

Couple & Family Therapy Program
Department of Family Relations & Applied Nutrition
University of Guelph

FRAN 6090-III PRACTICUM IN COUPLE & FAMILY THERAPY

**COURSE OUTLINE
FALL 2019**

Course Instructor: Emma Turner

Campus Phone: Ext. 56427
Cell Phone: 416 520 2515 (texts welcome)
E-mail: eturne02@uoguelph.ca
Office: CFT Centre, Room 248

Clinical Supervisor: Kevin Stafford

Campus Phone: Ext. 53423
Cell Phone:
E-mail: kstaff01@uoguelph.ca
Office: CFT Centre, Room 251

Clinical Supervisor: John Beaton

Campus Phone: Ext. 56256
Cell Phone:
E-mail: beaton@uoguelph.ca
Office: CFT Centre, Room 252

Client Services Coordinator: Kara McFarlane

Campus Phone: Ext. 56335
E-mail: cftc@uoguelph.ca
Office: CFT Centre, Room 151

Classes: Wednesday 11:30 pm – 3:20 pm

Acknowledgements

This course outline, reading selections, assignments, and activities has been co-constructed through the work and consultation of several people, including Ruth Neustifter, Amy Druker, Jia Yao, Jean Turner, Anna Toth, and Ruth Pluznick.

Course Description

This course is the third semester in a four-semester series of clinical training practica in the Couple & Family Therapy program. Practicum III features the study of, and training in, Narrative Therapy, currently one of the major approaches in the collaborative, post-modern therapies prominent in the CFT field. This introduction of the Narrative Therapy approach will include:

- a) a study of work by primary foundational philosophical, socio-political, anthropological, and developmental thinkers who influenced Michael White and other developers of Narrative approaches,
- b) exploration and critical study of major assumptions underpinning the Narrative perspective,
- c) implications for the positioning of the therapist and client(s) in the clinical relationship,
- d) practicing primary therapeutic skills associated with this therapeutic model, and
- e) attending to embedded issues of power, privilege, and marginalization related to intersecting social locations as these permeate the systems and relationships in which we and our clients live.

Students (therapist-interns) will incorporate Narrative practices into their on-going work with couple, family, and individual clients at the Couple & Family Therapy Centre. Systemic thinking and practice will be highlighted, consistent with the training commitments of the CFT program.

This practicum course requires active participation in a range of academic, experiential and clinical activities designed for professional development. Registration and participation in this course is limited to graduate students registered in the CFT Program.

Course Objectives

[In addition to the specific objectives outlined below, refer to the CFT Student Orientation Guide, Section 2, pages 2-5 for details/text regarding the associated Expected Student Learning Outcomes (ESLOs) associated with the CFT Program. See *Appendix A* for Model-based Expected Learning Outcomes (MELOs) and associated AAMFT Core Competencies; as well as *Appendix D* for chart outlining specific ESLO to be assessed.]

1. **Conceptual.** To develop an understanding of the conceptual aspects of Narrative Therapy as a leading-edge approach within the field of Couple & Family Therapy, including the underlying assumptions, the historical-contextual development of this perspective, major concepts, distinctions from other approaches, and its overall strengths and limitations.
2. **Therapeutic Interviewing and Team Skills.** To learn to apply common Narrative practices in on-going clinical work with a wide variety of clients across the life-span with widely diverse presenting concerns and lived experiences. **ESLO 5a, 5d.**
3. **Assessment, Hypothesizing and Documentation Skills.** To engage in Narrative practices of: (a) “co-assessment” with clients regarding the resources and constraints they are experiencing, (b) co-development with clients of initial goals for the therapy work, (c) writing Narrative oriented clinical documents, (d) on-going co-evaluation with clients of their progress and the helpfulness of the therapy process. To engage in systemic hypothesizing and apply this in on-going clinical work. **ESLO 3d, 5a, 5c, 5d.**
4. **Ethics, Accountability and Professional Identity Development.** To consistently apply ethical principles, codes of ethical conduct, and “best practices” in clinical work. To re-view personal ethics, extend development of preferred professional identity, and learn Narrative practices for maintaining a therapeutic positioning that embraces complexity, engenders hope, and reflects personal and professional accountability. **ESLO 3c, 3d.**
5. **Diversity.** To increase awareness of differences and use this awareness to engage respectfully and compassionately in therapeutic conversations, collegial interactions, and supervision/consultation. **ESLO 4c, 4d, 5b.**
6. **Power Relations and Reflexivity.** To extend personal and professional understanding related to the intersections of social locations and how these influence people’s lives. To extend skills in critical analysis of the power dimensions inherent in all relationships, including especially the therapeutic relationship. To practice reflexivity with respect to analyzing one’s own participation in complex power relations and the construction of “knowledge” that may be oppressive or liberating for self and others. **ESLO 4a, 4b, 4d, 5b.**

Course Organization

Pedagogical Approach. As the course instructor, my intention is to create and promote a context for generative learning and exchange of ideas among all participants. I prefer to think of the classroom and supervision contexts as unique spaces where a *generative learning community* can meet and co-evolve toward rich understandings of the complex material featured in the course. In the generative learning community of this practicum, differences in power, influence, and experience inevitably exist. As instructor/clinical supervisor, I intend to promote clarity with regard to power relations and the different responsibilities of the various people on the Program’s Practicum Team (instructor, clinical supervisors, Client Services Coordinator) and interns/students.

Members of the generative learning community for Practicum III will come to each class or supervision opportunity with different experiences and understandings of the material and the associated implications for practice and professional identity. For the generative learning community to be most effective, a commitment to participate actively is required of each member; belonging to the community involves demonstrating mutual respect, engaging in exchanges that support diversity of viewpoints, and constructive commentary. It is important for each member to extend encouragement,

acknowledgement, and appreciation to the others with respect to their struggles and successes in learning and professional development. The learning experience for all involved will be enriched as each member comes with an assumption of shared responsibility for developing a cooperative and non-competitive environment (both in seminars/workshops and supervision meetings). Practicum participants (interns and the practicum team members) are expected to make suggestions, on an on-going basis, as to how to create and maintain this kind of community.

Seminar / Training Workshops (Full Group Meetings / Group Supervision). Students will meet with the course instructor, Emma Turner, on 12 Wednesdays. Some class meetings may be rescheduled by agreement of all students and the instructor in order to allow flexibility for outsider witness team work with clients or to offer other learning opportunities.

During the seminar/workshop meetings all members of the generative learning group will engage in critical discussion/analysis of the required readings, activities to strengthen interviewing skills and promote professional development, and review video-recorded therapy sessions. The intention is to link concepts from the Narrative perspective with narrative practice and skill development of each intern.

