

**DEPARTMENT OF FAMILY RELATIONS  
& APPLIED NUTRITION  
University of Guelph  
FRAN 6120 Theories & Methods of Family Therapy I  
Winter 2016  
COURSE OUTLINE**

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**CLASSES:** Tuesdays, 11:30am – 2:20pm

**Office Hours:** Tuesday (by appointment only)

### **Course Description**

In this course we will critically examine and compare several important approaches in the field of couple and family therapy [EG-1]. Our analysis will cover the assumptions underlying these conceptual frameworks and the therapy practices that relate to each set of ideas. Students will inform their learning with attention to and critical appraisal of research-based knowledge [EG-2]. Each perspective will be considered within the historical-political context in which it emerged and with respect to major paradigm shifts in the field more generally. Attention will be given to how individual and family differences are taken into account, and to how issues of diversity, privilege and marginalization are addressed by each approach [EG-4].

*Note that relevant Educational Goals [EG] and Expected Student Learning Outcomes [ESLO] are attached below. For a complete listing of these, see the Student Orientation Manual.*

### **Course Objectives**

1. To increase knowledge of selected foundational family therapy concepts, theories and techniques, utilizing a critical appraisal of research-based literature; and to attend to the socio-historical context in which these frameworks have emerged as well as the distinctions that can be made between them. [EG-1&2]
2. To attend to systemic and contextual dynamics which influence the practice of family therapy (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context); and to develop awareness of the power relations associated with the theories and methods presented. [EG-1&4]
3. To develop understanding of the application, strengths, and limitations of selected models of family therapy, particularly as they relate to different cultural and ethnic groups, as well as other marginalized groups. [EG-1&4]
4. To develop skills for understanding and locating the preferred models of therapy utilized by other therapists and practitioners, along with a respect for these multiple perspectives. [EG-1&4]
5. To participate in collaboratively creating, together with all class participants, a learning environment in which there is a respectful acceptance of conflicting perspectives, complex explanations and challenging ethical dilemmas.[EG-4]

Educational Goals and Expected Learning Outcomes	Incorporation and Assessment
<b>EG-1 THEORETICAL FOUNDATIONS</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.	Didactic content, assigned reading; class discussion; graded presentation and written assignments.
<b>Expected Student Learning Outcome (1 a)</b> Students will critically compare selected historical and leading-edge couple & family therapy approaches and analyze key implications for clinical practice.	Class discussions and graded assignments 1,2,3.
<b>Expected Student Learning Outcome (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 and graded assignments 2,3.
<b>EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION</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.	Didactic content, assigned reading; graded presentation.
<b>Expected Student learning Outcome (2 c)</b> Students will have knowledge of current research developments in the couple & family therapy field, including empirically validated and evidence-based therapy approaches	Class discussions and graded assignment 1.
<b>EG-4 SOCIAL CONTEXT AND POWER RELATIONS</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.	Didactic content; assigned readings; class discussions; graded assignments 2, 3.
<b>Expected Student Learning Outcome (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.	Analysis in class discussions and graded assignment 2, 3.

**Note that various Core Competencies are demonstrated across a variety of courses in the CFT program. The following are integrated into this course and demonstrated through your preparation and participation in class, as well as in your graded assignments.**

AAMFT CC	Sub-Domain	Competency	Linked CRPO PC <sub>1</sub>	Demonstration of Knowledge
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of couple and family therapy.	1.1	Participation in class discussions; graded assignments 1, 2, & 3
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy.	1.1	Participation in class discussions; graded assignments 1,2, & 3
4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.	1.1 1.2 1.3	Participation in class discussions; graded assignments 1,2, & 3

