Instructor: Lynda M. Ashbourne, PhD, RP, RMFT **Phone:** x54237
Office: CFT Rm. 248 **Office Hours:** by appointment
e-mail[1]: lashbour@uoguelph.ca *Response by next working day. Do not expect a response on weekends.*
Classes: Mondays: 1:00 – 3:50 pm, CFTC Rm. 245

Course Description

This course explores the historical development of foundational relational/systemic perspectives and contemporary conceptual foundations of current theories and models of Couple and Family Therapy (CFT). As a survey course, it provides an overview and comparison of key foundational and contemporary couple and family therapy (CFT) theories and associated practice models (EG-1). The models covered will include: Bowenian, Contextual, Structural, Strategic, Experiential, Object Relations, and Cognitive Behavioural approaches; as well as more recent critical and postmodern shifts in the CFT field including: the Feminist critique, Narrative and Social Constructionist perspectives, and some current trends.

This course facilitates the development of students' competencies in foundational and epistemological CFT concerns and critical perspective-taking. A major component of the course involves critical analysis of the assumptions underlying conceptual frameworks and therapy practices, as well as considering theories within the historical-political context in which they emerged and with respect to major paradigm shifts in the CFT field more generally *(EG-1)*. We will consider how related empirical and evidence-based research has informed and been guided by various theoretical perspectives *(EG-2)*. We will also attend to how each theory and practice model takes into account power relations, systemic barriers, and the diversity of clients in their various socio-cultural contexts *(EG-4)*.

Course Objectives

1. To increase knowledge of foundational and contemporary CFT theories and techniques, together with related concepts, and discern the differences between these approaches and the historical contexts in which they emerged *[ESLO 1a]*. To gain familiarity with the research evidence that supports these therapy models *[ESLO 2c]*.
2. To understand issues of diversity, power, and privilege as they relate to: *[ESLO 1a, 1b, 4b]*
    a. the development of knowledge in the CFT field,
    b. the specific concepts and practices of different approaches,
    c. the applicability of approaches to specific client populations, and aspects of professional training.
3. To develop skills for critical analysis of CFT theories and practices *[ESLO 1a, 1b, 4b]* and critical appraisal of associated research evidence *[ESLO 2c]*.
4. To enhance oral and written communication skills, as well as ability to engage in generative dialogues, specifically related to the application of these selected CFT models *[ESLO 1b, 4b]*.
5. To participate in creating, collaboratively with all class members and informed by self-awareness, a learning environment in which there is a respectful acceptance of conflicting perspectives, complex explanations, and challenging ethical dilemmas. *[ESLO 4b]*

Educational Goals [EG] and Expected Student Learning Outcomes [ESLO] that are evaluated in this course are provided below. For complete listing of EG/ESLO, see the MSc.CFT Student Handbook.

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[1] *Students are required to check their uoguelph.ca e-mail account regularly as per university regulations: e-mail is the official route of communication between the University and its students.*

Educational Goals and Expected Learning Outcomes	Incorporation and Assessment/Evaluation
EG-1 THEORETICAL FOUNDATIONS	
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.	
Expected Student Learning Outcome (1 a) Students will critically compare selected historical and leading-edge couple & family therapy approaches and analyze key implications for clinical practice.	Incorporated through course readings; class discussions. Assessment/Evaluation: Assign 1 & 2
Expected Student Learning Outcome (1 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.	Incorporated through course readings; class discussions. Assessment/Evaluation: Assign 1 & 2
EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION	
Educational Goal: Students will develop a professional identity encompassing an interdisciplinary sensibility, informed by relevant research-based information from related disciplines (family therapy, sociology, psychology, social work, health, etc.) and supported by the principles of critical appraisal of knowledge.	
Expected Student Learning Outcome (2c) Students will have knowledge of current research developments in the couple & family therapy field, including empirically validated and evidence-based therapy approaches	Incorporated through course readings; class discussions. Assessment/Evaluation: Assign 2
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.	
Expected Student Learning Outcome (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.	Incorporated through class discussions. Assessment/Evaluation: Assign 1 & 2

Note that various AAMFT Core Competencies (CCs) and CRPO Entry-to-Practice Competencies (PCs) 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	Associated CRPO PC#[2]	Demonstration of Knowledge
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.	1.1	Participation in class discussions; Graded assignment 1 & 2.
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy.	1.1	Participation in class discussions; Graded assignment 1 & 2.
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 1.3.3	Participation in class discussions; Graded assignment 1 & 2.
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 1.3.3	Participation in class discussions; Graded assignment 1 & 2.
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.	5.1	Preparation of class readings and participation in class discussions; Graded assignment 1 & 2.