On occasion (scheduled in advance) the group will do a single two-tier group, or be split into two groups to experience Narrative team-work with a client. These experiences will be organized around the “outsider witness” structure and process developed by Michael White. The Course Instructor, Emma Turner, will participate in the team-work. **A Schedule of Outsider Witness Teams will be made available to students by early October.**

Course Projects and Activities. Practicum participants are expected to complete assignments and activities. Each is specifically designed to increase the intern’s competence in applying a Narrative perspective to their clinical work and in development of general professional knowledge and skills. **See Appendix D. Course Projects and Activities.**

Participation and Absences. This Practicum course is distinctive from academic courses in that the content relates specifically to clinical training and providing “best practice” services to clients. Engaged, in-person participation (not just reading the assigned texts and completing various written assignments) is essential to the learning and professional development of participants. While attendance is not graded, it is a consideration in meeting course expectations.

In the event that a course participant is unable to attend any scheduled course activity, or knows in advance that they will be late due to illness or for compassionate reasons, they are expected to contact the instructor or relevant clinical supervisor by leaving a voicemail message on that person’s office phone, in advance of the scheduled activity. If a student has to leave a meeting or clinical supervision session activity before it is completed, they are expected to advise the instructor/clinical supervisor in advance. In either of these situations, the student is expected to “catch up” or “make up” what they missed. In some instances (exceptional) it may be possible for the seminar/workshop, in part or in full, to be video-recorded.

Supervision Contract. Please review the Supervision Contract for the CFT Program (signed at the beginning of clinical training – Practicum-I) at the beginning of the semester and be up-to-date on all commitments outlined throughout the semester. Each student is required to meet **all** agreements and commitments set out in the **Supervision Contract for the CFT Program.**

Supervision / Consultation Meetings (Individual, Dyadic, or Group Supervision). In addition to the weekly seminar/training workshop meetings (outlined above), each student/therapist-intern will meet regularly for clinical supervision with each of the two clinical supervisors for supervision of their clinical work with Centre clients for whom Kevin Stafford and John Beaton have supervisory responsibility.

Interns will meet with John and Kevin either weekly or bi-weekly (**see Syllabus**). Typically, clinical supervision will be provided to two interns (dyadic supervision) in a given meeting, with each intern expected to present clinical work for half of the available time, and participate actively in the consultation conversation when their supervision partner/colleague is presenting her/his clinical work. The supervisor may instead meet with each intern individually, at their discretion. At least twice during the semester, each intern will participate alone in supervision with each clinical supervisor, usually at the beginning of the semester, at the mid-term, and at the end of the semester.

Individual/dyadic clinical supervision is required during each week interns are actively meeting with clients. The supervision schedule (**see Syllabus**) includes supervision times beginning the week of September 9 and lasting a total

Emma Turner, M.Sc, RP, RMFT

of 15 weeks of clinical supervision. Dyadic supervision meetings will usually last 1.5 - 2 hours, individual meetings will usually last 45-60 minutes.

Interns are required to prepare for supervision in advance. **See *Guidelines for Supervision*** (handout) and the required ***Supervision Preparation*** form (handout).

Ad hoc and Crisis Supervision / Consultation Meetings. John and Kevin will each be available for ad hoc supervision/consultation during regularly scheduled times each week. There will always be a clinical supervisor available for consultation with respect to crisis situations. **See *Appendix C. Supervisor On-Call Schedule***.

Evaluation.

Course Instructor / Clinical Supervisors' Evaluation of the Student – Grading in FRAN 6090-III is on a “satisfactory / unsatisfactory” basis. At mid-term the clinical supervisors will each provide feedback to each intern regarding their progress in the clinical training and work with clients. If the instructor/clinical supervisor, in consultation with the other clinical supervisor, deems the intern’s progress to date to be “unsatisfactory” in any way, action steps will be developed and documented with a copy to the intern. If the intern does not demonstrate adequate application of the principles and practices of Narrative Therapy in selected work with clients by the end of the semester, they will receive an “unsatisfactory” grade in the course and not be advanced to Practicum IV.

Review of the relevant Expected Student Learning Outcomes (ESLOs), Model-specific Expected Learning Outcomes (MELOs) and designated AAMFT Core Competencies will be part of the mid-term feedback and final evaluation process. Students will demonstrate their progress toward these competencies and outcomes through their clinical work, in supervision conversations, in projects and other course activities, and participation in practicum seminars. In addition to the clinical work, all other course requirements, including projects and activities, must be completed and achieve an acceptable standard of work in order to obtain a “satisfactory” grade in the course (**see *Appendix A. Model-specific Expected Learning Outcomes (Narrative) and AAMFT Core Competencies* and *Appendix D. Course Projects and Activities***).

Student/Intern Self-evaluation. Each intern is required to develop a written evaluation of their progress in the practicum. Self-evaluation includes filling out check-lists related to the Expected Student Learning Outcomes (ESLOs), Model-specific Expected Learning Outcomes (MELOs), and the AAMFT Core Competencies that are designated for this practicum. (**see *Appendix A. Model-specific Expected Learning Outcomes (Narrative) and AAMFT Core Competencies***).

Student/Intern Evaluations of Course Instructor and Clinical Supervisors. At the end of the term, each intern will be asked to provide evaluations of the course, including achievement of the specified ESLOs, and MELOs, and the effectiveness of the practicum instructor and each of the clinical supervisors in facilitating student/intern learning.

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. Students are responsible for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

The Academic Misconduct Policy is detailed in the Graduate Calendar:

http://www.uoguelph.ca/registrar/calendars/graduate/current/genreg/sec_d0e1609.shtml

The investigation of cases of academic misconduct cases and the cases that are heard at the Admissions and Progress Committee indicate that many graduate students, especially those new to Canada, are not aware of University regulations reflected in the attached statements. In particular, issues related to academic consideration, dropping courses, and lack of awareness of behaviour that constitutes academic misconduct may all lead to disruption or delay of a student's academic studies and require considerable time and effort from faculty and administrative staff to resolve resulting problems.

In the case of the graduate academic misconduct policy, the Graduate Calendar states:

"It should not be possible for a student to claim that he/she was not warned about the University's academic misconduct regulations, what constitutes academic misconduct and the potential consequences of transgressing."

Required Reading.

