

**Department of Family Relations and Applied Nutrition
University of Guelph**

**FRAN 6100 Clinical Issues in CFT: Health and Well-Being
Summer 2018
Course Outline**

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Office Hours: By appointment
Class Time: Tuesdays 12:00 pm – 2:50 pm

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 AND CFT PROGRAM EXPECTED STUDENT LEARNING OUTCOMES

AAMFT CC #	Sub-domain	AAMFT SELECTED CORE COMPETENCIES (CCs)
1.1.3	Conceptual	Understand the behavioural health care delivery system, its impact on services provided, and the barriers and disparities in the system.
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)
2.1.2	Conceptual	Understand the major behavioural health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course and prognosis.
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).
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
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.
3.1.3	Conceptual	Understand the effects psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioural health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation literature.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.

CFT PROGRAM EDUCATIONAL GOALS (EGs) AND EXPECTED STUDENT LEARNING OUTCOMES (ESLOs)	INCORPORATION & ASSESSMENT
<p><u>EG – 1 THEORETICAL FOUNDATIONS</u> 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.</p>	<p>Assigned Readings Class Discussions Course Presentations Course Paper</p>
<p>ESLO 1 a. Students will critique and compare selected CFT approaches and their applications.</p>	<p>Class Discussion Case Presentation</p>
<p>ESLO 1 b. Students will demonstrate verbal and written ability to critique and to apply theoretical conceptualizations of selected postmodern/ social constructionist couple & family therapy approaches to case-study and client situations.</p>	<p>Class Discussions Course Presentation Course paper</p>
<p>ESLO 1 c. 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.</p>	<p>Class Discussion Class Presentation Course Paper</p>
<p><u>EG-2 SCIENTIFIC INQUIRY AND CRITICAL EVALUATION</u> 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.</p>	<p>Class Discussions Course Presentation Course paper</p>
<p>ESLO 2 b. Students will demonstrate an ability to write coherently about integrating theory, research, and practice skills related to their professional work.</p>	<p>Course Paper</p>
<p>ESLO 2 c. Students will have knowledge of current research developments in the couple and family therapy field, including empirically validated and evidence-based therapy approaches.</p>	<p>Course Readings Class Presentation Course Paper</p>
<p><u>EG-4 SOCIAL CONTEXT AND POWER RELATIONS</u> 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.</p>	<p>Assigned Readings Class Discussion and Roleplays Guest Speakers Course Presentation Course Paper</p>
<p>ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.</p>	<p>Class Discussion</p>
<p>ESLO 4 b. Students will develop abilities to critically and reflexively analyze power relations of a given situation and/or embedded in the construction of knowledge, including attention to one’s own participation in these processes.</p>	<p>Class Discussion</p>

<p>ESLO 4 c. Students will demonstrate awareness of and sensitivity to multi-dimensional aspects of diversity in the everyday lives of clients, including an ability to explore and articulate with clients the pertinence of potential social location issues on their experience of current concerns for therapy.</p>	<p>Class Presentations Course Paper</p>
<p>ESLO 4 d. 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 Roleplays 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.

Important: 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 that require substantive contributions to each class.

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.

STUDENT EVALUATION:

Participation	25%
In-class presentation	35%
Illness/disability narrative project	40%

1. Participation (25%)

[ESLO 1a-b, 2b-c, 3d, 4a-c, 5b-c; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.3., 2.1.5., 2.1.6., 3.1.3., 3.1.4., 6.1.1., 6.3.1., 6.3.3., 6.4.1.]

Class discussions will afford students an opportunity to demonstrate their consideration of theoretical conceptualization in couple and family therapy approaches based on current research developments in the couple and family therapy field. Students 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 across various client situations. 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.

All readings 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. Several audiovisual clips have also been included in the course content. It is important to view at least 1 of the clips indicated for each week. Participation marks will be based on two aspects:

1. Over the course of the semester, each student will lead the discussion in relation to one of the required readings. This will involve a 10 minute discussion (approximately) in which the student summarizes the selected article briefly, indicates 2 aspects of the reading that the student found informative of knowledge and practice related to couple and family therapy, and involve the class in a guided discussion using 3 relevant questions.
2. Generally across the semester, students will contribute weekly to the student led discussions and the class discussions of the readings, a/v material and general material. These contributions must be substantive. 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. Additionally, students will reflect on issues of: (a) power, dominance and dominant discourse(s) and (b) couple and family resilience in relation to each topic as potentially experienced by individuals, couples and families.