[2]See Appendix B for detailed description of CRPO Entry-to-Practice Competencies.

6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.	5.1 5.2	Preparation of class readings and participation in class discussions; Graded assignment 1 & 2.
6.3.1	Executive	Read current MFT and other professional literature.	5.1	Preparation of class readings and participation in class discussions; 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 and participation in class discussions; Graded assignment 1 & 2.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.	5.1 5.2	Preparation of class readings and participation in class discussions; Graded assignment 1 & 2.

Organization

- 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, hence 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 in a manner that opens up space for discussion.
- Class preparation includes reading assigned articles and chapters prior to each class, and thinking about historical context, empirical support, and therapeutic application of each model. 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 review of clinical consultations by important therapists in the field of family therapy, experiential activities, and role-play exercises.

Course requirements include the following:

1. **Readings:** An important aspect of this course is the guided exposure to theories and methods of family therapy practice. The assigned readings have been carefully chosen to provide, as much as possible, the ideas associated with these theories and methods in the words of their initiators and practitioners together with current clinical research and application. **Assigned readings are, therefore, a critical element in understanding the theoretical framework and practice implications associated with each approach.** One to five readings are assigned for each class. **You are expected to read ALL of these materials thoroughly (more than once) before class.**
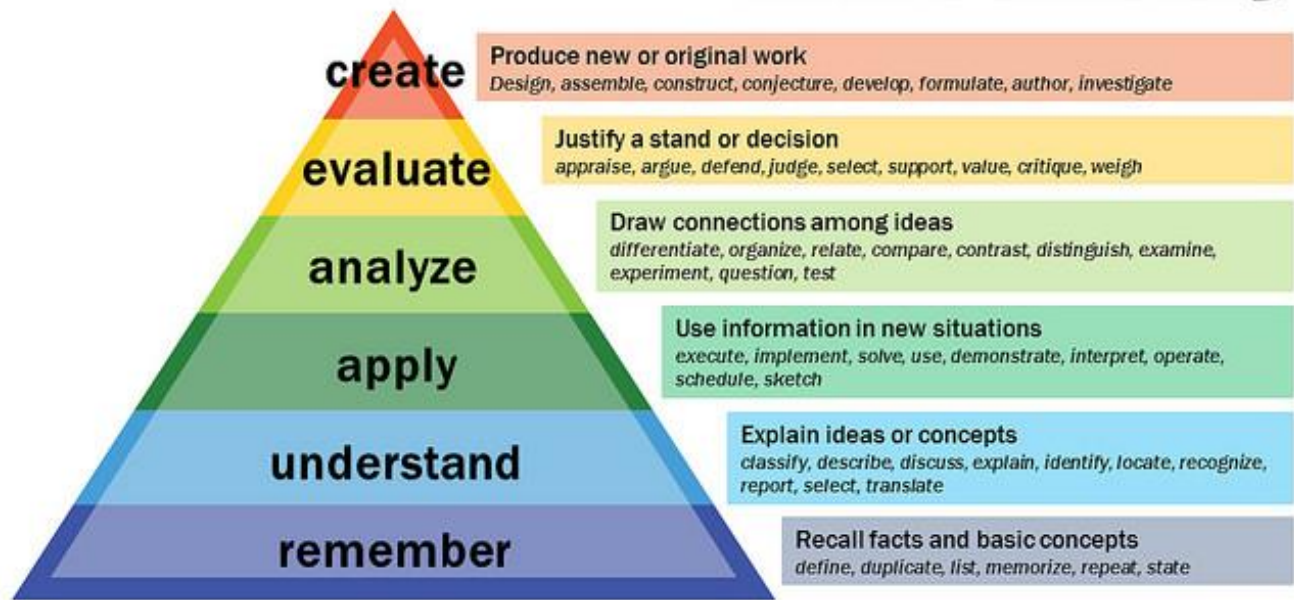
   Recommended (not required) text:
   Nichols, M., (2014) The Essentials of Family Therapy, 6th edition. Boston: Pearson.
   While expensive, this is a good resource providing an overview and summary of various foundational and contemporary models of family therapy. Depending on your longer-term career plans, this may be a worthwhile investment.
   *Readings are available through Courselink (logon using your UofG user name and password – readings are on 'Content' tab)and UofG Library Course Reserve ARES. You will be able to read these papers on-line or save them to your own directory to read electronically. **You may not use the CFT Centre printer to print course readings.***