Text:

Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide: Dulwich Centre Publications

Important note: this text is available for students to borrow for the semester. Students who choose to borrow the text from the instructor must treat it carefully and not mark the text. The book must be returned during class on week 12 of the semester in excellent shape, allowing for light wear from normal use. Books that are lost or show signs of damage beyond respectful wear from normal use must be paid for by the student who borrowed them at the cost of replacement, which is approximately \$30. Replacement fees for damaged or misplaced books are due during class on week 12. Students who prefer to purchase their own books instead of borrowing may do so through Caversham Booksellers, or the retailer of their choice. Students who order their own books remain responsible for completing the course readings on time.

Other:

Additional articles, readings, and videos as assigned, which will be made available to students online.

Recommended: White, Michael (2007). *Maps of narrative practice*. New York: W. W. Norton.

Appendices:

- A. Model-specific Expected Student Learning Outcomes, Practicum-III AAMFT Core Competencies.
- B. Schedule of Topics, Readings and Outsider-Witness Teamwork.
- C. Supervision, On-Call, Outsider-Witness Team-work Schedules.
- D. Course Projects, Activities, and Due Dates.
- E. Narrative Therapy Perspective – Unique Training Contradictions and Implications.

Note: This course outline, including the various Appendices, reflects the substantial course development work done by Dr. Jean Turner in 2009, and the revisions by Dr. Anna Dienhart in 2010, Sally Ludwig in 2012, and Ruth Neustifter in 2018. While the content contained herein has been somewhat revised from these prior courses, it remains, nonetheless, the sole responsibility of Emma Turner.

This course outline may be amended or updated during the course of the semester. If changes are made that impact the content or deadlines of the course a digital announcement may be made.

Appendix A
Model-specific Expected Learning Outcomes (Narrative)
and AAMFT Core Competencies

Note: The Expected Student Learning Outcomes (ESLOs) that are linked to each Model-specific Expected Learning Outcome (MELO) are indicated by number; detailed text/description of each ESLO is available in the Couple & Family Therapy Student orientation Guide (Section 2, pages 2 - 5).

Narrative Therapy Perspective - MELO	Method of Achievement
<p>1. Therapist Stance & Power Relations (ESLO 4a, 4d, 5b) – Understand the power relation implications of a “<u>de-centered and influential</u>” stance. Begin to practice a “de-centered and influential” therapist positioning; notice when this stance has been disrupted (and why) and take steps to return to it. Understand and be able to analyze the on-going power relations in therapy conversations and use this information to return to Narrative stance.</p>	<p>Assigned course readings. In-class experiential exercises. On-going client work & critical self-reflection. Transcript Analysis Project</p>
<p>2. Systemic Conceptualization (ESLO 5c) – Engage clients in <u>re-membering conversations</u> to co-explore the connections with others in their life that support preferred stories of self. Co-explore, with clients, connections with others in their life that have not been supportive; facilitate conversations to help the client <u>discern</u> the portioning of <u>responsibility and accountability</u>.</p>	<p>Assigned course readings. In-class experiential exercises. Identity Interview. On-going client work. Transcript Analysis Project Clinical Consultation / Supervision</p>
<p>3. "Assessment" and Hypothesizing Skills (ESLO 5a-c) – Develop (tentative) hypotheses about the “<u>absent but implicit</u>”; co-explore these hypotheses and their implications for creating <u>transformative stories of self, connections with others, and links to relevant communities</u>.</p>	<p>Assigned course readings. In-class experiential exercises. Identity Interview. On-going client work. Transcript Analysis Project</p>
<p>4. Disrupting the Problem Story (ESLO 5 a – c) – Begin to utilize <u>externalizing / naming the problem</u>, recognizing <u>unique outcomes</u>, <u>mapping the problem influence</u>, expanding exploration to <u>thicken subordinate stories</u>, and <u>deconstructing dominant personal and cultural discourses that are constraining</u> to disrupt the grip of the problem story in the client's life.</p>	<p>Assigned course readings. In-class experiential exercises. On-going client work & critical self-reflection. Transcript Analysis Project</p>
<p>5. Engaging in Clients in Preferred Stories (Change) (ESLO 5 a – c) – Engage in interviewing practices to ascertain <u>client intentions, dreams and desires</u> and what they <u>accord value</u> to in their life; use this information to co-define goals for therapy; begin to utilize landscape of identity and landscape of action conversations to co-create transformative potentials with clients.</p>	<p>Assigned course readings. In-class experiential exercises. Identity Interview. On-going client work & critical self-reflection. Transcript Analysis Project</p>
<p>6a. Diversity and Social Justice Practices (ESLO 4a – d) – Critically examine Narrative Therapy assumptions and the implications for working in a culturally sensitive and appropriate way with clients from all walks of life and all cultural backgrounds. Use the model flexibly to take into account cultural and other differences.</p>	<p>Class discussion and constructive critique. On-going work with clients. Transcript Analysis Project Supervision/consultation.</p>

<p>6b. Diversity and Social Justice Practices (ESLO 4a – d) – Recognize the effect on people lives of various <u>intersections of social location</u> (gender, class, race, religion/spirituality, indigenous and national identity, age, ability, physical and mental well-being, sexual orientation, etc.) that relate to <u>dominant discourses and structural inequalities</u>. Engage in conversations to explore the potential of <u>deconstructing dominant discourses</u> that are constraining in the client's life. Begin to engage in <u>response-based (small acts of resistance) interviewing</u>, especially with clients who have experienced abuse, neglect, or prejudice/discrimination.</p>	<p>Assigned course readings. Class discussion and constructive critique. On-going work with clients. Supervision/consultation. Transcript Analysis Project</p>
<p>7a. Accountability Practices (ESLO 3c, 3d) – Begin to engage in the deconstruction of dominant discourses that constrain the intern's own preferred way of being as a therapist and of meeting the standards of professional competence. Further develop skills in the "best practice" delivery of clinical service by consistently maintaining timely, complete, and accurate documentation in client files.</p>	<p>Supervision/consultation conversations/exercises. Course projects. Self-assessment/evaluations</p>
<p>7b. Accountability Practices (ESLO 3c, 3d) – Routinely invite <u>clients to provide feedback/reflections</u> on the process and progress of on-going therapy conversations/sessions. Plan for <u>responsive changes</u> to enhance the narrative work with clients and <u>implement agreed upon changes</u>.</p>	<p>On-going work with clients. Supervision/consultation. Transcript Analysis Project</p>
<p>8. Narrative Documentation Skills (ESLO 5a) – Engage in <u>documentation practices which utilize a Narrative perspective</u> (Therapy Session Notes, Initial therapy Agreements, Final Report, etc.). Incorporate <u>Narrative Letters</u> to clients, as appropriate (and with the prior approval of the clinical supervisor).</p>	<p>Narrative Letter On-going client work. File "audits" with CSC. Supervisor feedback on "notes" and "reports."</p>
<p>9. Supervision/Consultation Skills (ESLO 5a, 5c, 5d) – Utilize a <u>narrative framework to prepare</u> for supervision and selecting pertinent video-segments for reflection, highlight <u>"unique outcomes" in professional development</u>, engage in <u>"outsider witness" teamwork</u> in supervision meetings, make <u>links between the conceptual and practice implications</u> associated with the model, offer <u>constructive critique</u> based on awareness developed when applying the approach with a variety of clients. Critically examine the contributions and limits of a Narrative therapeutic approach.</p>	<p>Supervisor feedback. Supervision partner feedback. Self-assessment (MELOs) check-lists.</p>
<p>10. Outsider Witness Team-work (ESLO 5a) – Engage <u>clients</u> in exploring the therapeutic usefulness of inviting "outsider witnesses" to contribute to the therapy process; as therapist, <u>interview clients and outsider witnesses</u> from a narrative perspective; participate as an outsider witness on a team. <u>Critically reflect</u> on outsider witness experience, especially considering <u>power relations</u> and potential therapeutic utility of this practice.</p>	<p>On-going clinical team-work. Supervisor feedback. O-W Project</p>