2. In-class Group Presentation (35%)

[ESLO 1b, 2b; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.5., 2.1.6., 3.1.3., 6.1.1., 6.3.1., 6.3.3., 6.4.1.]

The intent of this presentation is to give students an opportunity to examine and communicate selected couple and family therapy approaches and supporting research specific to a mental or physical illness or disability across the lifespan 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 relationships.

In groups of 4, students (in dialogue with the course instructor), will select a mental or physical illness or disability across the lifespan and give a presentation exploring what couple and family therapists need to know about the illness or disability, the systems of care and support/resources 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 illness or disability or ‘class’ of illness or disabilities and what couple and family therapists need to know (including symptoms, current models for “assessment” and “diagnosis”);
- What are considered to be the most effective and evidence based models of ‘treatments’ or ways of responding to, the condition based on a review of (evidence based) research;
- Any other conditions it might occur alongside (comorbid) and why (if relevant);
- Its meaning / lived experience for people living with it (individual and ‘family’ members);
- The role of resilience and diversity in relation to individuals, couples and families living with the illness or disability;
- The organization of services/resources that provide assistance to individuals, couples and families and the role of couple and family therapists in these services/resources;
- 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 dominant discourse and power surrounding the particular illness or disability and treatment and the potential effect of this discourse and power on the individual, couple and family (this may be covered via the discussion below);
- Development of a resource (pdf document) on the illness or disability chosen to be provided to the class outlining the above (inclusive of related article(s); web based information (credible) and community resources).

As part of the presentation, each group will facilitate a discussion organized around a central question relevant to the specific illness or disability and its treatment. This question will invite reflection on all or any of the following:

- What are 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 studied in the program;
- How the model(s) related to assessment or diagnosis or treatment compare and contrast with class members preferred approaches to the topic or condition being presented about;
- Questions regarding multi-dimensional aspects of resilience, 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.

Each group must submit all material directly related to their presentation (any written material, power point slides, pdf resource sheet, etc.) to the professor by the beginning of class through the Dropbox.

3. Illness/Disability Narrative Project (40%).

Due Friday July 13th, 2018 (Submitted through the Dropbox)

[ESLO 1a-b, 4a-c; CCs 1.1.3, 2.1.1., 2.1.2., 2.1.3., 2.1.5., 2.1.6., 6.4.1.]

The intentions of this project are to increase understanding of illness narratives, encourage integration of the clinical approaches covered in the course to the client(s) situations, to expand awareness of what a client's / clients' experience(s) of therapy, and of the use of self as a therapist (including social location) in the therapy process.

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 or their family member 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 character(s) 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 the client(s) have managed to hold onto resilience, hope, faith, sustenance, presence, connection, strengths, 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.
- 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 - a husband and wife's experiences with her stroke and impending death)
- Away From her (a couple responding to a partner's 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)
- Maudie
- Clean, Shaven (Schizophrenia)
- Autism in Love
- My Beautiful Broken Brain (stroke in a young person) *Netflix
- Unfinished Song (grief and loss)
- A Beautiful Mind (from the perspective of the caregiver/partner)
- No Letting Go (child living with bipolar - from the perspective of the family)
- Wit (woman living with terminal cancer)
- Sound and Fury (parenting and children's deafness)

Each of the above is available from Amazon or iTunes (with the exception of My Beautiful Broken Brain – Netflix)

Students are also welcome to propose a movie of their own.

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.

