

**FRAN 6090-I Practicum in Couple and Family Therapy
(limited to students in the CFT Program)**

Winter 2018

Practicum Course Outline

Instructor/Supervisor:	Lynda M. Ashbourne, Ph.D.	Supervision Schedule:	Weekly, see Appendix C
Office:	Rm. 248, CFT Centre	Class Time:	Monday 4:00 – 7:00 pm
Phone:	Ext. 54237		
e-mail:	lashbour@uoquelfh.ca	Pager [crisis consult only]:	<u>519.651.4734</u> (leave #/ext for call-back)
Supervisor:	Kevin VanDerZwet Stafford	Supervision Schedule:	Biweekly, begin Week #4 TBA
Office:	Rm. 251, CFT Centre		
Phone:	Ext. 53423		
e-mail:	kevin.stafford@uoquelfh.ca	Pager [crisis consult only]:	<u>519.244.4831</u> (leave #/ext for call-back)
Client Services Coord:	Amanda Buda	Weekly Meetings:	Weekly, ½ hr individual mtgs TBA
Office:	Rm. 151, CFT Centre		
Phone:	Ext. 56335		
e-mail:	cftc@uoquelfh.ca		

For CRISIS consultations:

Typically (and preferably) when client is present, consultation cannot wait until scheduled supervision due to risk to client or others, and/or possible need to report.

Make consultation calls from confidential space in CFTC. Use pager numbers above to reach supervisor who is on-call (see below) – leave phone number or extension for where you are as message to pager for supervisor call-back.

Daytime First Response On-Site Supervisor (FROSS – 8:30am-4:30pm, M-TH) Kevin VanDerZwet Stafford

Evening On-Call Supervisor (FROCS – 4:30-9:00pm, M-TH):	January & March – Lynda M. Ashbourne
	February & April – Kevin VanDerZwet Stafford
	[Back up provided by the other supervisor]

Practicum Course Description

This is the first in a series of four on-site practica in the CFT Program. This initial practicum involves particular attention to developing the therapeutic relationship, co-creating generative therapeutic dialogues, and the therapist’s participation in on-going “critical” reflexivity. We highlight Collaborative (Dialogic) Therapy, based on Social Constructionist theory, in this practicum since it provides a very solid grounding in those components of “critical” perspectives (Feminist, Multicultural, Narrative) that involve an analysis of power relations. The practicum entails an ongoing consideration of the historical contexts, social locations, dominant discourses, and the social, political and economic structures affecting people’s lives. We emphasize systemic thinking and practice here as we do throughout clinical training in the MSc.CFT Program. Throughout the semester, we expect students to entertain a diversity of views and practices, to develop further their self-reflective standpoint, and to clarify a personal professional position relative to the possibilities presented and discussed within the Collaborative/Dialogic model. The course builds on conceptual, assessment, and intervention skills developed in FRAN 6160. This practicum involves active participation in a range of academic, experiential, and clinical activities designed for professional development.

Relevant Educational Goals [EG] and Expected Student Learning Outcomes [ESLO], as well as AAMFT Core Competencies (CC) and CRPO Entry-to-Practice Competencies (PC) assessed in this course, are attached in Appendix A. For complete listing of these, see the Student Orientation Manual.

Model –based Expected Learning Outcomes (MELO)

[related ESLO, AAMFT core competencies (CCs), and CRPO entry-to-practice competencies (PCs) are noted in brackets]

Skill Development:

1. Collaborative engagement with clients
 - a. Develop beginning engagement skills at first and subsequent sessions. *[ESLO 5a]*
 - b. Transfer listening and questioning skills from 6160 to practice utilizing a postmodern collaborative approach – move beyond beginning skill level. Utilize a variety of types of questions [circular, explanation/definition, reflexive] oriented to a range of subjects and perspectives. Demonstrate attentive listening and respectful interruption or redirection when required. *[ESLO 5a]*
 - c. Refine understandings of how oppressive structures and ideologies related to the intersecting dimensions of age, ability, religion/spirituality, ethnicity, sexual orientation, socioeconomic status, indigenous and national identity and gender constrain persons seeking therapy as well as those working as therapists. Explore ways of working collaboratively with clients and others to resist and/or be resilient in the face of these constraints. *[ESLO 4b,c,d; 5b]*
2. Therapeutic relationship
 - a. Transfer attunement to therapeutic awareness – move beyond beginning skill level re: conceptualization and awareness of this relationship. *[ESLO 5a]*
3. System mapping
 - a. Map on paper and describe to group and supervisor the context, resources and challenges associated with clients' lives and presenting concerns. *[ESLO 5b,c]*
 - b. Liaise appropriately with other professionals who are resources for clients. *[ESLO 3d]*
4. Assessment
 - a. Utilizing a postmodern collaborative approach to assessment – move beyond beginning skill level especially with respect to mapping (see above), identification of potential risk situations and appropriate interventions. *[ESLO 5a]*
 - b. Assess for intimate partner violence, child witnesses to domestic violence. *[ESLO 5a,b,c]*
5. CFT Procedures
 - a. Use of appropriate forms and procedures – move to advanced level of competence re: managing file contents, appropriate consents signed, case management skills, documentation. *[ESLO 3c]*
 - b. Address on an ongoing basis issues regarding ethical decision-making, accountability, and professional conduct. *[ESLO 3d]*
6. Use of supervision
 - a. Identify when and how to utilize supervision to benefit clinical work and professional development. Move from beginning level to more advanced level of competence in preparation for supervision, and presentation of client situations during supervision/group consultation. *[AAMFT core competencies 2.5.1; 5.5.2; CRPO entry-to-practice competency 3.4]*
 - b. Extend practice in providing constructive feedback on the work of other therapists in addition to engaging in self-critique and receiving critique from supervisors and colleagues. *[ESLO 3d]*
 - c. Utilize file review meetings with Client Services Coordinator to develop attention to administrative detail and client file management. *[ESLO 3c]*
7. Reflecting teams *[This practicum will use reflecting teams based on Tom Andersen's original model]*
 - a. Gain practice in use of a reflecting team as a therapist together with client – beginning level of competence. *[ESLO 5a]*
 - b. Gain practice in participating as a reflecting team member – moving from beginning to more advanced level of competence. *[ESLO 5a]*
8. AAMFT core competencies (CCs) & CRPO entry-to-practice competencies (PCs)
 - a. See Appendix A. Assessment of intern's development of competencies will be assessed at the end of the semester. This assessment will take place in the context of a dialogic conversation between intern and course instructor/supervisor, and will be recorded on a checklist.