FRAN 6090-III: Student's Rating Scale Fall 2015

Model-based Expected Outcomes + CFT Program ESLO's + AAMFT Core Competencies (Selected)

Taking into consideration the various activities of Practicum III, please rate each expected outcome and competency according to how much that aspect of your learning was enhanced by being involved in the Practicum. In making your judgment, take into account all the activities including: feedback on documentation, supervision meetings (partner and individual), Group Seminar meetings (and associated activities), assigned readings and discussion of them in Group Seminar, O-W Teams, and work/feedback on projects.

Rating Scale:

1 = very little, 2 = somewhat, 3 = an adequate amount, 4 = a lot, 5 = a great deal

RATING 1 5	MODEL-BASED EXPECTED LEARNING OUTCOMES NARRATIVE THERAPY MODEL
I - THERAPIST STANCE (ESLO 4a, 5b)	
	1. Understand the power implications of a de-centered and influential stance for the therapist.
	2. Begin to practice a de-centered and influential stance; notice when this stance has been disrupted (and why) and take steps to return to it.
II - SYSTEMIC CONCEPTUALIZATION (ESLO 5c)	
	1. Understand the purposes and practices of "re-membering" conversations.
	2. Begin to engage clients in re-membering conversations that co-explore with clients the connections with others that support preferred stories of self.
	3. Co-explore with clients the connections with others in life that have not been supportive and facilitate conversations to help the client discern a portioning of responsibility and accountability.
III - ASSESSMENT and HYPOTHESIZING SKILLS (ESLO 5a – c)	
	1. Understand the narrative therapy concept of "absent but implicit".
	2. Develop (tentative) hypotheses about the "absent but implicit".
	3. Co-explore, with clients, the "absent but implicit" in their stories and co-identify the implications for creating transformative stories of 'self', connections with others, and links to relevant communities.
IV - DISRUPTING THE PROBLEM STORY (ESLO 5 a – c)	
	1. Understand the practices of "naming the problem", "externalizing the problem", and "mapping the influence of the problem".
	2. Begin to use the practices of "naming the problem" and "externalizing the problem" and "mapping the influence of the problem" with clients.

	3. Listen for and recognize “unique outcomes”; use unique outcome conversations to thicken subordinate stories.
	4. Begin to engage in conversations that facilitate a deconstruction of dominant (personal) discourses and their influence in the client’s life.
V - ENGAGING CLIENTS IN PREFERRED STORIES (CHANGE) (ESLO 5 A – C)	
	1. Understand the concepts of landscape of action and landscape of identity.
	2. Begin to engage clients in landscape of action and landscape of identity conversations.
	3. Engage in interviewing practices to invite client intentions, dreams, and desires and what they accord value to in their life.
	4. Engage in conversations to link the client’s intentions, dreams, desires and values to preferred identities and preferred stories.
VI - DIVERSITY AND SOCIAL JUSTICE PRACTICES (ESLO 4 a – d)	
	1. Understand and critically examine the Narrative Therapy Model’s assumptions and the implications for working in a culturally sensitive and appropriate way with clients from all walks of life and cultural backgrounds.
	2. Recognize the effect on people’s lives of various intersections of social location (gender, class, race, religion/spirituality, indigenous and national identity, age, ability, physical and mental well-being, sexual orientation, etc.) that relate to dominant cultural discourses and potential structural inequalities.
	3. Begin to use the narrative therapy practices to explore (flexibly) the influence of dominant cultural discourses and their influence in client’s lives.
	4. Understand the purpose and structure of “response based interviewing” (small acts of resistance).
	5. Begin to engage clients in “small acts of resistance” conversations, especially with clients who have experienced abuse, neglect, or prejudice/discrimination.
VII - ACCOUNTABILITY PRACTICES (ESLO 3a, 3d)	
	1. Begin to explore and de-construct the dominant discourses that constrain the intern’s own preferred way of being as a therapist and of meeting standards of professional competence.
	2. Further develop skills in the “best practice” delivery of clinical service by consistently maintaining timely, complete, and accurate documentation in client files.
	3. Routinely invite clients to provide feedback/reflections on the process and progress of on-going therapy conversations/sessions.
	4. Plan for responsive changes in the in-session therapy talk to enhance the narrative work with clients; implement agreed upon changes.
VIII - NARRATIVE DOCUMENTATION SKILLS	

	1. Engage in the writing of a narrative letter (to a colleague).
	2. Begin to use narrative style and language in session notes, initial therapy agreements, and final reports.
IX - SUPERVISION/CONSULTATION SKILLS (ESLO 1a, 5a, 5c, 5d)	
	1. Utilize a narrative framework (supervision form) to prepare for supervision and the selection of pertinent video-segments for enhancing narrative work with clients.
	2. Highlight unique outcomes in your work with clients and professional development as a therapist.
	3. Utilize supervision to make links between the conceptual and the practice of narrative therapy.
	4. Develop a constructive and critical understanding of the narrative therapy model based on applying the ideas and practices with clients.
X - OUTSIDER-WITNESS TEAMWORK (ESLO 5a)	
	1. Engage clients in exploring the (potential) usefulness of working with an “outsider-witness team”.
	2. Interview outsider-witnesses and the participating client from a narrative perspective, utilizing the four areas of inquiry outlines for the Narrative Model.
	3. Participate as an “outsider-witness” on a team.
	4. Critically reflect on outsider-witness practices, especially considering power-relations and potential therapeutic utility of this practice.