2. **Class Discussion:** Discussion of weekly assigned readings provides an opportunity to extend individual understanding of the material by exposure to others' perspectives and active critical examination. Class discussions will combine open dialogue and guided exercises. You are **expected to attend class each week and come prepared to present your own ideas and to engage in dialogue** with other class members**.** See Bloom's Taxonomy of the Cognitive Domain (below) for ideas about the level of class discussion in which we will engage. You will also be expected to take a "critical" perspective as you reflect on these readings – see Appendix A for examples of this perspective.

Bloom's Taxonomy

create — Produce new or original work
Design, assemble, construct, conjecture, develop, formulate, author, investigate

evaluate — Justify a stand or decision
appraise, argue, defend, judge, select, support, value, critique, weigh

analyze — Draw connections among ideas
differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test

apply — Use information in new situations
execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch

understand — Explain ideas or concepts
classify, describe, discuss, explain, identify, locate, recognize, report, select, translate

remember — Recall facts and basic concepts
define, duplicate, list, memorize, repeat, state

Vanderbilt University Center for Teaching

https://www.flickr.com/photos/vandycft/29428436431

Levels 1 & 2: During class time, there will be some time for class members to ask specific questions related to the first two levels of Bloom's taxonomy – for example, you will take responsibility for asking questions to clarify your own understanding of the information presented (in readings, class discussions, videos, etc.) and your comprehension of its meaning.

Levels 3 – 6: Our primary emphasis in class will be Applying, Analyzing, Evaluating, and Creating. Your questions and comments contributed during such discussions are most constructive when they **enhance our collective ability to:**

    (i)   apply theories and methods to CFT practice

    (ii) make useful distinctions between models and within certain applications of specific theories and methods

    (iii) generate an understanding of how various theories and methods "fit" with current practices and how they have contributed to the evolution of family therapy theory and practice.

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 e-mail ***prior to class***. If you must leave class early, you are expected to advise the instructor in advance.

3. **Course Projects and Student Learning Evaluation**: This course requires every student to complete two major projects, as follows:

Assignment 1 – Model Presentation

See Assignment 1 description for full detail. This project involves three parts, two completed with a partner and a self-reflective paper completed independently. You will sign up for a CFT theoretical perspective/model featured in the course outline.

1.1 With your partner, you will plan and facilitate 90 minutes of class activities on this model's designated week, presenting key aspects and applications of the model, and engaging the class in discussion and interactive learning activities related to the model. You will submit a plan in advance and a self-evaluation following the class. (20% of final grade)

1.2 Also with your partner, you will plan and prepare a written submission outlining a Professional Training Workshop related to your previously assigned model (same as facilitated class). You will submit, with your

partner, an annotated reading list, workshop outline, facilitator's guide, and summary of the workshop, as well as an independent self-evaluation. (20% of final grade)

1.3 Independently, you will write a self-reflective paper guided by questions provided in Assignment Description. (10% of final grade)

Due Date: Sign up during first class, Assigned Class date determines all due dates (see Assignment 1 description)

Evaluation: 50% (combined 3 parts)

Assignment 2 – Application and Critique of CFT Models

See Assignment 2 description for full detail. This project involves two parts, both completed independently. You will select two CFT theoretical perspectives/models featured in the course outline (NOT the model used for Assignment 1).

2.1 In an academic paper, you will apply two different CFT models to working with fictional film family members, comparing and contrasting these applications, critiquing the models and considering how they address or could be revised to address power relations and contextual issues. (40% of final grade)

2.2 You will write a self-reflective paper guided by three questions selected from those provided in Assignment Description. (10% of final grade)

Due Date: Nov. 30/18 (midnight)

Evaluation: 50% (combined 2 parts)

All submissions are to be made to dropbox on Courselink as Word documents (doc named clearly with student name and assignment designation included – e.g., Ashbourne_Assign 1_1) on or before deadline (see Assignment description for noon or midnight and date). Keep reliable back-up copies of all assignments you submit. You may be asked to resubmit work at any time.