COURSE SCHEDULE AND ASSIGNED READINGS

Notes Regarding the Course Schedule and Readings:

- The table on the following pages outlines the weekly content for the course. Each week is designated to a specific topic related to health, and mental health across the lifespan. There are Required Reading and Suggested Reading. The course expectation is for students to read the required readings. The suggested readings are just that – suggested to add to students' interest.
- The A/V clips indicated each week are suggested supplements to the weekly topics, informing the content and student interest. A suggestion is to view one of the weekly clips.
- While reading each of the required (and suggested) readings, reflect on the following as they apply to Couple and Family Therapy and each topic related to health, mental health and wellbeing:
 - The Person of the Therapist: Self care
 - Power and Dominance: Dominant Discourses
 - Positionality
 - Deep Listening and Compassionate Witnessing

COURSE SCHEDULE AND READINGS

The following will inform the discussion and assignments throughout the course

Rolland, J. (1999). Parental illness and disability: A family systems framework. *Journal of Family Therapy*, 21: 242–266.

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18.

Weingarten, K. (2016). The Art of reflection: Turning the strange into the familiar. *Fam Proc* 55, 195–210.

Week Date	Topic	A/V Links & Course Activities
Week 1 May 15	<p>Introduction to Course and Assignments Healthcare (Health, Mental Health, and Well Being) in Ontario</p> <p>➤ Required Reading: Frank, A. (1998). Just listening: Narrative and deep illness. <i>Families, Systems and Health</i>, 16, 197-212.</p> <p>Penn, P. (2001). Chronic illness: Trauma, language, and writing: Breaking the silence. <i>Family Process</i>, 40, 33-52.</p> <p>Suggested Reading: Appiah-Kubi, T. (2015). <i>Social Determinants of Aboriginal Peoples' Health in Canada. Fact Sheet No.5.</i> Healthy Weights Connections. Retrieved from http://www.healthyweightsconnection.ca/ModuleFile/resource?id=3368</p> <p>Mikkonen, J. & Raphael, D. (2010). <i>Social Determinants of Health: A Quick Guide for Health Professionals.</i> Toronto: School of Health Policy and Management. Retrieved from https://www.kidsnewtocanada.ca/uploads/documents/Social_Determinants_of_Health.pdf</p> <p>Weingarten, K., & Weingarten-Worthen, M. E. (1997). A narrative approach to understanding the illness experiences of a mother and daughter. <i>Families, Systems and Health</i>, 15, 41-54.</p>	<p>Froma Walsh Family Resilience https://www.youtube.com/watch?v=Mqhn_bYC2GU&app=desktop 4:41</p> <p>Indigenous Knowledge to Close Gaps in Indigenous Health Marcia Anderson-DeCoteau https://www.youtube.com/watch?v=IpKjtujtEYI 18:35</p>
Week 2 May 22	<p>Diagnosis and Dialogue: Responding to Mental Illness</p> <p>➤ Required Reading:</p>	<p>Guest Facilitator : TBC</p>

	<p>Reupert, A., & Maybery, D. (2007). Families affected by parental mental illness: A multi-perspective: account of issues and interventions. <i>American Journal of Orthopsychiatry</i>, 77(3), 362–369.</p> <p>Saunders, J. (2003). Families living with severe mental illness: A literature review. <i>Issues in Mental Health Nursing</i>, 24, 175–198.</p> <p>Strong, T. (2015). Diagnoses, relational processes and resourceful. dialogs: Tensions for families and family therapy. <i>Family Process</i> 54, 518–532.</p> <p>Suggested Reading: Crews, J. A., & Hill, N. R. (2005). Diagnosis in marriage and family counseling: An ethical double bind. <i>The Family Journal</i>, 13, 63-66.</p> <p>Gavois, H. Paulsson, G., & Fridlund, B. (2006). Mental health professional support in families with a member suffering from severe mental illness: a grounded theory model. <i>Scand J Caring Sci</i>,20, 102–109.</p>	<p>Self-Labeling and Identity Chang School https://www.youtube.com/watch?v=pxbw7dDMX60&feature=related 8:47</p> <p>The voices in my head Eleanor Longden https://www.youtube.com/watch?v=syJE N3peCJw 14:17</p>
<p>Week 3 May 29</p>	<p>Anxiety, Posttraumatic Stress / PTSD in the 21st Century</p> <p>➤ Required Reading: Cook et al (2005). Complex trauma in children and adolescents. <i>Psychiatric Annals</i> 35(5), 390-398.</p> <p>Greenman, P., & Johnson, S. (2012). United we stand: emotionally focused therapy for couples in the treatment of posttraumatic stress disorder. <i>Journal of Clinical Psychology: In Session</i>. 68(5), 561–569</p> <p>Priest, Jacob (2013). Emotionally focused therapy as treatment for couples with generalized anxiety disorder and relationship distress. <i>Journal of Couple & Relationship Therapy</i>, 12:22–37.</p> <p>Suggested Reading: Figley, C. R., & Figley, K. R. (2009). Stemming the tide of trauma systemically: The role of family therapy. <i>Australian & New Zealand Journal of Family Therapy</i>, 30, 173-183.</p> <p>Middlebrooks J. & Audage N. (2008). <i>The Effects of Childhood Stress on Health Across the Lifespan</i>.</p>	<p>Guest Facilitator : TBC</p> <p>Nadine Burke Harris: How childhood trauma affects health across a lifetime http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime 16 mins</p>