<sup>1</sup> See CRPO Entry-to-Practice Competencies (PC) Table in Appendix A

4.1.2	Conceptual	Recognize strengths, limitation, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, and cultural deficit.	1.1 1.2 1.3	Participation in class discussions; graded assignments 1,2, & 3
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.	5.1	Participation in class discussions; Preparation of class readings for discussion
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.	5.1 5.2	Preparation of class readings for discussion, graded assignments 1,2, & 3
6.3.1	Executive	Read current MFT and other professional literature.	5.1	Preparation of class readings for discussion, graded assignment 1 & 2
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation literature.	5.1	Preparation of class readings for discussion, graded assignment 1 & 2
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.	5.1 5.2	Participation in class discussions. Graded assignments 1,2, & 3

### **Class preparation and learning context**

All class participants and the instructor have a shared responsibility for creating a respectful and positive learning environment. Differences in perspective and experiences can enrich learning for everyone and there is an expectation that all members of the class will listen with respect and curiosity to the ideas of others, as well as presenting their own ideas for discussion. Class preparation includes reading assigned articles and chapters prior to each class, and thinking about how the ideas presented might be applied in therapeutic practice. This course is designed to utilize the unique resources, diverse perspectives and evolving learning goals that each class member brings to this learning context. Classes will include didactic presentations, discussion of readings, videotape vignettes, and experiential activities and role-play exercises.

### **Course Evaluation**

#### **1. Group Presentation: 30%**

**Due date: When readings assigned**

The objective of this exercise is to facilitate class discussion and to provide the class with an overview of key concepts, strengths, and limitations of the selected approach and compile this into a class handout [EG-1, ESLO 1a]. Your presentation will be informed by current research-based information and critical appraisal of knowledge [EG-2, ESLO 2c].

Working in groups of 2 or 3 (including at least one group member from each of the first- and second-year cohorts) you will facilitate a discussion and learning of this specific theoretical framework. All such presentations will be based on readings for each topic.

Presentation dates: **Feb 2--OBJECT RELATIONS; Feb 9--CONTEXTUAL; Mar 1--MILAN; Mar 8--CONSTRUCTIVISM/SOCIAL CONSTRUCTIVISM; Mar 15--NARRATIVE/DIALOGIC; Mar 22--JUST THERAPY.** 90 minutes will be allocated for each presentation.

In preparation for facilitating the in-class discussion, your group will access **three** additional readings/resources to augment the class readings. These will also be included in a written handout to be

handed out in class. You should aim for brevity and clarity. [3-4 pages, 12 point font, single-spaced with one inch margins, bullet points are allowed]

Please include the following areas in the presentations:

- Socio-historical context in which the model was developed
- Philosophy/Key Concepts/ Goal of Therapy/Assessment/Treatment process/ Techniques/ Role of Therapist
- Evaluation: Strengths and Weaknesses
- Advances or modifications over time
- Critical appraisal of research informing model
- List of additional resources your group used in preparation.

**(Note: All members of the group will receive the same grade)**

#### **ASSESSMENT OF SATISFACTORY DEMONSTRATION OF ESLO IN ASSIGNMENT #1:**

##### **ESLO 1a will be satisfactorily demonstrated by the following\***

- Your group will create a brief handout that distills the key elements and clinical implications of the assigned family therapy approach; including but not limited to socio-historical context, philosophy, key concepts, strengths, gaps, etc.
- Your group will expand the handout by accurately describing the key ideas of the selected family therapy approach in your verbal presentation.
- Your group will elicit vibrant discussion with your classmates and instructor in order to demonstrate your knowledge and competency of the selected approach.
- Your group will write in a manner that is clear, brief, cohesive, and free of grammatical and spelling errors. References are included as necessary using APA-style.

##### **ESLO 2c will be satisfactorily demonstrated by all of the following\***

- Your reading (assigned plus 3 additional resources) will include current research developments and evidence-based research on the validity of the model.
- Your group will critically evaluate the reading and demonstrate your ability to analyze the strengths and limitations of the model and its current research.
- Your group will need to demonstrate evidence of others' contribution and evaluation of the model and its current research in class discussion.
- You will write in a manner that is clear, brief, cohesive, and free of grammatical and spelling errors. References are included as necessary using APA-style.