Turnitin Software - In this course I will be using Turnitin integrated with the CourseLink Dropbox tool, consistent with recent FRAN initiatives to support graduate student writing and ongoing efforts to maintain academic integrity at the University of Guelph.

All submitted assignments will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site.

A major benefit of using Turnitin is that students are able to educate and empower themselves in preventing academic misconduct. In this course, you may screen your own assignments through Turnitin as many times as you wish before the due date. You will be able to see and print reports that show you exactly where you have properly and improperly referenced outside sources in your assignment.

When you cannot meet a course requirement - When you find yourself unable to meet in-course requirements due to illness or compassionate reasons, please advise the course instructor as soon as possible, in writing, with name, ID#, and email contact. See the graduate calendar for information on regulations and procedures for Academic Consideration:

https://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e2192.shtml

Late penalties will be applied at a rate of 2% per day to assignments submitted after midnight or noon, as detailed in assignment descriptions, on the due date or previously arranged extension.

University Statements:

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, **November 2, 2018.** Please ensure that you have submitted assignments due prior to this date in a timely manner in order to receive this feedback.

Course and Instructor Evaluation - please 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.

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.

Accessibility: The University promotes the full participation of students who experience disabilities in their academic programs. To that end, the provision of academic accommodation is a shared responsibility between the University and the student. When accommodations are needed, the student is required to first register with Student Accessibility Services (SAS). Documentation to substantiate the existence of a disability is required, however, interim accommodations may be possible while that process is underway. Accommodations are available for both permanent and temporary disabilities. The Academic Accommodation for Students with Disabilities is detailed in the Graduate Calendar: https://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e2355.shtml

Academic Misconduct - The University of Guelph is committed to upholding the highest standards of academic integrity. 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. Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor. The Academic Misconduct Policy is detailed in the Graduate Calendar: https://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e2642.shtml

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

Course Schedule and Required Readings *(Subject to revision)*

Introduction:
1. **Sept 10**   **Intro** – overview of course, relation to other courses/clinical training

Foundational Theories & Concepts (including current developments):
2. **Sept 17**   **Bowen**

Skowron, E. & Farrar, J. (2015). Multigenerational family systems. In T.L. Sexton & J. Lebow (Eds.), *Handbook of family therapy* (pp.159-181). New York, NY: Routledge.

Kerr, Michael E. (2000) *One Family's Story: A Primer on Bowen Theory*. The Bowen Center for the Study of the Family. http://www.thebowencenter.org

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.

Erdem, G. & Safi, O.A. (2018). The cultural lens approach to Bowen family systems theory: Contributions of family change theory. *Journal of Family Theory & Review, 10*, 469-483.

3. **Sept 24**   **Contextual**

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, NY: Brunner/Mazel.

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

Van der Meiden, J., Noordegraaf, M., & van Ewijk, H. (2017). Applying the Paradigm of Relational Ethics into Contextual Therapy: Analyzing the practice of Ivan Boszormenyi-Nagy. *Journal of Marital and Family Therapy*, (e-pub ahead of print). doi: 10.1111/jmft.12262

4. **Oct 1**   **Structural**

Minuchin, S., Reiter, M.D., & Borda, C. (2014). *The craft of family therapy: Challenging certainties,* Chapters 1 & 4 (pp.3-10, 49-63). New York, NY: Routledge.

Minuchin, P., Colapinto, J., & Minuchin, S. (2007). *Working with families of the poor, 2nd ed.,* Chapter 3, Working in the system (pp. 34-64). New York, NY: Guilford.

Lindblad-Goldberg, M. & Northey, W.F., Jr.(2013). Ecosystemic structural family therapy: Theoretical and clinical foundations. *Contemporary Family Therapy, 35*, 147-160.

No Class Oct 8ᵗʰ Thanksgiving (moved to Friday Nov 30ᵗʰ)

5. **Oct 15**   **Strategic**

Madanes, C. (1980). Protection, paradox, and pretending. *Family Process, 19,* 73-85.

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.

Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process, 26*(4), 405-413.