Safe and Effective Use of Self:

1. Demonstrate beginning awareness of therapist's own subjective context and patterns of interaction as this informs interaction with client. *[PC 4.3]*

2. Demonstrate beginning self-reflective use of therapist's own personality, insights, perceptions, and judgements to optimize interaction with clients in the therapeutic process. [PC 4.3]
3. Demonstrate self-awareness in supervision – beginning level of competence regarding therapist's own influence on client system and therapeutic process. [EG-3]
4. Manage anxiety and critical inner voice. [EG-3]
5. Enlarge self-awareness with respect to the ways in which one's personal history, values, and context influence professional practice. [ESLO 4a, 4b; PC 4.3 SEUS]
6. Move from beginning to more advanced level of personal accountability for meeting administrative, supervisory and client-generated demands of clinical training and practice. [ESLO 3d]
7. Demonstrate flexibility, creativity, and personal accountability in developing individualized strategies for managing and addressing the personal impact of engaging in clinical training and practice (self-care) while maintaining ethical and professional standards. [EG-3]

Social Justice and Diversity:

1. Increase awareness of one's own history re: privilege, power and social location as therapist; identifying influence in therapeutic system. [ESLO 4a, b]
2. Analysis of relevant power and privilege dimensions relative to each (or selected) aspects of therapeutic system. [ESLO 4c,d]

Organization and Practicum Course Requirements

See class schedule (Appendix B). We will meet on Monday evenings from 4:00 to 8:00 pm with a 15-20 minute break. Many classes will involve discussion of the assigned readings (see below) and practice-oriented exercises. Most classes during the second half of the semester will be predominately taken up with Reflecting Team work. Two reflecting teams will meet with clients between 5:00 and 7:00 pm with Kevin VanDerZwet Stafford or Lynda M. Ashbourne participating in each team. Each intern will bring a client to work together with a reflecting team, and each intern will, in turn, participate as a member of the reflecting team on three or four occasions. See the Program Training Contract (signed in first practicum meeting) for a specific outline of practicum expectations and process.

Learning Environment

We base this practicum on the assumption of instructor's, supervisors' and therapist-interns' shared responsibility for developing a non-competitive, cooperative learning environment where therapist-interns are able to responsibly and constructively voice their ideas, address challenges, take appropriate risks to enhance clinical effectiveness, and further develop clinical strengths. Differences in perspectives and experiences can enrich learning opportunities. Each person is responsible for listening with respect and curiosity to the differing views of others. As an instructor, my goals are: (1) to ensure clarity with respect to power relations; (2) to encourage goodwill between class members, and to participate in goodwill between the instructor and class members; (3) to demonstrate and encourage mutual respect of differences in personality, values, and learning styles; and, (4) to support commitment to the intensive mutual learning process.

Such a learning environment requires the commitment of all class participants to:

- Being accountable for our own actions and their effects (intended or unintended) on others.
- Recognizing that learning, at whatever stage of our development as interns and supervisors, is not always comfortable.
- Ensuring the feedback we give to others is respectful and constructive, appreciating how difficult it can be to receive feedback.
- Engaging in thoughtful reflection about what we have heard from others in preparing our response.
- Enhancing each therapist-intern's learning opportunities and each client's best interest.

Weekly Supervision

See Program Training Contract for specific expectations regarding clinical supervision. **Preparation prior to supervision is required** (see Supervision Checklist on courselink site). **For each scheduled supervision meeting interns are expected to prepare sections of a video-recorded therapy session for review and articulate a particular focus for the clinical discussion in writing** (see Supervision Form – Practicum I available in lower filing cabinet drawer and OneDrive). See Appendix C for the Supervision Schedule.

Goal setting and Critique of Clinical Work

Initially the goals set for each intern will be the same. **By Feb. 5, 2018 each intern will submit three goals for their clinical work during the balance of the practicum to Lynda Ashbourne and Kevin VanDerZwet Stafford via e-mail.** You will share your goals with other interns. You should consider these goals dynamic in the sense that you can alter or revise them over the course of the semester in consultation with supervisors. We strongly encourage your on-going self-reflection about your clinical work (see Weekly Journaling Guidelines available on courselink).