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*\*Note that satisfactory demonstration of EACH of the listed features is required in order to receive a 'satisfactory' assessment of a particular ESLO. An 'unsatisfactory' assessment on an ESLO does not necessarily mean that you will not receive a passing grade on this course. You should, however, discuss any 'unsatisfactory' assessments with your instructor to ensure that you know how to demonstrate this ESLO at a satisfactory level prior to completing the MSc.CFT program.*

#### **2. Reflective Journal: 30% (Part 1: 10%, Part 2: 20%)**

**Due date: Part 1: February 9 and Part 2: March 29, 2016**

The objective of this assignment is to provide you with an opportunity to critically analyze and interact with, in writing, the family therapy approaches (historical/modern and post-modern) in a reflective journal. [EG-1, ESLO 1a, 1b]. Following each class, write a reflection on how the ideas raised and the theories and methods discussed might fit or not fit with your own approach to clinical work, your own values and beliefs, and how you believe they might be experienced by your clients. In particular, you will also demonstrate your ability to attend to diversity and your own social location, as well as the power dimensions associated with these

models of family therapy [EG-4, ESLO 4b]. Do not repeat the lecture or powerpoint, simply interact with them and share how they fit or not fit you.

The journal is divided into 2 parts:

- a) **Week 1-4** (4-5 pages total, double-spaced with one inch margins, 12 point font) and
- b) **Week 5-10** (6-7 pages total, double-spaced with one inch margins, 12 point font).

#### **ASSESSMENT OF SATISFACTORY DEMONSTRATION OF ESLO IN ASSIGNMENT #2:**

##### **ESLO 1a will be satisfactorily demonstrated by the following\***

- You will clearly but briefly express the core concepts of selected historical/modern CFT approaches.
- You will critically evaluate those approaches in a personal way by clearly indicating their strengths and gaps as they pertain to what fit or not fit your values, beliefs, and therapeutic setting.
- You will write in a manner that is clear, concise, and free of grammatical and spelling errors. References are included as necessary using APA-style.

##### **ESLO 1b will be satisfactorily demonstrated by the following\***

- You will clearly but briefly express the core concepts of selected post-modern/social constructionist CFT approaches.
- You will critically evaluate these approaches in a personal way by clearly indicating their strengths and gaps as they pertain to what fit or not fit your values, beliefs, and therapeutic setting.
- You will write in a manner that is clear, concise, and free of grammatical and spelling errors. References are included as necessary using APA-style.

##### **ESLO 4b will be satisfactorily demonstrated by all of the following\***

- You will examine the contextual and diversity issues (e.g. gender, culture, sexual orientation, marginalization, etc.) and critically analyze the power dynamics embedded in the social construct, including your own participation in these processes.
- You will write in a manner that is clear, concise, and free of grammatical and spelling errors. References are included as necessary using APA-style.

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### **3. Major Paper: 40%**

**Due date: April 11, 2016**

The objective of this assignment is to provide you with an opportunity to demonstrate, in writing, your critique and understanding of the application, strengths and limitations of two selected models [EG-1, ESLO 1a,1b] (one modern approach from weeks 2-7, and one postmodern theory from weeks 8-10) of family therapy while paying particular attention to issues of diversity and potential marginalization [EG-4, ESLO 4b].

In this paper you will compare how these two different models could be applied to a particular family problem that you are working with, or a particular family problem that you are interested in learning or thinking more about. *(Please note: The focus is on the family unit and not on the individual or couple).* Whatever source you choose, the people and situations you describe in this paper should not be identifiable to the instructor, and the account should be believable. [10-12 pages, 12 point font, double-spaced with one inch margins]

**Your paper should include the following:****A. Opening remarks (1-2 pgs)**

- Introduction: A short description of what you will be writing in this paper
- About the family: Describe the family situation and the problems of what they are facing.
- Goal(s): Present the goal(s) of the family

**B. Application: Treatment plan (4-5 pages)****For each of the two approaches (modern/post-modern), present the following:**

- Conceptualization: Assess the case based on the concepts of each of the model.
- Intervention: Describe the interventions for this family based on each model, include treatment process and techniques.
- Contextual factors: Outline some of the ways in which systemic or contextual factors such as gender, race/ethnicity/culture, sexual orientation, etc., may be addressed or overlooked within each approach in working with this specific family.