Horigian, V.E. & Szapocznik, J. (2015). Brief strategic family therapy: Thirty-five years of interplay among theory, research, and practice in adolescent behavior problems and drug abuse. In L.M.Scheier (Ed.) *Handbook of adolescent drug use prevention: Research, intervention strategies, and practice,* (pp. 249-265). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/14550-000

6. **Oct 22**   **Experiential**

Banmen, J. & Maki-Banmen, K. (2014). What has become of Virginia Satir's therapy model since she left us in 1988? *Journal of Family Psychotherapy, 25,* 117-131.

Bermudez, D. (2008). Adapting Virginia Satir techniques to Hispanic families. *The Family Journal: counseling and Therapy for Couples and Families, 16,* 51-57.

Schwartz, R. (2013). Moving from acceptance toward transformation with internal family systems therapy (IFS). *Journal of Clinical Psychology: In Session, 69,* 805-816.

7. Oct 29   Object Relations

Siegel, J. (2015). Object Relations Couple Therapy. In A.S. Gurman, J.L. Lebow, & D.K. Snyder(Eds.) *Clinical handbook of couple therapy, 5th ed.* (pp. 224-245). New York, NY: Guilford.

Levite, Z. & Cohen, O. (2012). The tango of loving hate: Couple dynamics in high-conflict divorce. *Clinical Social Work, 40,* 46-55.

Mendelsohn, R. (2014). Five types of "couple object-relations" seen in couple therapy: Implications for theory and practice. *Psychoanalytic Review, 101,*95-128.

8. Nov 5   Cognitive Behavioral

Christensen, A., & Doss, B. (2017) Integrative behavioral couple therapy. *Current Opinion in Psychology, 13*, 111-114.

Briggs, J.G., Finley, M.A., & Sprenkle, D.H. (2015). A substantive and methodological review of the integrative behavioral couple therapy research program: Clinical implications for a research informed practice. *Journal of Couple Relationship Therapy, 14,* 219.253.

Sevier, M. & Yi, J. (2009). Cultural considerations in evidence-based traditional and integrative behavioral couple therapy. In M. Rastogi & V.Thomas (Eds.), *Multicultural couple therapy* (pp.187-212). Thousand Oaks, CA: Sage.

9. Nov 12   Empirically-derived Systemic Therapies

Gottman, J.M. & Gottman, J.S. (2015). Gottman couple therapy. . In A.S. Gurman, J.L. Lebow, & D.K. Snyder(Eds.) *Clinical handbook of couple therapy, 5th ed.* (pp. 129-159). New York, NY: Guilford.

Heatherington, L., Friedlander, M.L., Diamond, G.M., Escudero, V., & Pinsof, W.M. (2015). 25 years of systemic therapies research: Progress and promise. *Psychotherapy Research, 25,* 348-364.

Critical and Postmodern Turn:

10. Nov 19   Feminist and Cultural Critique

Hare-Mustin, R.T. (1978). A feminist approach to family therapy. *Family Process, 17,* 181-194.

Boyd-Franklin, N. (2001). Using the multisystems model with an African American family: Cross-racial therapy and supervision. In S.H.McDaniel, D.D.Lusterman, & C.L.Philpot (Eds.), *Casebook for integrating family therapy: An ecosystemic approach,* (pp. 395-400). Washington, DC: American Psychological Association.

Hardy, K. V. (2018). The self of the therapist in epistemological context: A multicultural relational perspective. *Journal of Family Psychotherapy, 29,* 17-29.

Waldegrave, C. & Tamasese, K. (1994). Some central ideas in the "Just Therapy" approach. *The Family Journal: counseling and Therapy for couples and Families, 2,* 94-103.

Richardson, C./Kinewesquao (2016). Creating islands of safety for victims of violence: A critical systems approach. In I.McCarthy & G. Simon (Eds.), *Systemic therapy as transformative practice,* (pp.250-268). Farnhill, UK: Connected Press.

11. Nov 26   Postmodern/Poststructural/Social Construction Therapies

Anderson, H. (2015). Postmodern/poststructural/social construction therapies: Collaborative, narrative, and solution-focused. In T.L. Sexton & J. Lebow (Eds.), *Handbook of family therapy* (pp.182-204). New York, NY: Routledge.

Wrap-up:

12. Nov 30 (Friday) Current Growing Edges

McDowell, T., Knudson-Martin, C., & Bermudez, M. (2018). Third-Order Thinking in Family Therapy: AddressingSocial Justice Across Family Therapy Practice. *Family Process [Early View],*1-14.

