RN</i> <i>Consumer</i></p>
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Week 5	June 14	<p><b>Physical illness; Chronic Pain; Disabling Consequences; Family Impact.</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Addis, M., &amp; Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. <i>American Psychologist</i>, 58 (1), 5-14.</p> <p>Goodley, D. Tregaskis, C.(2006) Storying Disability and Impairment: Retrospective Accounts of Disabled Family Life. <i>QUALITATIVE HEALTH RESEARCH</i>, Vol. 16 No. 5, May 2006 630-646</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><b><u>SUPPLEMENTAL READINGS</u></b></p> <p>Trute, B., Benzies, K.,Worthington, C.(2012) Mother Positivity and Family Adjustment in Households with Children with a Serious Disability. <i>Journal of Child and Family Studies</i> 21:411-417</p>	<p><i>Guest:</i> <i>Bev Belchior</i> <i>Consumer</i></p>
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<p>Week 6</p>	<p>June 21</p>	<p><b>Pain and Illness in the Lives of Children</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Begum, M., Conversations with children with disabilities and their mothers. <i>The Dulwich Centre</i>.</p> <p>Hanney, L., Kozlowska, K., (2002) Healing Traumatized Children: Creating Illustrated Storybooks in Family Therapy. <i>Family Process</i>, Vol. 41, No. 1.</p> <p>Bickham, D., Hsuen, Y., Rich, M., (2015) Media use and depression: exposure, household rules, and symptoms among young adolescents in the USA. <i>Int J Public Health</i> 60:147–155</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Semple, R. et al. (2009) A Randomized Trial of Mindfulness-Based Cognitive Therapy for Children: Promoting Mindful Attention to Enhance Social-Emotional Resiliency in Children <i>J Child Fam Stud</i> (2010) 19:218–229</p> <p>Denborough, D. Talking with mothers and children: An intake questionnaire . <i>The Dulwich Centre</i>.</p> <p>All in the Family: Part 2 <a href="http://www.cbc.ca/player/play/2686887493">http://www.cbc.ca/player/play/2686887493</a></p>	<p><i>Guest:</i> <i>Audrey</i> <i>Aguanno MSW,</i> <i>RSW</i> <i>Hamilton</i> <i>Family Health</i> <i>Team</i></p> <p>BPD in Children <a href="http://www.ctv.ca/video/player?vid=844771">http://www.ctv.ca/video/player?vid=844771</a></p>
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<p>Week 7</p>	<p>June 28</p>	<p><b>Disability and difference; Brain Injury and trauma</b></p> <p><b><u>MANDATORY READINGS</u></b></p> <p>Goodley, D., &amp; 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 &amp; 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> <p>Landau &amp; Lissett (2008). Mild traumatic brain injury: Impact on identity and ambiguous loss in the family. <i>Families, Systems &amp; Health</i>. 26:1:69-85.</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Sori, C. F, &amp; Biank, N. M. (2006). Treating children and families experiencing serious illness. In C. F. Sori (Ed.), <i>Engaging children in family therapy: Creative approaches to integrating theory and research in clinical practice</i> (pp. 223-244). New York: Routledge.</p> <p>Sullivan, W. et al. (2011) Primary care of adults with developmental disabilities, Canadian consensus guidelines. <i>Canadian Family Physician</i> 2011;57:541-53</p> <p>Rosenblum, P., Gorter, J.(2011) ‘F-words’ in childhood disability: I swear this is how we should think! <i>Child: care, health and development</i>, 38, 4, 457–463</p> <p><i>*Movie: The crash reel (disturbing content)- NETFLIX</i></p>	<p><i>Guest: Caron Gan RMFT</i></p> <p><i>Holland Bloorview</i></p>
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Week 8	July 5	<p><b>Depression, Chronic Sorrow, Demoralization and Suicide</b></p> <p><b><u>MANDATORY READINGS</u></b></p> <p>Weingarten, Kaethe (2012). Sorrow: A therapist's reflection on the inevitable and the unknowable. <i>Family Process</i>, x, p 1-16.</p> <p>Griffith, J.L., &amp; 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). Narrative practice: Continuing the conversations. New York: WW Norton &amp; Co. Chapter 10: Engagements with suicide. Pages 135-149.