	<p>Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 1-17. Retrieved from http://health-equity.lib.umd.edu/932/1/Childhood_Stress.pdf</p> <p>Shonkoff, J., & Garner, A. (2012). <i>The Lifelong Effects of Early Childhood Adversity and Toxic Stress</i>. The American Academy of Pediatrics. 232-246. Retrieved from http://pediatrics.aappublications.org/content/129/1/e232</p>	
<p>Week 4 June 5</p>	<p>Depression and Suicide</p> <p>➤ Required Reading:</p> <p>Kaslow, N., & Aronson, S. (2004). Recommendations for family interventions following a suicide. <i>Professional Psychology: Research and Practice</i> 35(3), 240–247.</p> <p>Valdez, et al., (2011). A pilot study of a family-focused intervention for children and families affected by maternal depression. <i>Journal of Family Therapy</i> 33, 3–19.</p> <p>Whisman, M., Johnson, D, Be, D., & Li, A. (2012). Couple-based interventions for depression. <i>Couple and Family Psychology: Research and Practice</i>, 1(3), 185–198.</p> <p>Suggested Reading:</p> <p>Cerel, J., Jordan, J., & Duberstein, P. (2008). The impact of suicide on the family. <i>Crisis</i>, 20(1), 8–44.</p> <p>Griffith, J. & Gaby, L. (2005). Brief psychotherapy at the bedside: Countering demoralization from medical illness. <i>Psychosomatics</i> 46(2), 109 – 116.</p> <p>Weingarten, Kaethe (2012). Sorrow: A therapist’s reflection on the inevitable and the unknowable. <i>Family Process</i>, x, p 1-16. Retrieved from http://dulwichcentre.com.au/wp-content/uploads/2014/08/Sorrow_article_in_Family_Process.pdf</p>	<p>*Class Presentation (Group 1)</p> <p>Why we choose suicide Mark Henick TEDxToronto https://www.youtube.com/watch?v=D1QoyTmeAYw 15:25</p> <p>Tightropes & Safety Nets - Counselling Suicidal Clients http://www.youtube.com/watch?v=vqo3TQynIKM 12 mins</p>
<p>Week 5 June 12</p>	<p>Substance Abuse / Addictions</p> <p>➤ Required Reading:</p> <p>Klostermann, K., & O’Farrel, T. (2013). Treating substance abuse: partner and family approaches. <i>Social Work in Public Health</i>, 28:234–247.</p>	<p>*Class Presentation (Group 2)</p> <p>Dr Gabor Mate How Addiction Works https://www.youtube.com/watch?v=AR</p>