APPENDIX A

Questions Informed by a Postmodern Critical* Perspective to Ask and Consider in Relation to Course Readings

1. How would you identify the theoretical positions that are taken by these authors?
    a. What assumptions, values and biases (stated and unstated) might be associated with these positions, with respect to CFT practice?
    b. What are the implications of taking these positions in terms of:
        i. what constitutes the presenting concern or 'problem' for persons attending therapy?
        ii. what constitutes therapy interventions and how these are made?
        iii. what constitutes the role of the therapist?

2. How are clients or people seeking CFT services and their concerns or problems constructed within the approaches to therapy advocated by these authors?

3. To what degree and in what ways are aspects of social location (such as racialized identity, gender, sexual orientation, ethnicity, culture, class, age, ability, etc.) taken into account, discounted, included, or marginalized within this approach?

4. How might therapy practiced within this model, and related assumptions about relationships, family, health and healing, or outcome, fit for clients who hold Indigenous or more collectivist worldviews, for example?

5. What ethical questions could arise for therapists within this particular approach?

6. How might you describe the complexities, inherent tensions, potential contradictions or complementary aspects of clinical practice within this approach? Does this approach allow for, or take into account, such complexities?

7. Based on what you have read, how would you assess 'success' of therapy within this approach? How are these criteria constructed, on what assumptions and values are they based, and to what degree do these take into account diversity and context of human experience?

8. How are issues of certainty/uncertainty, truth, and expertise considered within this particular approach?

9. How are issues of power within couple/family relationships, in the therapeutic setting, or within the broader social context taken into account? Are these issues addressed explicitly? What could you say about unstated or implied assumptions about the power dimensions of relationships?

10. How does your own life experience and social location influence what you attend to in this reading? What might others who have different experiences, locations, or identities hear/see that you don't?

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*note that the term **"critical"** is not used here in the sense of simply criticizing the negative aspects or weaknesses of a particular position. The term "critical" is used in the sense that:
1. Paolo Friere talks about conscientization or developing critical consciousness in order to attend to our own experience of marginalization, to identify oppression, and to act for social change.*[see Friere (1997) Pedagogy of the Oppressed]*
2. The broader approach known as critical theory within the social sciences: a postmodern perspective that sees the importance of determining who has defined the knowledge we hold, of reflecting on what values are attached to our theories, and of building theory that is contextualized and pluralistic. *[see Bengston et al., (2005) Sourcebook of Family Theory and Research; Klein & White (1997) Family Theories; De Reus et al.,(2005) Multicultural and Critical Race Feminisms: Theorizing Families in the Third Wave, in Bengston et al.]*

APPENDIX B

CRPO Entry-to-Practice Competencies[3] PCs
1.0 FOUNDATIONS
1.1 Integrate a theory of human psychological functioning and development *[4]
1.1.1 Integrate knowledge of human development across the lifespan.
1.1.2 Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
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.
1.2 Work within a framework based upon an established psychotherapeutic theory*
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)
1.2.2 Integrate a theory of change consistent with the therapist's theoretical orientation.
1.3 Integrate knowledge of comparative psychotherapy relevant to practice*
1.3.1 Recognize the major diagnostic categories in current use.
1.3.2 Recognize the major classes of psychoactive drugs and their effects.
1.3.3 Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.
1.4 Integrate awareness of self in relation to professional role*
1.4.1 Integrate knowledge of the impact of the therapist's self on the therapeutic process.
1.4.2 Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
1.4.3 Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.
1.4.4 Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.
1.5 Integrate knowledge of human and cultural diversity in relation to psychotherapy practice*
1.5.1 Recognize how oppression, power and social injustice may affect the client and also the therapeutic process. Recognize barriers that may affect access to therapeutic services.
1.5.2 Adapt the therapist's approach when working with culturally diverse clients, using culturally-relevant resources.
2.0 COLLEGIAL AND INTERPROFESSIONAL RELATIONSHIPS
2.1 Use effective professional communication
2.1.1 Use clear and concise written, oral and electronic communication.
2.1.2 Use effective listening skills.
2.1.3 Recognize and respond appropriately to non-verbal communication.
2.2 Build and maintain effective relationships
2.2.1 Maintain appropriate professional boundaries.
2.2.2 Recognize and address conflict in a constructive manner.
2.2.3 Demonstrate personal and professional integrity.
2.2.4 Contribute to a collaborative and productive atmosphere.
3.0 PROFESSIONAL RESPONSIBILITIES
3.1 Comply with legal and professional obligations
3.1.1 Apply knowledge of pertinent federal and provincial legislation.
3.1.2 Apply knowledge of CRPO legislative requirements and relevant professional standards.
3.1.3 Identify organizational policies and practices that are inconsistent with legislation and professional standards.
3.1.4 Apply knowledge of relevant municipal and local by-laws related to private practice.
3.1.5 Protect client privacy and confidentiality.
3.1.6 Recognize the limits of the therapist's professional competence.
3.2 Apply ethical decision making
3.2.1 Recognize ethical issues encountered in practice.
3.2.2 Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
3.3 Maintain self-care and level of health necessary for responsible therapy
3.4 Obtain clinical supervision & consultation when necessary
3.5 Provide reports to third parties
3.5.1 Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
3.5.2 Recognize ethical and legal implications when preparing third-party reports.
4.0 THERAPEUTIC PROCESS
4.1 Engage in psychotherapy with clients and maintain a professional frame for therapy*
4.1.1 Describe therapist's education, qualifications and role.
4.1.2 Differentiate the role of the therapist in relation to other health professionals.
4.1.3 Explain the responsibilities of the client and the therapist in a therapeutic relationship.