**C. Reflect and critique (4-5 pgs)**

- Experiences: Reflect on how the client and the therapist may experience both models.
- Critiques: Critique and compare the 2 selected approaches, in term of their strengths and weaknesses as pertaining to the treatment to this family.
- Conclusion: A short description of what you have written and final thoughts

**ASSESSMENT OF SATISFACTORY DEMONSTRATION OF ESLO IN ASSIGNMENT #3:****ESLO 1a will be satisfactorily demonstrated by the following\***

- You will critically compare two selected family therapy models (one modern and one post-modern) and analyze their implications for clinical setting.
- You will integrate theories and application of these models in a family or therapeutic situation, according to your own stage of professional development.
- You will write in a manner that is clear, concise, academic, and free of grammatical and spelling errors. References are included as necessary using APA-style.

**ESLO 1b will be satisfactorily demonstrated by all of the following\***

- You will skillfully appraise the strengths and gaps of those models.
- You will write in a manner that is clear, concise, academic, and free of grammatical and spelling errors. References are included as necessary using APA-style.

**ESLO 4b will be satisfactorily demonstrated by all of the following\***

- You will pay attention to and critically analyze issues surrounding contextual factors (e.g. gender, race, ethnicity, sexual orientation, marginalization, etc.) that are embedded in the social construct of your therapeutic setting.
- You will write in a manner that is clear, concise, academic, and free of grammatical and spelling errors. References are included as necessary using APA-style.

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*\*Note that satisfactory demonstration of EACH of the listed features is required in order to receive a 'satisfactory' assessment of a particular ESLO. An 'unsatisfactory' assessment on an ESLO does not necessarily mean that you will not receive a passing grade on this course. You should, however, discuss any 'unsatisfactory' assessments with your instructor to ensure that you know how to demonstrate this ESLO at a satisfactory level prior to completing the MSc.CFT program.*

**Submission of Assignments**

All papers are to be submitted via instructor's email: [hermanchow@rogers.com](mailto:hermanchow@rogers.com). Assignments should not be considered as submitted until you receive an email from the instructor confirming that the document has been received. Keep an electronic copy of each assignment you hand in.

**Late Papers**

All papers submitted after the due date is deducted 2% each day up to 5 days. No paper is accepted after 5 days past the due date with the exception of extreme and extenuating circumstances.

**Extreme and Extenuating Circumstances**

Extensions for the submission of written work may be given for medical (accompanied by a doctor's note) or compassionate reason (e.g. death in the immediate family). Reasons such as too many assignments due, vacations, and technology-related issues are all insufficient grounds for requesting an extension. **Class members are expected to inform the instructor immediately and in writing (email is best) should an extension be required.**

**Access to Course Readings**

Readings are available through the Library Course Reserve system [ARES]. A reminder that you may NOT use the CFT printer to print course readings. Printers are available at a cost at various on-campus locations.

**Course and Instructor Evaluation**

You are invited to talk to the instructor, outside of class time, if you have suggestions for changes at any point during the course. At the halfway point in the semester, we will review the course to date. You will have an opportunity for formal evaluation of the course and instructor at the end of the course.

**Absences/Class Attendance**

This course depends heavily on collaborative and active engagement of class members in learning activities. In the unlikely event that you are unable to attend class, or know in advance that you will be late, please contact the instructor by email ([hermanchow@rogers.com](mailto:hermanchow@rogers.com)) ***prior to class***. If you must leave class early, please advise the instructor in advance.