	<p>Liddle, H. et al. (2008). Treating adolescent drug abuse: a randomized trial comparing multidimensional family therapy and cognitive behavior therapy. <i>Addiction</i>, 103, 1660–1670.</p> <p>Young, K. (2009). Understanding online gaming addiction and treatment issues for adolescents. <i>The American Journal of Family Therapy</i>, 37(5), 355 – 372.</p> <p>Suggested Reading: Canadian Institute for Substance Use Research. (2017). <i>Understanding Substance Use</i>. Retrieved from http://www.heretohelp.bc.ca/sites/default/files/understanding-substance-use-a-health-promotion-perspective.pdf</p> <p>Vedel, E., Emmelkamp, P., & Schippers, G. (2008). Individual cognitive-behavioral therapy and behavioral couples therapy in alcohol use disorder: A comparative evaluation in community-based addiction treatment centers. <i>Psychotherapy and Psychosomatics</i>, 77, 280–288.</p> <p>Vetere, A., & 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>yq_BtCVMo 25:47</p> <p>Children of Denial, Claudia Black https://www.youtube.com/watch?v=nl4jfYk3Ayg&feature=related 4:22</p>
<p>Week 6 June 19</p>	<p><i>Sexuality Intensive – NO CLASS</i></p>	
<p>Week 7 June 26</p> <p>*CFT BBQ</p>	<p>Disability</p> <p>➤ Required Reading: Brown, C. (2007). Family therapy and neuro-rehabilitation: Forging a link. <i>International Journal of Therapy and Rehabilitation</i>. 14(8), 344-349.</p> <p>Campbell, T (2003). The effectiveness of family interventions for physical disorders. <i>Journal of Marital and Family Therapy</i>. 29(2), 263-281.</p> <p>Solomon, A. & Chung, B. (2012). Understanding Autism: How family therapists can support parents of children with autism spectrum disorders. <i>Fam Proc</i> 51, 250–264.</p> <p>Suggested Reading: Goodley, D., & Tragaskis, C. (2006). Storying disability and</p>	<p>*Class Presentation (Group 3)</p> <p>TEDxDU Temple Grandin -- Different kinds of minds https://www.youtube.com/watch?v=aF4sP-uC-yI 12:24</p>

	<p>impairment: Retrospective accounts of disabled family life. <i>Qualitative Health Research</i>, 16, 630–46.</p> <p>Landau & Hissett (2008). Mild traumatic brain injury: Impact on identity and ambiguous loss in the family. <i>Families, Systems & Health</i>. 26:1:69-85.</p> <p>Rice, C., et al. (2005). Envisioning new meanings of disability and difference. <i>International Journal of Narrative Therapy & Community Work</i>, 3/4, 119-130.</p>	
<p>Week 8 July 3</p>	<p>Physical illness in Adults – Chronic or Terminal</p> <p>➤ Required Reading:</p> <p>Bell K, & Ristovski-Slijepcevic S. (2011). Metastatic cancer and mothering: being a mother in the face of a contracted future. <i>Medical Anthropology</i> 30(6), 629-649.</p> <p>Christ, G., & Christ, A. (2006). Current approaches to helping children cope with a parent’s terminal illness. <i>CA Cancer J Clin</i>, 56:197–212.</p> <p>Kowal, J., Johnson, S. & Lee, A. (2003). Chronic illness in couples: A case for emotionally focused therapy. <i>Journal of Marital and Family Therapy</i>; 29(9), 299-310.</p> <p>Suggested Reading:</p> <p>MacPherson, C. (2005). Telling children their ill parent is dying: a study of the factors influencing the well parent. <i>Mortality</i>, 10(2), 113 – 126.</p> <p>Meily, A. et al. (2005). Children’s adjustment to a parent’s stroke: Determinants of health status and psychological problems, and the role of support from the rehabilitation team. <i>J Rehabil Med</i>, 37, 236–241.</p> <p>Rolland, J. (1990). Anticipatory loss: A family systems developmental framework <i>Fam Proc</i>, 29:229-244.</p> <p>Weingarten, K. (2013). The cruel radiance of what is: Helping couples live with chronic illness. <i>Family Process</i> 52, 83–101.</p>	<p>*Class Presentation (Group 4)</p> <p>Guest Facilitator : TBC</p> <p>Beginning life with Parkinson’s at the age of 46 Tim Hague Sr. TEDxWinnipeg https://www.youtube.com/watch?v=N3zSSV11bLA 12:44</p>
<p>Week 9 July 10</p>	<p>Pain and illness in the lives of children and adolescents</p> <p>➤ Required Reading:</p> <p>Anderson, T. & Davis, C. (2011). Evidence-based practice with</p>	<p>Class Presentation (Group 5 – if needed)</p>