Rating 1 5	CFT PROGRAM EXPECTED STUDENT LEARNING OUTCOMES (ESLO's)
EG-1 THEORETICAL FOUNDATIONS	
ESLO 1a. Students will critique and compare selected CFT approaches and their applications.	
EG-3 PROFESSIONALISM, ETHICAL CONDUCT, AND USE OF SELF	
	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 engage in critical, reflexive self-evaluation relevant to the safe and effective use of self.
	ESLO 3c. Students will consistently demonstrate “best practices” professional skills as outlined in the <i>CFT Centre Operations and Procedures Manual</i> .

	ESLO 3d. 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, and regular review of personal/professional learning goals. Self-evaluation of professional development will involve actively engaging in practices to increase self-awareness and critical reflexive self-monitoring- including monitoring one’s own subjective frame (perceptions, insights, judgments, etc) and preferred interaction patterns as they inform one’s intentional contribution to and maintenance of a safe and effective therapeutic alliance.
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.
	ESLO 4a. Students will critically analyze how their social location, values, and beliefs shape their professional identity.
	ESLO 4b. 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.
	ESLO 4c. 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
	ESLO 4d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.
EG-5 CLINICAL APPLICATION	
	Educational Goal. Students will integrate theory, research, and practice skills in on-going clinical work with clients seeking therapy.
	ESLO 5a. 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.
	ESLO 5b. Students 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.
	ESLO 5c. Students will demonstrate abilities to articulate “systemic” hypotheses (including research informed possibilities) and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.
	ESLO 5d. 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.
	ESLO 5 e. Ability to work directly with clients to accumulate 500 direct contact ours, with at least 250 direct contact hours with couples and families (relational hours). Opportunity to engage in regular weekly supervision to accumulate at least 100 hours of clinical supervision.
	ESLO 5f. Develop, in consultation with your supervisor, specific individualized learning goals for your on-going development in clinical practice; review and evaluate your goals.

Rating 1 5	AAMFT Competency Number	Sub-domain	AAMFT CORE COMPETENCY
Admission to Treatment			
	1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
	1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services)
	1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
	1.3.2	Executive	Determine who should attend therapy and in what configurations (e.g., individual, couple, family, extra-familial resources).
	1.4.1	Evaluative	Evaluate case for appropriateness for treatment within professional scope of practice and competence.
Clinical Assessment & Diagnosis			
	2.2.2	Perceptual	Systematically integrate client reports, observations of client behaviours, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
	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.
	2.2.4*	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
	2.2.5*	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
	2.3.1*	Executive	Diagnose and assess client behavioural and relational health problems systemically and contextually.
	2.3.3*	Executive	Apply effective and systemic interviewing techniques and strategies.
	2.3.5*	Executive	Screen and develop adequate safety plans for substance abuse, child and elder management, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
	2.3.6*	Executive	Assess family history and dynamics using a genogram or other assessments instruments.
	2.5.1*	Professional	Utilize consultation and supervision effectively.
Treatment Planning and Case Management			

	3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.
	3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
	3.4.3*	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
	3.4.4*	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
	3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behaviour, relationship with clients, process for explaining procedures, and outcomes.
	3.5.3*	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
	3.5.4*	Professional	Utilize time management skills in therapy sessions and other professional meetings.
Therapeutic Interventions			
	4.2.1*	Perceptual	Recognize how different techniques may impact the treatment process.
	4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
	4.3.3	Executive	Reframe problems and recursive interaction patterns.
	4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.
	4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
	4.3.8*	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
	4.3.10*	Executive	Modify interventions that are not working to better fit treatment goals.
	4.3.11*	Executive	Move to constructive termination when treatment goals have been accomplished.
	4.3.12*	Executive	Integrate supervisor/team communication into treatment.
	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.
	4.4.2*	Evaluative	Evaluate ability to deliver interventions effectively.
	4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.

	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.
	4.5.1*	Professional	Respect multiple perspectives (e.g. clients, team, supervisor, practitioners from other disciplines who are involved in the case).
	4.5.2*	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
	4.5.3*	Professional	Articulate rationales for interventions related to treatment goals, and plan, assessment information, and systemic understanding of clients' context and dynamics.
Legal Issues, Ethics, and Standards			
	5.1.3*	Conceptual	Know policies and procedures of the practice setting.
	5.3.1*	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
	5.3.5*	Executive	Take appropriate action when ethical and legal dilemmas emerge.
	5.3.6*	Executive	Report information to appropriate authorities as required by law.
	5.3.7*	Executive	Practice within defined scope of practice and competence.
	5.5.1*	Professional	Maintain client records with timely and accurate notes.
	5.5.2*	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
Research and Program Evaluation			
	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 in the literature.
	6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
	6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.

* Intentionally included in all four practica

Appendix B

Schedule of Topics, Readings, and Teamwork

NOTE: The readings include carefully selected book chapters and articles. All readings listed are required; additional optional readings may also be available online. Copies of articles and book chapters that are additional to the text are available on electronic reserve at the University of Guelph library, via CourseLink.

Week & Date	Potential Topics	Required Readings* (readings may be replaced by mutual agreement between student/s and instructor)	
<p><u>Week 1</u></p> <p>Sept 11</p>	<p>Welcome</p> <p>Practicum Outline</p> <p>Learning Environment/Collective Care</p> <p>Intro to Narrative Therapy</p> <p>Therapist's Position (De-centered/Influential)</p>	<p>Freedman, J. & Combs, G. (1996). The narrative metaphor and social constructionism: A postmodern worldview. In <i>Narrative therapy: The social construction of preferred realities</i>. (pp. 19-41). New York, NY: W.W. Norton [22]</p> <p>Monk, Gerald & Gehart, Diane (2003). Sociopolitical activist or conversational partner? Distinguishing the position of the therapist in Narrative and Collaborative Therapies. <i>Family Process</i>, 42(1), 19-30 [11]</p> <p>Adichie, C. [TedTalk] (2009, July). The danger of a single story [Video file]. Retrieved from https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story?language=en [20 mins]</p>	<p>Storytelling Exercise</p> <p>Preferred Professional Identity Interview</p>
<p><u>Week 2</u></p> <p>Sept 18</p>	<p>Naming the Problem and Externalizing</p>	<p>Text chapters: Intro, 1, 2, 3</p> <p>Penwarden, Sarah (2006). Turning depression on its head: Employing creativity to map out and externalize depression in conversations with young women. <i>The International Journal of Narrative Therapy and Community Work</i>, 1, 65-70. [6]</p> <p>White, M. (2011). Externalizing and Responsibility. In <i>Narrative Practice: Continuing the conversation</i>. (pp. 118-122). New York, NY: W. W. Norton. [5]</p> <p>Druker, A. (2014). What to do when a diagnosis doesn't fit. <i>The International Journal of Narrative Therapy and Community Work</i>, 4, 16-23. [8]</p> <p>Optional: White, M. (2007). Externalizing Conversations. In <i>Maps of narrative practice</i> (pp. 9-59). New York, NY: W. W. Norton [50]</p> <p>Learning Goals due to Dropbox by September 17 at 11:59 pm.</p>	<p>"I had a black dog and his name was depression" (Video) https://www.youtube.com/watch?v=XiCmiLQGYc</p> <p>Externalizing activity</p>