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[3] Revised for Program Recognition mapping tool 2015 CRPO
[4] Asterisks (*) indicate these are competencies subjected to more detailed scrutiny by CRPO review

4.1.4 Explain the advantages and disadvantages of participating in psychotherapy.
4.1.5 Explain client rights to privacy and confidentiality, and the limitations imposed upon them by law.
4.1.6 Explain relevant rules and policies.
4.1.7 Explain and obtain informed consent in accordance with legal requirements.
4.2 Establish and maintain an effective therapeutic relationship*
4.2.1 Employ empathy, respect, and authenticity.
4.2.2 Establish rapport.
4.2.3 Demonstrate awareness of the impact of the client's context on the therapeutic process.
4.2.4 Demonstrate sensitivity to the setting in which therapy takes place.
4.2.5 Assume non-judgmental stance.
4.2.6 Explain theoretical concepts in terms the client can understand.
4.2.7 Foster client autonomy.
4.2.8 Maintain appropriate therapeutic boundaries, including defining clear boundaries of response to client's requests or demands.
4.2.9 Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.
4.2.10 Employ effective skills in observation of self, the client and the therapeutic process.
4.2.11 Demonstrate dependability
4.3 Apply safe and effective use of self in the therapeutic relationship*
(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 optimize interactions with clients in the therapeutic process.)
4.3.1 Recognize the impact of power dynamics within the therapeutic relationship.
4.3.2 Protect client from imposition of the therapist's personal issues.
4.3.3 Use self-disclosure appropriately.
4.4 Conduct an appropriate risk assessment*
4.4.1 Develop safety plans with clients at risk.
4.4.2 Refer to specific professional services where appropriate.
4.4.3 Report to authorities as required by law.
4.4.4 Follow up to monitor risk over time.
4.5 Structure and facilitate the therapeutic process*
Structure the therapeutic process
4.5.1 Formulate an assessment.
4.5.2 Formulate a direction for treatment or therapy.
4.5.3 Review therapeutic process and progress with client periodically, and make appropriate adjustments.
4.5.4 Recognize when to discontinue or conclude therapy.
Facilitate the therapeutic process
4.5.5 Communicate in a manner appropriate to client's developmental level and sociocultural identity.
4.5.6 Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.
4.5.7 Respond non-reactively to anger, hostility and criticism from the client.
4.5.8 Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.
4.5.9 Focus and guide sessions.
4.5.10 Facilitate client exploration of issues and patterns of behaviour.
4.6 Identify when and how to refer clients appropriately
4.7 Conduct an effective closure process to end a course of therapy appropriately
5.0 PROFESSIONAL LITERATURE & APPLIED RESEARCH
5.1 Access and apply a range of relevant professional literature
5.1.1 Access current professional literature relevant to practice area.
5.1.2 Analyze information critically.
5.1.3 Apply knowledge gathered to enhance practice.
5.2 Use research findings to inform clinical practice