	<p>families of chronically ill children: A critical literature review. <i>Journal of Evidence-Based Social Work</i>, 8, 416–425.</p> <p>Palermo, T. & Eccleston, C. (2009). Parents of children and adolescents with chronic pain. <i>Pain</i>, 146(1-2), 15–17.</p> <p>Rodriguez, A. & King, N. (2009). The lived experience of parenting a child with a life-limiting condition: A focus on the mental health realm. <i>Palliative and Supportive Care</i>, 7, 7 – 12.</p> <p>Suggested Reading: Palermo, T. & Chambers, C. (2005). Parent and family factors in pediatric chronic pain and disability: An integrative approach <i>Pain</i> 119, 1–4.</p> <p>Sharpe, D. & Rossiter, L. (2002). Siblings of children with a chronic illness: A meta-analysis. <i>Journal of Pediatric Psychology</i>, 27(8), 699–710.</p>	<p>Guest Facilitator : TBC</p> <p>"Normal" for a medically fragile child https://www.youtube.com/watch?v=EA5tBpRPjn4 3:05</p>
<p>Week 10 July 17</p>	<p>Mental illness in the lives of children and adolescents</p> <p>➤ Required Reading: Clossey, L. et al. (2018). A pilot evaluation of the rapid response program: A home based family therapy. <i>Community Mental Health Journal</i>, 54, 302–311.</p> <p>Comer, J. (2014). Internet-delivered, family-based treatment for early-onset OCD: A preliminary case series. <i>Journal of Clinical Child & Adolescent Psychology</i>, 43(1), 74–87.</p> <p>Couturier, J., Isserlin, L., & Lock, J. (2010). Family-based treatment for adolescents with anorexia nervosa: A dissemination study. <i>Eating Disorders</i>, 18(3), 199–209.</p> <p>Suggested Reading: Children’s Hospital of Eastern Ontario (n.d.) <i>Mental Health and Mental Illness in Children and Youth Fact Sheet for Parents and Caregivers</i>. Retrieved from http://www.cheo.on.ca/uploads/13389_Mental_Health_and_Illness_Overview.pdf</p> <p>Patel, V. et al. (2007). Mental health of young people: a global public-health challenge. <i>Lancet</i>, 369: 1302–13</p>	<p>Conquering depression: how I became my own hero Hunter Kent https://www.youtube.com/watch?v=Rv9SwZWVv9 8:51</p>

<p>Week 11 July 24</p>	<p>Loss, grief & bereavement</p> <p>➤ Required Reading: Boss, P., & Carnes, D. (2012)-The myth of closure. <i>Family Process</i>, 51, 456–469.</p> <p>Hedtke, L. (2002). Reconstructing the language of death and grief. <i>Illness, Crisis and Loss</i>, 10(4), 285-293.</p> <p>Werner-Lin, A., & Blank, N. (2012). Holding parents so they can hold their children: Grief work with surviving spouses to support parentally bereaved children. <i>Omega</i>, 66(1) 1-16.</p> <p>Suggested Reading: Betz, G. & Thorngren, J. Ambiguous loss and the family grieving process. <i>The Family Journal: Counseling and Therapy for Couples and Families</i>, 14(4), 359-365.</p> <p>Gillies, J. & Neimeyer, R. A. (2006). Loss, grief and the search for significance: Toward a model of meaning reconstruction in bereavement. <i>Journal of Constructivist Psychology</i>, 19: 31- 65.</p> <p>Li, M. et al. (2017). Medical assistance in dying — Implementing a hospital-based program in Canada. <i>English Journal of Medicine</i>, 376(21), 282 – 288.</p>	<p>Guest Facilitator : TBC</p> <p>In Her Own Words Patient explains her decision to seek Medical Assistance in Dying (MAID) http://www.uhn.ca/corporate/News/Page/s/patient_explains_her_decision_to_seek_medical_assistance_in_dying.aspx 14 mins (short version) https://www.youtube.com/watch?v=Mg-EHDvZ8Z4 37 mins (full version)</p>
<p>Week 12 July 31</p>	<p>Caregiving – The Cost of Caring</p> <p>➤ Required Reading: Family Caregiver</p> <p>Aamotsmo, T., & Bugge, K. (2014). Balance artistry: The healthy parent’s role in the family when the other parent is in the palliative phase of cancer — Challenges and coping in parenting young children. <i>Palliative and Supportive Care</i>, 12, 317–329.</p> <p>Holley, C. & Mast, B. (2009). The impact of anticipatory grief on caregiver burden in dementia caregivers. <i>The Gerontologist</i>. 49(3), 388–396.</p> <p>Dekel, R. et al. (2005). Being a wife of a veteran with posttraumatic stress disorder. <i>Family Relations</i>, 54, 24–36.</p> <p>Therapist Self-care Figley, C. (2002). Compassion fatigue psychotherapists chronic lack of self-care. <i>JCLP/In Session: Psychotherapy in</i></p>	<p>All Alzheimer's Caregivers are Not Created Equal: Lyda Arévalo-Flechas https://www.youtube.com/watch?v=2QYdXGZNp5A 9:56</p>