<u>Week 3</u> Sept 25	Unique Outcomes Re-authoring Conversations	Text chapters: 7, 8 White, M. (2007). Conversations that Highlight Unique Outcomes. In <i>Maps of narrative practice</i> (pp. 219-261). New York, NY: W. W. Norton [42] White, M. (2005). Children, trauma, and subordinate storyline development. <i>The International Journal of Narrative Therapy and Community Work</i> , 3 & 4, 10-21. [11]	Unique outcomes activity Group supervision/ Clinical consultation Sign-up for Outsider-witness teams
<u>Week 4</u> Oct 2	Double listening Absent but implicit Introduce Outsider Witnessing	Guilfoyle, M. (2015). Listening in narrative therapy: double-listening and empathetic positioning. <i>South African Journal of Psychology</i> 2015, Vol. 45(1), 36–49 [13] Carey, M., Walther, S., & Russell, S. (2009). Absent but implicit: A map to support therapeutic enquiry. <i>Family Process</i> , 48, 319-331. [12] Freedman, J. (2012). Explorations of the absent but implicit. <i>International Journal of Narrative Therapy and Community work</i> , 4, 1-10. [10]	Double listening activity Group supervision/ Clinical consultation
<u>Week 5</u> Oct 9	Outsider Witness Definitional Ceremonies	Text Chapters: 14 Carey, M. & Russell, S. (2003). Outsider witness practices: Some answers to commonly asked questions. <i>The International Journal of Narrative Therapy and Community Work</i> , 1, 3-16. [13] White, M. (2007). Definitional ceremonies. In <i>Maps of narrative practice</i> (pp. 201-218). New York, NY: W. W. Norton. [18]	Outsider Witness Teams Begin
<u>Week 6</u> Oct 16	Documentation Narrative Letters	Text chapters: 10, 11 Newman, D. (2008). Rescuing the said from the saying of it: Living documentation in narrative therapy. <i>The International Journal of Narrative Therapy and Community Work</i> , 3, 24-34. [10] Butler, R. (2016). Letter writing in two contexts: Facilitating stories of resistance. <i>The International Journal of Narrative Therapy and Community Work</i> , 1, 60-69. [10]	Narrative Letter Interview Teams Continue

<p><u>Week 7</u></p> <p>Oct 23</p>	<p>Re-membering Conversations</p>	<p>Text chapters: 9</p> <p>White, M. (2007). Re-membering conversations. In <i>Maps of narrative practice</i> (pp. 129-164). New York, NY: W. W. Norton. [35]</p> <p>Narrative Letter due to Dropbox by October 22 at 11:59 pm.</p>	<p>Re-membering activity</p> <p>Internalized Other Interview?</p> <p>Teams Continue (Note: Team on this day must take place during class time)</p>
<p><u>Week 8</u></p> <p>Oct 30</p>	<p>Conversations about resistance</p> <p>Response-Based practices</p>	<p>Wade, Allan (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. <i>Contemporary Family Therapy</i>, 19(1), 23-39. [15]</p> <p>Yuen, Angel (2007). Discovering children's responses to trauma: A response-based narrative practice. <i>The International Journal of Narrative Therapy and Community Work</i>, 4, 3-18. [15]</p>	<p>Response-based interviews</p> <p>Teams Continue</p>
<p><u>Week 9</u></p> <p>Nov 6</p>	<p>Scaffolding</p> <p>Thickening the story</p>	<p>Hayward, Mark (2006). Using a scaffolding distance map with a young man and his family. <i>International Journal of Narrative Therapy and Community Work</i>, 1, 39-50. [11]</p> <p>Freedman, J. & Combs, G. (1996). Questions. In <i>Narrative therapy: The social construction of preferred realities</i>. (pp. 113-143). New York, NY: W.W. Norton. [30]</p>	<p>Scaffolding/ Questions exercise</p> <p>Teams Continue</p>
<p><u>Week 10</u></p> <p>Nov 13</p>	<p>Special Topics: Brief Narrative Therapy practices</p>	<p>Cooper, S. (2014). Brief narrative practice at the walk-in clinic: The rise of the counterstory. <i>The International Journal of Narrative Therapy and Community work</i>, 2, 23-29. [6]</p> <p>Young, K. (2013). When all you have is now: narrative practice at a walk-in therapy clinic. Retrieved from: http://www.narrativeapproaches.com/when-all-the-time-you-have-is-now-narrative-practice-at-a-walk-in-therapy-clinic/</p>	<p>Teams Continue</p>

<p><u>Week 11</u></p> <p>Nov 20</p>	<p>Special Topics: Using Narrative Therapy with Couples</p> <p>Using Narrative Therapy with Children</p>	<p>Gershoni, Y., Cramer, S. & Gogol-Ostrowsky, T. (2008). Addressing sex in narrative therapy: Talking with heterosexual couples about sex, bodies, and relationships. <i>International Journal of Narrative Therapy and Community Work</i>, 3, 3-11. [8]</p> <p>Turns, B.A., & Kimmes, J. (2014). "I'm not the problem!" Externalizing children's "problems" using play therapy and developmental considerations. <i>Contemporary Family Therapy</i>, 36, 135-147. [12]</p>	<p>Teams Continue</p> <p>Schedule a time to meet with Emma for end of term evaluation dialogues</p>
<p><u>Week 12</u></p> <p>Nov 27 (last class)</p>	<p>Course wrap-up</p> <p>Celebration</p> <p>Evaluations</p> <p>Preferred Professional Identity</p>	<p>Optional: White, M. (2005). Workshop Notes. Retrieved from: https://dulwichcentre.com.au/michael-white-workshop-notes.pdf</p>	<p>End of Term Dialogues (outside of class time)</p>
<p><u>Week 13</u></p> <p>Dec 4</p>	<p>Preferred Professional Identity</p>	<p>Transcript Analysis of Session due to Dropbox by December 3 at 11:59 pm.</p>	<p>End of Term Dialogues (outside of class time)</p>
<p><u>Week 14</u></p> <p>Dec 11</p>	<p>Preferred Professional Identity</p>	<p>Review of Preferred Professional Identity/Learning Goals due in Dropbox by December 11 at 11:59 pm.</p>	
<p>Additional readings (not required):</p> <p>White, M. (2002). Addressing personal failure. In <i>Narrative Practice and Exotic Lives</i>. pp. 152-186. Adelaide, Australia: Dulwich Centre Publications.</p> <p>Stout, L. (2010). Talking about the suicidal thoughts: Towards an alternative framework. <i>International Journal of Narrative Therapy and Community Work</i>, 3, 3-15.</p>			

Appendix C.
Supervisor On-Call Schedule

First Response On-Site Supervisor (Monday – Friday: 8:30 a.m. – 4:30 p.m.)