</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Maj, M. (2011)When Does Depression Become a Mental Disorder? <i>The British Journal of Psychiatry</i> (2011) 199, 85–86</p> <p>Boss, P. (2010) The Trauma and Complicated Grief of Ambiguous Loss. <i>Pastoral Psychology</i> 59:137–145</p> <p>Wingard, B., Lester, J. (1995) Telling Our Stories in Ways That Make Us Stronger. Aboriginal Health Council of South Australia, 1995: 'Reclaiming Our Stories, Reclaiming Our Lives.' Dulwich Centre Newsletter, 1.</p>	<p><b>Group 1 Presentation</b></p> <p><i>Why Attawapiskat is on Your Mind.</i></p> <p><a href="http://podcast.cbc.ca/mp3/podcasts/ontariotoday_20160415_75695.mp3">http://podcast.cbc.ca/mp3/podcasts/ontariotoday_20160415_75695.mp3</a></p> <p><i>FAST program</i></p> <p><a href="http://podcast.cbc.ca/mp3/podcasts/bcearlyedition_20160413_33228.mp3">http://podcast.cbc.ca/mp3/podcasts/bcearlyedition_20160413_33228.mp3</a></p>
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<p>Week 9</p>	<p>July 12</p>	<p><b>Dr. Google and Mental Health ADHD, Autism, Asperger's Bi-Polar Dx., Psychosis and Schizophrenia, Borderline Personality Disorder, Sexually Compulsivity Family Support Programming</b></p> <p><b><u>MANDATORY READINGS:</u></b></p> <p>Falloon, I. (2003) Family interventions for mental disorders: efficacy and effectiveness. <i>World Psychiatry</i>. Feb; 2(1): 20–28.</p> <p>White, Michael (1995). Re-authoring lives: Interviews &amp; essays. Adelaide, Dulwich Centre Publications. Chapter 5. Page 112-154. Psychotic experience and discourse.</p> <p>Robbins C. (2005) ADHD and Couple and Family Relationships: Enhancing Communication and Understanding Through Imago Relationship Therapy <i>JCLP/In Session</i>, Vol. 61(5), 565–577</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Carlson, T., McGeorge, C., Halvorson, S. (2007) Marriage and Family Therapists' Ability to Diagnose Asperger's Syndrome: A Vignette Study. <i>Contemporary Family Therapy</i> 29:25–37</p> <p>Sheets, E., Miller I. (2010) Predictors of Relationship Functioning for Patients With Bipolar Disorder and Their Partners. <i>Journal of Family Psychology</i> Vol. 24, No. 4, 371–379</p> <p>Kopeykina I. (2016) Hyper-sexuality and couple relationships in bipolar disorder: A review. <i>Journal of Affective Disorders</i> 195 1–14</p> <p>Harvey, A. et al. (2015) Treating Insomnia Improves Mood State, Sleep, and Functioning in Bipolar Disorder: A Pilot Randomized Controlled Trial. <i>Journal of Consulting and Clinical Psychology</i> © 2015 <i>American Psychological Association</i> Vol. 83, No. 3, 564–577</p> <p>Attwood, T. (2008) When One Partner Has Asperger's Syndrome. <i>The Family Therapy Magazine</i>. May/June 27-30</p> <p>Ulrich G., Houtmans, T., Gold C. (2007) The additional therapeutic effect of group music therapy for schizophrenic patients: a randomized study. <i>Acta Psychiatrica Scandinavica</i> 116: 362–370</p> <p>Selby, E. et al. (2008) Features of Borderline Personality Disorder, Perceived Childhood Emotional Invalidation, and Dysfunction Within Current Romantic Relationships. <i>Journal of Family Psychology</i> Vol. 22, No. 6, 885–893</p>	<p><b>Group 2 Presentation</b></p> <p><b>BPD</b> <a href="http://www.ctv.ca/video/player?vid=844771">http:// www.ctv.ca/ video/player? vid=844771</a></p> <p><b>Different Kinds of Minds</b> <a href="https://www.youtube.com/watch?v=aF4sP-uC-yI">https:// www.youtube.c om/watch? v=aF4sP-uC-yI</a></p>
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<p>Week 10</p>	<p>July 19</p>	<p><b>Addiction and Concurrent Disorders:</b></p> <p><b><u>MANDATORY READINGS</u></b></p> <p>Bird, M.(2006) Sexual Addiction and Marriage and Family Therapy: Facilitating Individual and Relationship Healing Through Couple Therapy. <i>Journal of Marital and Family Therapy</i>. July 2006, 32(3), 297-311</p> <p>Hall, P. (2011)A biopsychosocial view of sex addiction. <i>Sexual and Relationship Therapy</i> Vol. 26, No. 3, August, 217–228</p> <p>Dodes, L. (2009) Addiction as a psychological symptom. <i>Psychodynamic Practice</i>.15:4, 381-393</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Garrett, L. (2012) The Addict Within: Interview with Gabor Mate. <i>Spirituality &amp; Health Magazine</i>. 15.5 (September-October 2012): p72.</p> <p>Fals-Stewart, W.