	<p><i>Practice</i>, 58(11), 1433–1441.</p> <p>Marriage, S., & Marriage, K. (2005). Too many sad stories: Clinician stress and coping. <i>The Canadian Child and Adolescent Psychiatry Review</i>, 14(4), 114 – 119.</p> <p>Negash, S., Sahin, S. (2011). Compassion fatigue in marriage and family therapy implications for therapists and clients. <i>Journal of Marital and Family Therapy</i>, 37(1), 1–13.</p>	<p>Compassion Fatigue, Secondary PTSD, Vicarious PTSD, Differences https://www.youtube.com/watch?v=Q3hJn_tWzLw 6:49</p>
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COURSELINK

A course website supports the teaching and learning activities for this course. All information pertaining to the course will be updated regularly on CourseLink. Please ensure that you log in throughout the semester to check announcements, obtain copies of course outlines, instructions for assignments and course notes.

CORRESPONDENCE

All email directed to the professor must come from an official University of Guelph email address. Emails will be answered between Monday and Friday only, and you will receive a response within 48 hours if your email is sent from a uoguelph.ca address. You will not receive a response if your email is sent from a non-university account.

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 Student Accessibility Services as soon as possible. Students who need course adaptations or accommodations because of disability, or who have emergency medical information to share, should speak to the instructor during the first two weeks of class to ensure that reasonable accommodations can be made. It is your responsibility to make the instructor aware of these needs, and to take any steps that may be required on your part in order to achieve reasonable accommodation. Student accessibility services <https://wellness.uoguelph.ca/accessibility/> is an excellent resource.

STUDENT RESPONSIBILITIES

When you cannot meet course requirements:

When you find yourself unable to meet a course requirement due to illness or compassionate reasons, please advise the Professor **via email**. Where possible, this should be done before the missed work or event, but otherwise, soon after the due date, and certainly no longer than one week later. Note: if appropriate documentation of your inability to meet that in-course requirement is necessary, the course instructor will request it.

Meeting deadlines:

It is the student's responsibility to meet all deadlines. If a student finds that he/she is unable to meet course requirements due to illness or compassionate reasons, the student must notify the Professor via email *at least one calendar day before* the original due date (day and time) of the assignment. Extensions may be granted for exceptional reasons deemed acceptable by the Professor. Extension requests will not be granted beyond one week, except in compelling circumstances.

Late assignments:

- Assignments that are not submitted by the original *due date and time without authorized extensions* will be considered late
- Late assignments will receive the following late penalty:
 - 3% of the total mark for the assignment if submitted late on the due date. 1% for each additional day after the due date, to a maximum of 7 calendar days, including weekends.
- *Assignments without an authorized extension will not be accepted more than seven days following the original due date and time.*

REFERENCING

All assignments submitted must follow APA 6th Edition for style, formatting and referencing.

http://www.lib.uoguelph.ca/assistance/writing_services/resources/components/documents/apa.pdf

ACADEMIC INTEGRITY

Academic Integrity is an expectation in the course. It is the student's responsibility to present their *own original* work, and to represent the work of others following the APA 6th Edition. Students are encouraged to refer to the University of Guelph's Tutorial on Academic Integrity at

<http://www.academicintegrity.uoguelph.ca/>

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.

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.

Academic misconduct as seen by engaging in the following will not be tolerated. It is your responsibility to follow rules pertaining to academic misconduct found at:

http://www.uoguelph.ca/undergrad_calendar/c08/c08-amisconduct.shtml