This semester Kevin will be available consistently to respond to “crisis” and/or “emergency” clinical situations during the day-time when the CFT Centre is open, according to their schedules. They will work with therapist-interns who require consultation regardless of who is the “supervisor of record” for the specific client in question.

The process for contacting them is:

1. Check their office first. Knock on the door even if the “in session” sign is on it.
2. If they have left a message noting where to reach them, go there to find them at the location indicated.
3. Call their cell phone or pager number.
4. Call them at their home number.

On-Call Evening Hours Schedule (Monday – Friday: 4:30 p.m. – 9:00 p.m.)

On-Call is to be reserved for situations that require supervision and/or consultation “immediately” given the crisis/emergency nature of the clinical situation and/or the potential that the therapist-intern has been provided with information that may require reporting to Family and Children’s Services or other authorities.

The supervisor (noted below) will be available to respond to calls. Please call the supervisor’s cell phone first and then their home phone number. If you do not reach the on-call supervisor, call the back-up supervisor.

	ON-CALL SUPERVISOR	(BACK-UP SUPERVISOR)
September	John	(Kevin)
October	Kevin	(John)
November	John	(Kevin)
December	Kevin	(John)

Appendix D. Course Projects and Activities

The following activities must be completed to an appropriate standard for graduate studies in order to receive a “Satisfactory” grade in the Practicum. If you cannot for health or compassionate reasons complete a project on time you are expected to notify the course instructor immediately. You are invited to contact Emma at any point during the term for further discussion of the guidelines and due dates.

1. Therapy with Centre Clients. Each therapist intern will continue work as a therapist or, at times, co-therapist with individuals, couples and families seeking therapy at the CFT Centre, accumulating 115-125 hours during Practicum III, for an overall total of 280-310 hours by the end of the practicum. Half of these should be "relational" hours with couples or families. Continue to develop reflective clinical practice by reviewing and discussing the therapy work, reflecting on aspects of content, therapist process, systemic / contextual and any other factors that may influence the work.

2. Readings and Theory/Practice Links. There is one text for this practicum which will provide a solid base for working from a Narrative perspective. The primary text is supplemented with required reading of journal articles and of chapters from other books in order to provide a broad engagement with the current literature on Narrative Therapy, as well as excerpts from selected foundational works. **See Appendix B. Schedule of Topics, Teamwork and Readings.** Copies of these other readings are available electronically on Courselink.

Completing all readings is essential for engaging in clinical practice that meets the standards and learning outcomes set for this practicum. You will be expected to link the readings to your own and your colleagues' clinical work on an ongoing basis during weekly group meetings and in supervision. Making these theory/practice links is one of the primary criteria for receiving a “satisfactory” grade in the practicum. Depending on the client situations you encounter, extra reading or reading “ahead” may be expected. Re-reading may be helpful.

3. Active Class & Supervision Participation. Each student/intern is expected to come to class ready to engage in thoughtful, constructive, applied conversation and analysis of the assigned readings. Active class participation is based upon the ability to discuss, question, summarize, criticize, and incorporate the assigned readings and videos in class and to apply that knowledge in session. Participation in individual and dyadic supervision must be professional, well prepared for, pro-active, ethical, and must demonstrate incorporation of class content.

4. Questions About Readings. In this assignment, students will read each of the assigned readings for the course. Students will then write one (1) question that each reading invites them to consider specific to their work as a therapist, something each reading has them reflecting about in their own practice. Questions are due at the beginning of each day that a particular reading has been assigned for, including the first day of class. Questions will be marked according to the following:

- Clarity of the questions asked
- Relevance to the topic at hand
- Degree to which the questions indicate critical engagement with and integration of the class readings for that date and topic
- Engagement of critical thinking with respect to theoretical assumptions and knowledge, and use of self-reflection regarding one's own values and beliefs, social locations, and power
- Incorporation of relevant personal or professional experience

Submitted to ‘Courselink Dropbox’ by 8:30 AM every Wednesday.

5. Narrative Letter. After interviewing one of your colleagues, you will write a Narrative-based letter of 1 page to your colleague that outlines what you heard in the interview. You will use the descriptive material from *What is Narrative Therapy?*, Morgan (2000) for guidance in structuring your letter. This material is available on CourseLink. You will provide your colleague a paper copy of their letter, and provide the instructor with a photocopy or digital version of this letter that has been scanned and submitted through the appropriate part of CourseLink. After you have received the letter your colleague has written to you, based on the in-class interview, you will provide your colleague with some comments on your experience of the letter, submitting a copy of those comments to the instructor via Courselink. The intention of this project is: (a) to practice Narrative letter-writing; (b) to experience hearing back from a witness to your preferences and plans; and (c) to reflect on listening, witnessing and letter-writing (documenting) as transformative practices from a Narrative perspective. **Submitted to ‘Courselink Dropbox’ by October 22 at 11:59 pm.**

6. Setting/Revising Individual Learning Goals for Practicum III. You will create individual learning goals (in point form, 1 page) based on your preferred identity as a therapist and the action initiatives you talked about when your colleague interviewed you and the Narrative Letter you received. You will also include goals that relate to the Expected Student Learning Outcomes and AAMFT Core Competencies specific to this practicum. You will need to include signs that others will notice as you take these initiatives. You will give Emma a digital copy through CourseLink, and John and Kevin a paper copy of this Individual Learning Goals document. These goals will be reviewed in the mid-term review and at the end of the term. The intention of this project is: (a) to practice developing goals and action initiatives from a Narrative perspective, and (b) to track your own progress in increasing competence over the course of the practicum.

7. Outsider Witness Teamwork. You will invite clients with whom you are working to at least one session with an O-W Team comprised of one or two colleagues and either Emma or the other supervisor. You will also participate as a team member for at least two of your colleagues. A hand-out on *Preparation by Therapist for O-W Teamwork* will be provided. This teamwork will usually take place during the Wednesday class time. The time after the clients have left will include a de-briefing and feedback process. The intention of this activity is: (a) to practice Narrative teamwork, and (b) to practice providing constructive feedback to colleagues.