**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 in writing, with your name, id#, and e-mail contact. 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](http://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e1400.shtml)

**Drop Date**

The last date to drop one-semester courses, without academic penalty, is **March 11, 2016**. Two-semester courses must be dropped by the last day of the add period in the second semester. Refer to the Graduate Calendar for the schedule of dates:

<http://www.uoguelph.ca/registrar/calendars/graduate/current/sched/sched-dates-f10.shtml>

**Instructor Feedback**

The University of Guelph is committed to providing students with appropriate and timely feedback on their work. Instructors must provide meaningful and constructive feedback prior to the 40th class day (March 11, 2016). Before this date, the first part of your reflective journal will be graded and returned to you.

**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:

[https://www.uoguelph.ca/registrar/calendars/graduate/2015-2016/genreg/sec\\_d0e2386.shtml](https://www.uoguelph.ca/registrar/calendars/graduate/2015-2016/genreg/sec_d0e2386.shtml)

**Recording of Materials**

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

**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/>

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

**Course Schedule and Required Readings****READINGS ON COURSE RESERVE (ARES) AT THE LIBRARY**

**Note:** Schedule is subject to revision.

**\*\*** Indicates group presentation.

**Week 1            January 12            INTRODUCTION; REVIEW OF SYSTEM CONCEPTS; HISTORY OF CFT FIELD**

**Week 2            January 19            FAMILY SYSTEMS THEORY (BOWENIAN THERAPY)**

Kerr, M. (1981). Family systems theory and therapy. In A.S. Gurman & D.P. Kniskern (Eds.), Handbook of family therapy: Volume 1 (pp. 226-264). New York: Brunner/Mazel.



**Week 3      January 26      FAMILY SYSTEMS THEORY (PART II)**

McGoldrick, M., Carter, B. & Preto, N. (2011). Overview: The life cycle in its changing context: Individual, family and social perspectives. In B. Carter & M. McGoldrick (eds.), *The expanded family life cycle: Individual, family and social perspectives*. 4th Edition. (pp.1-19). Boston, MA: Allyn & Bacon.

Carter, B., & McGoldrick, M. (2011). Coaching at various stages of the life cycle. In B. Carter & M. McGoldrick (Eds.) *The expanded family life cycle: Individual, family and social perspectives*. 4<sup>th</sup> Edition. (pp.412-428). Boston, MA: Allyn & Bacon.

**\*\*Week 4      February 2      OBJECT RELATIONS FAMILY & COUPLE THERAPY**

Scharff, J. & Scharff, D. (2008). Object relations couple therapy. In Alan Gurman (Ed.) *Clinical handbook of couple therapy* (pp. 167-195). New York: Guilford Press.

Bedi, R., Muller, R., & Thornback, K. (2013). Object relations and psychopathology among adult survivors of childhood abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(3), 233-240.

Herbert, G. L., McCormack, V., & Callahan, J. L. (2010). An investigation of the object relations theory of depression. *Psychoanalytic Psychology*, 27(2), 219-234.

**\*\*Week 5      February 9      CONTEXTUAL THERAPY**

Boszormenyi-Nagy, I., Grunebaum, J., & Ulrich, D. (1991). Contextual therapy. In A.S. Gurman & D.P. Kniskern (Eds.), *Handbook of Family Therapy: Volume II* (pp. 200-238). New York: Brunner/Mazel.

**READING WEEK February 16      NO CLASS****Week 6      February 23      CONTEXTUAL THERAPY (PART II)**

Rootes, K. H. (2013). Wanted fathers: Understanding gay father families through Contextual family therapy. *Journal of GLBT Family Studies*, 9(1), 43-64.

**\*\*Week 7      March 1      MILAN SYSTEMIC APPROACH**

Tomm, K. (1984). One perspective on the Milan systemic approach: Part 1. Overview of development, theory and practice. *Journal of Marital and Family Therapy*, 10(2), 113-125.