Disclosure of Personal Information

Self-awareness is an important component of this course. As a developing professional, you should be able to identify what is happening for you now, in the moment, as well as how previous experiences influence your perspective on yourself and others. While we will encourage you to explore your own responses and what they mean for you as well as how they might influence your work with clients, we will not expect you to disclose personal information with the class, in large or small groups, or with the instructor or supervisor, that you do not feel comfortable sharing. Evaluation of your participation in this class and of your class assignments is not dependent on your disclosure of personal information. We do ask you to reflect, both in class and in written assignments, on what the process of self-examination is teaching you about how best to approach being in a therapist position. This attention to 'process' is different from a focus on content. If at any time you are unclear about this distinction, please talk to the instructor for clarification.

Evaluation:

This course is assessed by Lynda M. Ashbourne on a satisfactory/unsatisfactory basis. You can find a detailed description of practicum requirements in the CFT Policies & Procedures Manual. You must complete two required assignments for satisfactory completion of the course. The descriptions of these assignments (one written and one involving presenting class readings) are below and in Appendix D. **A passing grade in this course also requires a satisfactory evaluation of your clinical work from Lynda M. Ashbourne and Kevin VanDerZwet Stafford, as well as satisfactory completion of administrative case management requirements as set out by Kara McFarlane.**

Assignment Descriptions -

1. **Dialogist Assignment:** For one of the group supervision meeting times [*one of Classes 3, 4, 5, or 6*], each intern will act as a **dialogist** with one or two partner(s). This will involve:
 - a. Reading assigned class readings and discussing together with your partner(s) prior to class.
 - b. During class, the dialogist partners will talk with each other in front of their colleagues:
 - First, about what they identify as the main points of each reading for that week,
 - and then moving into a discussion of how they plan to apply these ideas in their clinical work.
 - This discussion will serve as a starting point for class discussion of the readings.
 - c. While ideas contained in the class readings will, of course, come from various perspectives and highlight different aspects of clinical practice, dialogists are encouraged to engage in critical (in the sense of attending to various aspects of power and privilege influences on therapy practice) and reflexive conversation.
2. **Analysis of Therapeutic Dialogue Assignment:** See **Appendix D** for full description. This assignment provides you with an opportunity to enhance your own understanding of collaborative practices in dialogue with clients, as well as the potential influences of your relational and social location and experience and those of a client with whom you are working. You will critically and reflexively examine the intersection of these "maps" and transcribed therapeutic dialogue in a written paper. **Due Date: March 26, 2018.**

Evaluation of Developing Clinical Skills –

Therapist-interns will participate in the on-going discussion and evaluation of their progress toward general clinical competencies, and on specific learning goals for the semester. You will receive informal, verbal evaluation comments at the mid-term. At the end of the semester, Lynda M. Ashbourne will provide written comments and complete a skills development feedback form in collaboration with Kevin VanDerZwet Stafford. Kevin VanDerZwet Stafford will provide oral feedback at the end of the semester. Each supervisor may focus on some different aspects of your clinical work over the semester.

1. You are encouraged to engage in an ongoing process of self-reflection and self-evaluation with respect to the practice of therapy and the self-of-the-therapist. Weekly journaling (optional) can support self-reflection. You will engage in goal-setting early in the semester and revise these over time - this supports self-evaluation. In addition to participating in dialogues with supervisor(s) at the middle and end of term, you will prepare a brief **Self-evaluation Report** to be placed in your CFT Program folder. **This report is due in draft form April 9th and in final form no later than April 16th**. Both self-evaluation and verbal feedback to your intern therapist colleagues over the course of the semester should incorporate attention to areas of strength and expanding competency.
2. Each therapist-intern will meet with **Prof. Lynda M. Ashbourne (Course Instructor)** and **Kevin VanDerZwet Stafford (Clinical Supervisor)** for final supervision discussions. Prof. Ashbourne will prepare a written final evaluation document and you will have an opportunity to read this prior to the end of the semester. After this discussion and your review of this document, relevant and agreed upon revisions may be made; **the document will be co-signed** and placed in your CFT Program folder.

IMPORTANT TO READ THE FINE PRINT...

Assignment Submission Guidelines:

Note that assignments are **due in class on the due date** (hardcopies handed in during class time, no electronic submissions will be accepted for the Analysis of Therapeutic Dialogue assignment as this contains confidential client material). Extensions will be given for medical or extenuating compassionate reasons (*heavy workload related to end-of-term due dates set at the beginning of the semester does not constitute an extenuating circumstance – if you note a conflict with requirements for another course in the first two weeks of classes in January, please bring this to the attention of both instructors*). **It is your responsibility to inform the instructor immediately and in writing if you need an extension.** Keep a copy of each assignment you hand in.

Absences/Class, Team, Client and Supervision Attendance:

This course depends heavily on collaborative and active engagement of class members in learning activities and team work, sometimes with clients. **In the unlikely event that you are unable to attend any course activities, or know in advance that you will be late, please contact the instructor or relevant supervisor by e-mail or voicemail in advance of scheduled activity.** If you must leave class early, you are expected to advise the instructor in advance. You will be responsible for informing your clients of any change in your scheduled appointments.

Required Readings:

Readings are available on Courselink through the library course reserve system. Note that **you are not allowed to use the CFT Centre printer to print course readings – this is a very important reminder that this printer is provided for client-related printing only.** Printing readings for your own use does not violate copyright laws, and printers are available at a cost at various on-campus locations.