(2002) Clinical Update: Substance Abuse and Intimate Relationships Learning Sobriety Together. <i>www.FamilyTherapyResources.net</i></p> <p>Smith, L., &amp; Winslade, J. (1997). Consultations with young men migrating from alcohol's regime. <i>Dulwich Centre Newsletter</i> (can be downloaded: <a href="http://www.dulwichcentre.com.au/consultations-with-young-men.html">http://www.dulwichcentre.com.au/consultations-with-young-men.html</a>)</p> <p>Bowden-Jones, H., Clark, L.(2011) Pathological gambling: a neurobiological and clinical update. <i>British Journal of Psychiatry</i>. 199:87-89</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Rowe, C. L., &amp; Liddle, H. A. (2003). Substance abuse. <i>Journal of Marital &amp; Family Therapy</i>, 29, 97-120.</p> <p>Matesa, J., Bickman, J. (2011) A New View of Addiction Stirs Up A Scientific Storm. <i>Blog Posting</i>.</p> <p>Dodes, L. (2013) The Truth About Addictive behaviours. <i>Psychology Today</i>; Nov/Dec; 46, 6</p> <p>Vetere, A., &amp; 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.</p> <p>Lubman, D. et al. (2011) Managing borderline personality disorder and substance use An integrated approach. <i>Australian Family Physician</i> Vol.40.no.6, June 376-381</p> <p>Brown, J. (2015) The challenges of caring for a child with FASD. <i>Adoption &amp; Fostering</i> Vol. 39(3) 247–255</p>	<p><b>Group 3 Presentation</b></p> <p><b>HBO DVD Addictions</b></p>
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<p>Week 11</p>	<p>July 26</p>	<p><b>Mindfulness and Other Treatment Interventions</b></p> <p><b><u>MANDATORY READINGS</u></b></p> <p>Gregoire, C. (2015) Mindfulness-Based Relapse Prevention Holds Promise For Treating Addiction. The Huffington Post.</p> <p>Santorelli, S. (2007), Mindfulness In Medicine. EXPLORE March/April 2007, Vol. 3, No. 2 137</p> <p>Gambrel, L., Keeling, M. (2010) Relational Aspects of Mindfulness: Implications for the Practice of Marriage and Family Therapy. Contemporary Family Therapy. December 2010 Volume 32(Issue 4) Page p.412-426</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>Greeson, J., Brantley J. (2009) Mindfulness and Anxiety Disorders: Developing a Wise Relationship with the Inner Experience of Fear. Chapter 10 in <i>Mindfulness and Anxiety Disorders</i>. Didonna, F. (Ed.) 171-188</p> <p>Chanda M., Levitin, D. (2013) The Neurochemistry of Music. <i>Trends in Cognitive Sciences</i>. April, Vol. 17, No. 4 179-193.</p> <p><b>Youtube Videos:</b>  Jon Kabat-Zinn "As good as it gets" (2 min), "What is mindfulness" (2 min), &amp; "The Benefits of Meditation" (3 min)</p> <p>Mark Williams talks about MBCT (11 min)  Mark Williams on MBCT (3 min)</p>	<p><b>Group 4 Presentation</b></p> <p><b>ALL IN THE FAMILY: PART 3 Trauma</b>  <a href="http://www.cbc.ca/radio/ideas/all-in-the-family-part-3-1.3545271">http:// www.cbc.ca/radio/ ideas/all-in-the- family- part-3-1.3545271</a></p>
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<p>WEEK 12</p>	<p>Aug. 2nd.</p>	<p><b>Loss, Grief &amp; Bereavement; Assisted Suicide</b></p> <p><b><u>MANDATORY READINGS</u></b></p> <p>Pulleyblank Coffey, E. (2003) Family Therapy with Families Facing Catastrophic Illness: Building Internal and External Resources. <i>The Psychotherapy Networker</i>. Cancer, <i>Journal of Death and Dying</i>. Vol. 72(1) 42–68</p> <p>Hedtke, L. (2002). Reconstructing the language of death and grief. <i>Illness, Crisis and Loss</i>, 10(4), 285-293.</p> <p>White, M. (1998). Saying hullo again: The incorporation of the lost relationship in the resolution of grief. In C. White, &amp; D. Denborough (Eds.), <i>Introducing narrative therapy: A collection of practice-based writings</i> (pp. 17-29). Adelaide: Dulwich Centre.</p> <p><b><u>SUPPLEMENTAL READINGS:</u></b></p> <p>White C., Speedy, J., &amp; Denborough D., <i>The Healing of Memories</i>. Dulwich Centre Publications</p> <p>Raffin Bouchal, S., Rallison, L., Moules, N., and Sinclair, S. (2015) Holding On and Letting Go: Families’ Experiences of Anticipatory Mourning in Terminal</p> <p>Sather, M., Newman, D. ( 2015) Holding our heads up: Sharing stories not stigma after losing a loved one to suicide. <i>The Dulwich Centre</i></p>	<p><b>Group 5 Presentation</b></p> <p><i>Assisted Suicide</i> <a href="http://podcast.cbc.ca/mp3/podcasts/current_20160425_95617.mp3">http:// podcast.cbc.ca/ mp3/podcasts/ current_20160425 _95617.mp3</a></p>
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