Diorinou, M. & Tseliou, E. (2014). Studying circular questioning "In Situ": Discourse analysis of a first systemic family therapy session. *Journal of Marital and Family Therapy*, 40(1), 106-121.

Brown, J. M. (2010). The Milan principles of hypothesising, circularity and neutrality in Dialogical family therapy: Extinction, evolution, eviction ... or emergence?. *Australian & New Zealand Journal of Family Therapy*, 31(3), 248-265.

**\*\*Week 8      March 8      CONSTRUCTIVISM & SOCIAL CONSTRUCTIONISM**

Andersen, T. (1992). Reflections on reflecting with families. In Sheila McNamee & Kenneth J. Gergen (Eds.), *Therapy as social construction* (pp.54-68). London: Sage Publications.

Wulff, D. & St. George, S. (2011). Family therapy with a larger aim. In Stanley Witkin (Eds), Social construction and social work practice: Interpretations and innovations (pp.211-239). New York, NY: Columbia University Press.

McWilliams, S. A. (2012). Mindfulness and extending constructivist psychotherapy integration. *Journal of Constructivist Psychology*, 25(3), 230-250.

**\*\*Week 9                      March 15                      NARRATIVE & DIALOGIC APPLICATIONS**

White, M. (1993). Deconstruction and therapy. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations* (pp.22-61). New York: W.W.Norton.

Phipps, W. & Vorster, C. (2015). Refiguring family therapy: Narrative therapy and beyond. *The Family Journal*, 23(3), 254-261.

Combs, G. & Freedman, J. (2012). Narrative, poststructuralism, and social justice current practices in Narrative therapy. *The Counseling Psychologist*, 40(7), 1033-1060.

**\*\*Week 10                      March 22                      THE JUST THERAPY APPROACH**

Waldegrave, C. (2000). 'Just Therapy' with families and communities. In G. Burford & J. Hudson (Eds.), *Family group conferencing: New directions in community centred child and family practice* (pp. 153-164). Hawthorne, New York: Aldine de Gruyter.

Waldegrave, C. (2005). 'Just Therapy' with families on low income. *Child Welfare*, (Child Welfare League of America), 84(2), 265 – 276.

Waldegrave, C (2009). Cultural, gender and socio-economic contexts in therapeutic and social policy work. *Family Process*, 48(1), 85-101.

Denborough, D. & Waldegrave, C. (2003). Therapy as metaphorical reflection. In C. Waldegrave, K. Tamasese, F. Tuhaka, & W. Campbell (Eds.) *Just Therapy – a journey*, (pp.121-130). Adelaide, South Australia: Dulwich Centre Publications.

**Week 11                      March 29                      COMPARISON OF MODELS AND CASE STUDY**

Before coming to class, students will watch the following movie as a backdrop of a case study and create a three-generation genogram:

- Caro, N., Sanders, T., Barnett, J., Hübner, F., Ihimaera, W., Castle-Hughes, K., Paratene, R., ... Lions Gate Entertainment (Firm). (2011). *Whale rider*. Santa Monica, Calif: Lions Gate Films.

In a group of 3-4 people, students will examine this family by **conceptualizing** the case using multiple system lenses and **intervening** using an integration of any 3 models (of the 7 models we studied this term).

**Week 12                      April 5                      FUTURE DIRECTIONS AND FINAL THOUGHTS**

McLuckie, A., Allan, R., & Ungar, M. (2013). Couple and family therapy within the current Pan-Canadian context. *Contemporary Family Therapy*, 35(2), 329-341.