Important Statements required for inclusion in Graduate Course Outlines at University of Guelph:

E-mail Communication

As per university regulations, all students are required to check their <uoguelph.ca> e-mail account regularly: e-mail is the official route of communication between the University and its students.

When You Cannot Meet a Course Requirement

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor in writing. See the graduate calendar for information on regulations and procedures for Academic Consideration:

https://www.uoguelph.ca/registrar/calendars/graduate/2017-2018/genreg/sec_d0e2562.shtml

Academic Misconduct

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring. University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection. The Academic Misconduct Policy is detailed in the Graduate Calendar:

https://www.uoguelph.ca/registrar/calendars/graduate/2017-2018/genreg/sec_d0e3039.shtml

Recording of Materials

Presentations which are made in relation to course work—including lectures—cannot be recorded in any electronic media without the permission of the presenter, whether the instructor, a classmate or guest lecturer. Given the nature of Group Supervision discussions during class time, client confidentiality also precludes recording these conversations.

Resources

The Graduate Calendar is the source of information about the University of Guelph's procedures, policies and regulations that apply to graduate programs: <https://www.uoguelph.ca/registrar/calendars/graduate/2017-2018/index.shtml>

APPENDIX A - ESLOs linked to MELOs for FRAN*6090-I Practicum in CFT

EDUCATIONAL GOALS AND EXPECTED STUDENT LEARNING OUTCOMES	INCORPORATION & ASSESSMENT
EG-1 THEORETICAL FOUNDATIONS, PROFESSIONALISM, ETHICAL CONDUCT AND ACCOUNTABILITY	
Educational Goal: Students will gain a broad understanding of the range of epistemological assumptions and core theoretical frameworks within the field of couple & family therapy, including an historical and critical analysis of significant theoretical issues and developments.	Assigned readings; class discussions; specific to dialogic, collaborative approaches to therapy.
ESLO 1 a. Students will critique and compare selected CFT approaches and their applications.	Class discussions re: dialogic, comparison limited as this is first applied model. Anal of Ther Dial Assign.
EG-3 PROFESSIONALISM, ETHICAL CONDUCT and ACCOUNTABILITY	
Educational Goal: Students will develop a professional identity as a couple & family therapist who consistently applies the principles of ethical practice in their work with clients, maintains high standards of conduct – including following “best practices” regarding the delivery of therapy services, and engages in critical, reflexive self-evaluation.	Assigned readings; class discussions; supervision conversations; clinical documentation practices; written self-evaluation at end of term. MELO: Self of Th 1,2 as well as specific skill devel included in ESLO 3c,d below
ESLO 3 c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFT Centre Operations & Procedures Manual</i> .	Meetings with Client Services Coordinator (CSC) & File Day clearance; supervision MELO 5a;8c
ESLO 3 d. Students will demonstrate an ability to maintain professional accountability practices, including consistently working in the “best interests of clients”, engaging clients in on-going informal review of the progress and fit of the therapeutic work, regular review of personal/professional learning goals, and self-evaluation of professional development.	Supervision; midterm learning goals; written self-evaluation MELO 3b;5b;6a,b,c;8a,b,d
EG-4 SOCIAL CONTEXT AND POWER RELATIONS	
Educational Goal: Students will integrate a sophisticated sensitivity to diversity into their professional identity as a couple and family therapist, privileging attention to social location/socio-cultural context and including an understanding of social justice issues and awareness of how direct and systemic marginalization, discrimination, and abuse may impact people’s everyday lives.	Assigned readings; class discussions; supervision conversations; Analysis of Therapeutic Dialogue Assignment
ESLO 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.	Analysis of Therapeutic Dialogue Assignment MELO 8c;9a
ESLO 4 b. Students will develop abilities to critically and reflexively analyze power relations of a given situation and/or embedded in the construction of knowledge, including attention to one’s own participation in these processes	Analysis of Therapeutic Dialogue Assignment; supervision MELO 1c; 8c; 9a
ESLO 4 c. Students will demonstrate awareness of and sensitivity to multi-dimensional aspects of diversity in the everyday lives of clients, including an ability to explore and articulate with clients the pertinence of potential social location issues on their experience of current concerns for therapy.	Supervision; system maps MELO 1c; 9b
ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.	Practicum class discussions; supervision MELO 1c; 9b
EG-5 CLINICAL APPLICATION	
Educational Goal: Students will integrate theory, research, and practice skills in on-going clinical work with clients seeking therapy.	Assigned readings, practicum and supervision discussions; clinical presentations; clinical teamwork
ESLO 5 a. Students will develop beginning to intermediate level practice skills associated with the featured post-modern couple and family therapy approaches, including engaging clients, “assessing” presenting concerns, setting therapeutic goals, and collaborating with clients to create desired changes.	Supervision discussions; clinical presentations; clinical team-work; Analysis of Therapeutic Dialogue Assignment MELO: Skill Dev 1a,1b,2a,4a,4b,7a,7b
ESLO 5 b. Student will integrate analysis of social context and power relations into clinical conceptualizations and will respond sensitively to the differential needs and circumstances of each client system.	Supervision; Analysis of Therapeutic Dialogue Assignment MELO 1c;3a;4b
ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.	Supervision; clinical team-work MELO 3a;4a
ESLO 5 d. Students will be introduced to the AAMFT Core Competencies and will be able to connect their clinical practice to the Core Competencies featured in the CFT program for specific training and practice skill evaluation.	Supervision; meetings with CSC See AAMFT Core Competencies
ESLO 5 e. Students will complete 500 hours of direct clinical practice with	Total accumulated hours in this semester 55-60 hrs.