## APPENDIX A – CRPO ENTRY-TO-PRACTICE COMPETENCIES [PC] for course outline

<b>CRPO Entry-to-Practice Competencies<sup>2</sup> PCs</b>
<b>1.0 FOUNDATIONS</b>
<b>1.1 Integrate a theory of human psychological functioning and development <sup>3</sup>*</b>
<i>1.1.1 Integrate knowledge of human development across the lifespan.</i>
<i>1.1.2 Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.</i>
<i>1.1.3 Integrate knowledge of the psychological significance of various kinds of human development, such as spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.</i>
<b>1.2 Work within a framework based upon an established psychotherapeutic theory*</b>
<i>1.2.1 Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation (e.g., knowledge of the impact of trauma on psychological functioning)</i>
<i>1.2.2 Integrate a theory of change consistent with the therapist's theoretical orientation.</i>
<b>1.3 Integrate knowledge of comparative psychotherapy relevant to practice*</b>
<i>1.3.1 Recognize the major diagnostic categories in current use.</i>
<i>1.3.2 Recognize the major classes of psychoactive drugs and their effects.</i>
<i>1.3.3 Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.</i>
<b>1.4 Integrate awareness of self in relation to professional role*</b>
<i>1.4.1 Integrate knowledge of the impact of the therapist's self on the therapeutic process.</i>
<i>1.4.2 Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.</i>
<i>1.4.3 Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.</i>
<i>1.4.4 Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.</i>
<b>1.5 Integrate knowledge of human and cultural diversity in relation to psychotherapy practice*</b>
<i>1.5.1 Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.</i>

<sup>2</sup> Revised for Program Recognition mapping tool 2015 CRPO

<sup>3</sup> Asterisks (\*) indicate these are competencies subjected to more detailed scrutiny by CRPO review

<i>Recognize barriers that may affect access to therapeutic services.</i>
<i>1.5.2 Adapt the therapist's approach when working with culturally diverse clients, using culturally-relevant resources.</i>
<b>2.0 COLLEGIAL AND INTERPROFESSIONAL RELATIONSHIPS</b>
<b>2.1 Use effective professional communication</b>
<i>2.1.1 Use clear and concise written, oral and electronic communication.</i>
<i>2.1.2 Use effective listening skills.</i>
<i>2.1.3 Recognize and respond appropriately to non-verbal communication.</i>
<b>2.2 Build and maintain effective relationships</b>
<i>2.2.1 Maintain appropriate professional boundaries.</i>
<i>2.2.2 Recognize and address conflict in a constructive manner.</i>
<i>2.2.3 Demonstrate personal and professional integrity.</i>
<i>2.2.4 Contribute to a collaborative and productive atmosphere.</i>
<b>3.0 PROFESSIONAL RESPONSIBILITIES</b>
<b>3.1 Comply with legal and professional obligations</b>
<i>3.1.1 Apply knowledge of pertinent federal and provincial legislation.</i>
<i>3.1.2 Apply knowledge of CRPO legislative requirements and relevant professional standards.</i>
<i>3.1.3 Identify organizational policies and practices that are inconsistent with legislation and professional standards.</i>
<i>3.1.4 Apply knowledge of relevant municipal and local by-laws related to private practice.</i>
<i>3.1.5 Protect client privacy and confidentiality.</i>
<i>3.1.6 Recognize the limits of the therapist's professional competence.</i>
<b>3.2 Apply ethical decision making</b>
<i>3.2.1 Recognize ethical issues encountered in practice.</i>
<i>3.2.2 Resolve ethical dilemmas in a manner consistent with legislation and professional standards.</i>
<b>3.3 Maintain self-care and level of health necessary for responsible therapy</b>
<b>3.4 Obtain clinical supervision &amp; consultation when necessary</b>
<b>3.5 Provide reports to third parties</b>