clients, with at least 250 hours with family and/or couple clients. Students will complete at least 100 hours of clinical supervision over 5 practica.			
ESLO 5 f. Students will set individual "learning goals" for advancing their clinical practice in each of the five training semesters.		Midterm goals submitted to supervisors.	
AAMFT CC #	Sub-domain	AAMFT Core Competency	Linked CRPO PC ¹
ADMISSION TO TREATMENT			
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.	1.1 4.1
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.	3.1 4.1
1.3.5	Executive	Obtain consent to treatment from all responsible persons.	2.2 4.1
1.5.3	Professional	Maintain policies for fees, payment, record keeping, and confidentiality.	3.1
CLINICAL ASSESSMENT AND DIAGNOSES			
2.2.3*	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.	4.5
2.2.4*	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.	4.2 4.5
2.2.5*	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.	4.2 4.4 4.5
2.3.1*	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.	4.4 4.5
2.3.3*	Executive	Apply effective and systemic interviewing techniques and strategies.	4.5
2.3.5*	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.	4.4
2.3.6*	Executive	Assess family history and dynamics using a genogram or other assessment instruments.	4.5
2.3.8	Executive	Identify clients' strengths, resilience, and resources.	4.5
2.4.3*	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.* <i>* Note that we include case formulations and conceptualizations alongside more formal diagnoses within this CC.</i>	4.5
2.4.4*	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis	4.5
2.5.1*	Professional	Utilize consultation and supervision effectively.	3.4
TREATMENT PLANNING AND CASE MANAGEMENT			
3.3.2	Executive	Prioritize treatment goals.	4.5
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.	4.5
3.3.8*	Executive	Assist clients in obtaining needed care while navigating complex systems of care.	-
3.4.3*	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.	4.4
3.4.4*	Evaluative	Assess session process for compliance with policies and procedures of the practice setting.	4.5
3.4.5*	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.	3.4 4.3
3.5.3*	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.	3.5
3.5.4*	Professional	Utilize time management skills in therapy sessions and other professional meetings.	4.5
THERAPEUTIC INTERVENTIONS			
4.2.1*	Perceptual	Recognize how different techniques may impact the treatment process.	1.2 1.3

¹ See Appendix E CRPO Entry-to-Practice Competencies (PC) for more detail.

4.3.7*	Executive	Facilitate clients developing and integrating solutions to problems.	4.5
4.3.8*	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.	4.5
4.3.10*	Executive	Modify interventions that are not working to better fit treatment goals.	4.5
4.3.11*	Executive	Move to constructive termination when treatment goals have been accomplished.	4.7
4.3.12*	Executive	Integrate supervision communication into treatment.	3.4
4.4.1*	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.	1.2 4.5
4.4.2*	Evaluative	Evaluate ability to deliver interventions effectively.	4.3 4.5
4.4.3*	Evaluative	Evaluate treatment outcomes as treatment progresses.	4.5
4.4.6*	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.	4.2 4.3
4.5.1*	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).	2.1
4.5.2*	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.	2.2 4.2 4.3
4.5.3*	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.	1.2 4.5
LEGAL ISSUES, ETHICS, AND STANDARDS			
5.1.3*	Conceptual	Know policies and procedures of practice setting	3.1
5.3.1*	Executive	Monitor issues related to ethics, laws, regulations, and professional standards	3.1 3.2
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.	3.1 3.5
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.	4.4
5.3.5*	Executive	Take appropriate action when ethical and legal dilemmas emerge.	3.2 4.4
5.3.6*	Executive	Report information to appropriate authorities as required by law.	3.1 3.2 3.5 4.4
5.3.7*	Executive	Practice within defined scope of practice and competence.	3.1 4.6
5.3.8*	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.	5.1
5.5.1*	Professional	Maintain client records with timely and accurate notes.	2.1 3.1
5.5.2*	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.	3.3 3.4 4.3
RESEARCH AND PROGRAM EVALUATION			
6.1.1*	Conceptual	Know the extant MFT literature, research, and evidence-based practice	5.1 5.2
6.3.1*	Executive	Read current MFT and other professional literature	5.1
6.3.3*	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.	5.1
6.3.4*	Executive	Determine the effectiveness of clinical practice and techniques.	5.1
6.4.1*	Evaluative	Evaluate knowledge of current clinical literature and its application.	5.1 5.2

* indicates Core Competencies included in all practica

APPENDIX B - Class Schedule (subject to revision)

Class 1 2018.01.08 Introductions

Fife, S., Whiting, J., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital & Family Therapy, 40*, 20-33.

Class 2 2018.01.15 Collaborative Therapy

Anderson, H. (2012). Collaborative relationships and dialogic conversations: ideas for a relationally responsive practice. *Family Process, 51*, 8-24.

Levin, Sue & Bava, Saliha (2012). Collaborative therapy: Performing reflective and dialogical relationships. In Andy Lock and Tom Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp.126-142). Oxford: Oxford University Press.

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

Class 3 2018.01.22 Therapeutic Relating**[2 DIALOGISTS:]**

Penn, Peggy (2007). Listening voices. In Harlene Anderson & Diane Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp.99-108). New York: Routledge.

Rober, P. & Seltzer, M. (2010). Avoiding colonizer positions in the therapy room: Some ideas about the challenges of dealing with the dialectic of misery and resources in families. *Family Process, 49*, 123-137.

Flaskas, C. (2016). Relating therapeutically in family therapy: Pragmatics and intangibles. *Journal of Family Therapy, 38*, 149-167.

Class 4 2018.01.29 Hypothesizing**[2 DIALOGISTS:]**

Rober, Peter (2002). Constructive hypothesizing, dialogic understanding, and the therapist's inner conversation: some ideas about knowing and not knowing in the family therapy session. *Journal of Marital and Family Therapy, 28(4)*, 467-478.

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

Sheinberg, M., & Brewster, M.K. (2014) Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. *Family Process, 53*, 618-639.

Class 5 2018.02.05 Embodiment and Play**[2 DIALOGISTS:]**

Rucinska, Z., & Reijmers, E. (2014). Between philosophy and therapy: Understanding systemic play therapy through embodied and enactive cognition (EEC). *InterAction, 6 (1)*, 37-52.

Beaudoin, M-N. (2016). Broadening the scope of collaborative therapies: Embodied practices arising from neurobiology, neurocardiology, and neurogastroenterology. *Journal of Systemic Therapies, 34(4)*, 1-12.

Class 6 2018.02.12 Couple Relationships**[2 DIALOGISTS:]**

Bertrando, P., & Arcelloni, T. (2014). Emotions in the practice of systemic therapy. *The Australian & New Zealand Journal of Family Therapy, 35*, 123-135.

Vall, B., Seikkula, J., Laitila, A., & Holma, J. (2015) Dominance and dialogue in couple therapy for psychological intimate partner violence. *Contemporary Family Therapy, 38*, 223-232.

READING WEEK 2018: No classes scheduled for this week. Centre open for client work Tuesday to Thursday, closed Monday and Friday.

Class 7 2018.02.26 Reflecting Team #1 Reflecting

Andersen, Tom (1995). Reflecting processes: Acts of informing and forming. In T. Andersen (Ed.), *Reflecting team in action* (pp. 11-37). New York: Guilford.

Weingarten, Kaethe (online, 2015). The art of reflection: Turning the strange into the familiar. *Family Process*, early view. doi: 10.1111/famp.12158

Class 8 2018.03.05 Reflecting Team #2 Language

Bird, Johnella (2004). *Talk that sings: Therapy in a new linguistic key* (Chapter 1: The politics of language-making, pp. 3-42). Auckland, NZ: Edge Press.

Class 9 2018.03.12 Reflecting Team #3 "Doing Justice"

Paré, D. (2014). Social justice and the word: Keeping diversity alive in therapeutic conversations. *Canadian Journal of Counselling and Psychotherapy*, 48, 206-217.

Class 10 2018.03.19 Reflecting Team #4 Relational and Systemic Perspectives

Minuchin, S., Reiter, M.D., & Borda, C. (2014). *The Craft of Family Therapy: Challenging certainties*. New York: Routledge.

Read: Walker, S., Chapter 9: Learning from my mistakes (pp. 135-157)

Class 11 2018.03.26 Reflecting Team #5 Hope and Hopelessness

Weingarten, Kaethe (2010) Reasonable hope: Construct, clinical applications, and supports. *Family Process*, 49, 5-25.

Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy*, 29, 186-202.

Analysis of Therapeutic Dialogue due (hardcopy) in class March 26, 2018**Class 12 2018.04.02 Reflections on the Principles of Collaborative/Dialogic Practice and Systemic Relational Perspectives**

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

**Note that there are additional optional readings included on the ARES (library course reserve) list (links on courselink site - Content tab). These will provide you with additional detail about dialogic model and relational/systemic practice, and you can access these for reading at any time.

APPENDIX C**Supervision Schedule Winter 2018 FRAN6090-I****Supervision Partners:**

Kwaku & Melissa
 Kevin & Dia
 Justin & Zohreh
 Catherine & Kaleigh
 Ratanak (indiv)

Reflecting Teams:

Team 'A' Kwaku, Melissa, Kevin, Dia
 Team 'B' Justin, Zohreh, Catherine, Kaleigh, Ratanak

Supervision Times:**Lynda: (WEEKLY - alternating weeks 45 min individual and 90 min partnered sup)**

Tuesdays 9:30 - 11:00 Kwaku & Melissa
 Tuesdays 11:30 - 1:00 Kevin & Dia
 Wednesdays 1:30-2:30 Ratanak
 Wednesdays 3:00 - 4:30 Justin & Zohreh
 Thursdays 9:30 - 11:00 Catherine & Kaleigh

Kevin: BIWEEKLY - to be scheduled by Kevin, starting week of January 29/18.

Amanda: WEEKLY FILE MEETINGS – to be scheduled by Amanda.