<i>3.5.1 Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.</i>
<i>3.5.2 Recognize ethical and legal implications when preparing third-party reports.</i>
<b>4.0 THERAPEUTIC PROCESS</b>
<b>4.1 Engage in psychotherapy with clients and maintain a professional frame for therapy*</b>
<i>4.1.1 Describe therapist's education, qualifications and role.</i>
<i>4.1.2 Differentiate the role of the therapist in relation to other health professionals.</i>
<i>4.1.3 Explain the responsibilities of the client and the therapist in a therapeutic relationship.</i>
<i>4.1.4 Explain the advantages and disadvantages of participating in psychotherapy.</i>
<i>4.1.5 Explain client rights to privacy and confidentiality, and the limitations imposed upon them by law.</i>
<i>4.1.6 Explain relevant rules and policies.</i>
<i>4.1.7 Explain and obtain informed consent in accordance with legal requirements.</i>
<b>4.2 Establish and maintain an effective therapeutic relationship*</b>
<i>4.2.1 Employ empathy, respect, and authenticity.</i>
<i>4.2.2 Establish rapport.</i>
<i>4.2.3 Demonstrate awareness of the impact of the client's context on the therapeutic process.</i>
<i>4.2.4 Demonstrate sensitivity to the setting in which therapy takes place.</i>
<i>4.2.5 Assume non-judgmental stance.</i>
<i>4.2.6 Explain theoretical concepts in terms the client can understand.</i>
<i>4.2.7 Foster client autonomy.</i>
<i>4.2.8 Maintain appropriate therapeutic boundaries, including defining clear boundaries of response to client's requests or demands.</i>
<i>4.2.9 Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.</i>
<i>4.2.10 Employ effective skills in observation of self, the client and the therapeutic process.</i>
<i>4.2.11 Demonstrate dependability</i>
<b>4.3 Apply safe and effective use of self in the therapeutic relationship*</b>
<i>(Safe and effective use of self in the psychotherapeutic relationship is one of the defining competencies of psychotherapy practice: the therapist's learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her participation in the therapeutic relationship with the client. It also speaks to the therapist's self-reflective use of his or her personality, insights, perceptions, and judgments in order to</i>

<i>optimize interactions with clients in the therapeutic process.)</i>
<i>4.3.1 Recognize the impact of power dynamics within the therapeutic relationship.</i>
<i>4.3.2 Protect client from imposition of the therapist's personal issues.</i>
<i>4.3.3 Use self-disclosure appropriately.</i>
<b>4.4 Conduct an appropriate risk assessment*</b>
<i>4.4.1 Develop safety plans with clients at risk.</i>
<i>4.4.2 Refer to specific professional services where appropriate.</i>
<i>4.4.3 Report to authorities as required by law.</i>
<i>4.4.4 Follow up to monitor risk over time.</i>
<b>4.5 Structure and facilitate the therapeutic process*</b>
<i>Structure the therapeutic process</i>
<i>4.5.1 Formulate an assessment.</i>
<i>4.5.2 Formulate a direction for treatment or therapy.</i>
<i>4.5.3 Review therapeutic process and progress with client periodically, and make appropriate adjustments.</i>
<i>4.5.4 Recognize when to discontinue or conclude therapy.</i>
<i>Facilitate the therapeutic process</i>
<i>4.5.5 Communicate in a manner appropriate to client's developmental level and sociocultural identity.</i>
<i>4.5.6 Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.</i>
<i>4.5.7 Respond non-reactively to anger, hostility and criticism from the client.</i>
<i>4.5.8 Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.</i>
<i>4.5.9 Focus and guide sessions.</i>
<i>4.5.10 Facilitate client exploration of issues and patterns of behaviour.</i>
<b>4.6 Identify when and how to refer clients appropriately</b>
<b>4.7 Conduct an effective closure process to end a course of therapy appropriately</b>
<b>5.0 PROFESSIONAL LITERATURE &amp; APPLIED RESEARCH</b>
<b>5.1 Access and apply a range of relevant professional literature</b>

<i>5.1.1 Access current professional literature relevant to practice area.</i>
<i>5.1.2 Analyze information critically.</i>
<i>5.1.3 Apply knowledge gathered to enhance practice.</i>
<b>5.2 Use research findings to inform clinical practice</b>