Week 1 (beginning Jan. 8)**LYNDA: [INDIVIDUAL 30-40 minute INITIAL MEETINGS]**

Tuesday	9:30 – 10:00	Kwaku
	10:15 – 10:45	Melissa
	11:30 – 12:00	Kevin
	12:15 – 12:45	Dia
Wednesday	1:30 – 2:00	Ratanak
	3:00 – 3:30	Justin
	3:45 – 4:15	Zohreh
Thursday	9:30 – 10:00	Catherine
	10:15 – 10:45	Kaleigh

Caseworks training with Amanda [Amanda to finalize times]**Week 2 (beginning Jan. 15)****LYNDA: [PARTNERED SUPERVISION – alternates weekly with individual supervision] *first client files assigned this week***

Tuesday	9:30 - 11:00	Kwaku & Melissa
	11:30 - 1:00	Kevin & Dia
Wednesday	1:30-2:30	Ratanak
	3:00 - 4:30	Justin & Zohreh
Thursday	9:30 - 11:00	Catherine & Kaleigh

WEEKLY INDIVIDUAL 30 MINUTE FILE REVIEW MEETINGS begin with AMANDA [TBA with Amanda]

Week 3 (beginning Jan. 22)**LYNDA: [INDIVIDUAL SUPERVISION – alternates weekly with partnered supervision]**

Tuesday	9:30 – 10:15	Kwaku
	10:15-11:00	Melissa
	11:30 – 12:15	Kevin
	12:15 - 1:00	Dia
Wednesday	1:30-2:30	Ratanak
	3:00 – 3:45	Justin
	3:45 – 4:30	Zohreh
Thursday	9:30 – 10:15	Catherine
	10:15 – 11:00	Kaleigh

Week 4 (beginning Jan. 29)

LYNDA: [PARTNERED SUPERVISION – see Week 2 for times]

KEVIN: biweekly supervision begins TBA (continues as per weekly schedule)

Week 5 (beginning Feb. 5)

LYNDA: [INDIVIDUAL SUPERVISION – see Week 3 for times]

Week 6 (beginning Feb. 12)**INDIVIDUAL MIDTERM DIALOGUES with LMA & KVS – ½ hour meetings NOTE DIFFERENT TIMES**

Tuesday Feb. 13	9:30 – 10:00	Kwaku
	10:00 – 10:30	Melissa
	10:30 – 11:00	Kevin
	11:30 – 12:00	Dia
	12:00 – 12:30	Ratanak
	12:30 – 1:00	Justin
	3:00 – 3:30	Zohreh
	3:30 – 4:00	Catherine
	4:00 – 4:30	Kaleigh

AD HOC SUPERVISION with LYNDA SIGN UP (times TBA)

KEVIN: see schedule

MIDTERM FILE WEEK FEB 12 – for your meeting with Amanda during this week

READING WEEK (Week 7 Feb. 20-22): Centre open for client work Tuesday to Thursday

AD HOC SUPERVISION with LYNDA– SIGN UP (times TBA)

KEVIN: see schedule

Phone consultation ON CALL COVERAGE

Week 8 (beginning Feb. 26):

LYNDA: [PARTNERS – see Week 2 for times]

KEVIN: see schedule

Week 9 (beginning Mar. 5):

LYNDA: [INDIVIDUALS – see Week 3 for times]

KEVIN: see schedule

Week 10 (beginning Mar. 12)

LYNDA: [PARTNERS – see Week 2 for times]

KEVIN: see schedule

Week 11 (beginning Mar. 19)

LYNDA: [INDIVIDUALS – see Week 3 for times]

KEVIN: see schedule

Week 12 (beginning Mar. 26)

LYNDA: [PARTNERS – see Week 2 for times]

KEVIN: see schedule

Week 13 (beginning Apr. 2)

LYNDA: [INDIVIDUALS – see Week 3 for times]

KEVIN: see schedule

Draft Self Evaluation submitted to LMA due date April 9

FINAL FILE WEEK APRIL 16: ALL DOCUMENTATION MUST BE UP-TO-DATE – for your meeting with Amanda during this week**Week 14 (beginning Apr. 9)****INDIVIDUAL FINAL DIALOGUE with LYNDA and KEVIN – scheduled all day Wednesday Apr. 11th (times TBA)**

AD HOC SUPERVISION with LYNDA - SIGN UP (times TBA)

KEVIN: see schedule

SIGN FINAL SUPERVISOR'S EVALUATION AND SUBMIT FINAL SELF-EVALUATION Wednesday, April 18.

LAST DAY TO SEE CLIENTS Thursday, April 19

APPENDIX D - Assignment: Analysis of Therapeutic Dialogue

Due Date: March 26, 2018 [Part #1 completed by Feb. 5th]

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

Purpose -

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

Preparation -

Read Chapters 1,2,3,& 5 from Hays, P. (2016) Addressing cultural complexities in practice: Assessment, diagnosis, and therapy, 3rd ed. (ebook at U of G library – see link on courselink reading list and ARES library course reserve)

Note that other chapters of this e-book may also be of interest to you, but are not required reading for completion of the assignment. An earlier version of chapters 1 and 2 was an optional reading assignment for FRAN*6160 in Fall 2017 – this updated version will provide a good refresher for you if you've read the earlier version.

Assignment -

Note: no pseudonyms necessary, submit hardcopy only. Assignments will be treated as confidential therapy material by instructor. However, do not include names or identifying material on any electronic version stored on your computer – e.g., ok to refer to client by initials or as 'client' in transcript analysis and reflective writing, maps should be prepared by hand as is practice for clinical maps in CFTC. Shred documents that contain identifying information after the assignment is returned to you.

Part #1: Therapist Cultural Self-Assessment and Map

Complete by FEB. 5th – do not submit, but confirm completion via email to Lynda M. Ashbourne, instructor

- Read preparatory readings (see above) and complete for yourself a cultural self-assessment (see, for example, Table 3.1 in Hays, 2016 Chapter 3). Based on this information, prepare a therapist map (similar to a client map) of your own social and generational (family system) location. Include details for at least three generations, significant relationships, broader system influences, social location markers (ADDRESSING categories) and any other relevant life experience. You will not submit this chart and map, but it should be evident in your later reflective writing that you are drawing on information from here.

Compile and submit the following (Parts 2-5) due March 26th in class –

Part #2: Transcript and Analysis (two columns) document

- Select a client with whom you are working in the second half of the semester (do not use a reflecting team client for this assignment). Choose a 20 minute segment from a therapy session (+/- 2 minutes) after Feb. 16, 2018. You will be transcribing this segment verbatim (word-for-word). Note that this type of transcription from recording typically requires about 3 times the length of segment, so expect at least 1-1.5 hours for this process.
- Consider a segment that, in your estimation, reflects a collaborative dialogue oriented to 'meaning-making'. For example, this might include a minor 'aha' moment for you and your client, a slight 'shift' or introduction of new information that appears to be illuminating in some way for the client, new meaning or a metaphor that emerges in the context of dialogue that appears to change perspective on area of focus for therapy in a helpful direction.
- Prepare the transcript (as complete as possible with respect to verbal content, including pauses and fumbling for words), using two columns to allow half-page width for transcript and half-page width for your comments.
- In right-hand column include your comments regarding what you think is happening in the dialogue (sentence-by-sentence or line-by-line, e.g., your intentions, what you were thinking at the time, your understanding in reflecting back now what client might have been intending or responding to, opening/closing of space, type of question or positioning, etc.).

Part #3: Time line summary of session from which transcript is drawn

- Provide on a separate page a simple, basic outline of the whole session with approximate times attached and indicating where the transcribed dialogue occurred. For example:
 - Check-in re: client activities since last session – 5 minutes
 - Discussion of significant argument with partner last night – 15 minutes
 - Transcribed segment – 20 minutes
 - Discussion of how these ideas might extend to other messages to self – 10 minutes
 - Collaborative note-taking – 10 minutes

Part #4: Client Map

- Use client map from file – as with therapist map (see Part #1) include details for at least three generations, significant relationships, broader system influences, social location markers (ADDRESSING categories) and any other relevant life experience.
- Ensure that the client map [which WILL be submitted] is completed based on client feedback rather than post facto assumptions on your part (e.g., do not make assumptions about ethnicity, religious faith or sexual orientation based on client's physical appearance, but based on conversation with the client and client report).
- If you are unable to complete sections based on lack of information, indicate that this is so and describe why you have been unable to ask about this area of this client's identity.

Part #5: Reflective Paper

- Write a reflective paper (double-spaced, Times New Roman 12 pt font, 1" margins, 8-11 pages) considering the following (average 1 – 1.5 pages for each section, do not exceed maximum length of 11 pages):
 - a. Critically analyse the ways in which your map and client map intersect, including overlapping and disparate areas. How do you see these intersections challenge/enhance your therapy dialogue/interaction? What might you overlook? How do these intersections challenge your own thinking or expectations about therapy with this client? [ESLO 4a]
 - You will submit ONLY the client map, but you will need to refer to intersections and gaps with specificity (while sharing only what you wish to share about your own genogram/social location/broader influences). For example, it is too vague to write "We are very similar"; it is appropriate to indicate "While not having the same type of specific experiences growing up, I also was raised in a working-class home and rural area and had a distant relationship with my father. What was quite different for me is that there were a number of extended family members who were quite closely involved in positively supporting my upbringing and I did not experience the isolation and neglect that this client reports."
 - b. What stands out for you with regard to therapeutic interaction, engagement, and meaning-making during this 20-minute segment of a therapy session? How would you describe what you experienced and observed with regard to these aspects of this therapy dialogue? Are there alternative perspectives that you think the client might highlight if he/she/they were to participate in this microanalysis of dialogue? [ESLO5a]
 - c. Reflect critically on the power relations between you as therapist and this client that are evident in the 20-minute segment that you transcribed. How do you see yourself participating in these processes of power, voice, and meaning-making in this segment of the therapy session? [ESLO 4b]
 - d. How do you see the intersections and gaps in social location (identified in examining therapist and client maps) being evidenced in the transcribed segment of the therapy session? [ESLO 4a]
 - e. How do you think your own social location, values, and beliefs shaped your selection of this segment of therapy with this client, your analysis of the transcript, and your conceptualization of your overall therapy work with this client? [ESLO 4a]
 - f. Based on your close examination of this therapy segment, are there things you would like to do more or less of in upcoming therapy dialogues? What did this exercise teach you about collaborative therapy practices, dialogic engagement with clients, and discursive perspectives in therapeutic practice? [ESLO 5a]
 - g. Provide a brief critique (based on this exercise examining therapy with a particular client and citing course readings related to these practices more broadly) of dialogic therapy in terms of areas of strength and what may be potentially overlooked when practicing from this perspective. [ESLO 1a]

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

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

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

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

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

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

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

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

APPENDIX E - CRPO Entry-to-Practice Competencies² PCs

1.0 FOUNDATIONS
1.1 Integrate a theory of human psychological functioning and development * ³
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*

² Revised for Program Recognition mapping tool 2015 CRPO

³ Asterisks (*) indicate these are competencies subjected to more detailed scrutiny by CRPO review

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.
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*
<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 optimize interactions with clients in the therapeutic process.)</i>
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*
<i>Structure the therapeutic process</i>
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.
<i>Facilitate the therapeutic process</i>
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