8. Transcript Analysis of Session. In this assignment, students will record a session with a couple in which they are applying one of the models focused on in class to a clinical situation. If students are not currently working with any couples, they may enact a mock interview and record it.

Students will then review their tape and select a 10-minute section, transcribe it, and analyse it using the template below. Any identifying information regarding clients must be omitted, and client names shall not be used. The instructor would also prefer that therapist's request and receive their client's permission to participate in this activity.

Client-Therapist Dialogue	Therapist's Position <ul style="list-style-type: none"> What were you listening for? Why? 	Therapist's Response <ul style="list-style-type: none"> What did you do? What narrative approach/ideology did you implement? 	Reflections <ul style="list-style-type: none"> What was your hope in responding with this question/statement? Does this align with your preferred professional identity? How so? What alternative responses could also have been in alignment?
C: T: C: T:			

In presenting their transcript and analysis to the instructor, the student will provide a genogram or narrative style map of the client, and a short summary of their situation, including the following:

1. Client's reason for therapy – what name did the client give the problem?
2. Client's hopes for therapy
3. Relevant background information
4. What does the individual, couple, or family give hold as most precious and dear, including key relationship, beliefs about the world, and intentions for themselves and their relationships

The submission should be about 10-12 pages in length, not including any genograms or answers to questions 1-6. Students must use all required and assigned readings for the particular model selected in order to complete their paper.

The intention of this activity is to: (a) specifically link your practice to what you have learned in the course, (b) reflect on the self of the therapist in therapy process, (c) to reflect on your therapist position working with these particular clients.
Submitted to 'CourseLink Dropbox' by November 26 at 11:59 pm.

9. Review of Professional Identity Development. You will write a 1-2 page review of your work in the practicum as a therapist and the specific initiatives that you undertook during the term to move towards your preferred professional identity (mainly as identified in the Individual Learning Goals document) and incorporate Narrative practices. Along with

this narrative review, you will fill out three checklists (Expected Student Learning Outcomes, Model-specific Expected Learning Outcomes, AAMFT Core Competencies designated for Practicum III). Your 1-2 page review will be uploaded to the designated section of CourseLink. The remaining documents will be placed in your CFT Program file which is kept in a locked drawer in the CFT Program file cabinet (Client Services Coordinator's office). A copy will be given to the other supervisor and to the Instructor/Supervisor for Practicum IV (Dr. Olga Sutherland). The intention of this project is: (a) to engage in a self-reflective review, (b) to acknowledge progress made, and (c) to begin to plan for the next Practicum. **Submitted to 'CourseLink Dropbox' by December 3 at 11:59 pm.**

The timing of the projects relates closely to the learning objectives for the Practicum. Please let Emma know as soon as possible if, for health or compassionate reasons, you cannot hand in a project by the due date.

Model-specific Expected Learning Outcomes (MELO) and more general Expected Student Learning Outcomes (ESLO) related to this practicum are noted for each required activity. See *Appendix A. Model-specific and AAMFT Core Competencies Expected Learning Outcomes for Practicum III* for more detail on MELOs. Other MELOs, ESLOs and AAMFT Core Competencies for Practicum III are linked to weekly activities during group, individual and partner supervision.

Activity # ESLO & MELOs	Description of What to Do
1. Therapy with Centre Clients ESLO 5e MELO 1 - 7, 9	Work as a therapist or co-therapist with individuals, couples and families seeking therapy at the CFT Centre, accumulating 115-125 hours during the practicum. Accumulate an overall total of 280-310 hours of client contact. Half of these hours should be "relational hours."
2. Readings & Theory/Practice Links ESLO 5a, 5c MELO 1 - 8	(a) Critically review and be ready to discuss readings for each week. (b) Apply "knowledge" from readings to your clinical work.
3. Active Class & Supervision Participation ESLO 4a - d, 5b, 5c MELO 1, 6, 7, 9	Continue to develop reflective practice by reviewing and discussing your clinical work, reflecting on aspects of content, therapist process, contextual and any other factors that may influence the work.
4. Questions About Readings ESLO 5a, 5c MELO 1 - 8	You will submit one (1) question about each reading based on weekly assigned readings to demonstrate your critical thinking and comprehension skills.

<p>5. Narrative Letter</p> <p>ESLO 3d, 5a MELO 6a, 6b, 8, 9</p>	<p>(a) Write a Narrative Letter to a colleague regarding their Tree of Life Interview. See <i>Guidelines for Narrative Letter</i>.</p> <p>(b) Write reflections on your experience of reading the Narrative Letter created by your colleague.</p> <p>(c) Discuss your experience of receiving the Narrative Letter.</p>
<p>6. Individual Learning Goals</p> <p>ESLO 3d, 5a, 5f MELO 6a, 7a, 9</p>	<p>Write your Preferred Professional Identity goals and action initiatives based on the in-class interview and Narrative letter.</p>
<p>7. Outsider Witness Teams</p> <p>ESLO 5a MELO 9, 10</p>	<p>Invite clients with whom you are working to one Wednesday session with a Practicum-III O-W Team; participate as member on two O-W Teams (Mid October through end of November)</p>
<p>8. Transcript Analysis of Session</p> <p>ESLO 4a, 4b, 4c, 4d, 5a, 5b MELO 1, 2, 3, 4, 5, 9</p>	<p>Analyze and reflect on your experience of using a Narrative therapy approach with your clients.</p>
<p>9. Prof. Identity Dev. Review</p> <p>ESLO 3d, 5d, 5f MELO 7a, 9</p>	<p>Write an evaluative review of your work in practicum that links at least in part to the your goals for the semester.</p>
<p>10. File Day</p> <p>ESLO 3c MELO 7a</p>	<p>Mid-term File Day</p> <p>Final File Day (all clinical documents and files must be up-to-date and reviewed by Kara)</p>

Appendix E.

Narrative Therapy Perspective - Unique Training Contradictions and Implications

FRAN 6090-III is a clinical training/practicum course in the Couple & Family Therapy Program. The course builds on conceptual, assessment, and intervention skills developed in Practica I and II. All participants in the course (supervisors and therapist/interns) will incorporate Narrative ideas and practices into their clinical and supervision work. The process and expectations associated with this course and the practice of therapy in the CFT Centre are specifically outlined in the CFT Program Clinical Training and Supervision Contract. Each intern in Practicum III is required to review this contract and be up-to-date on all commitments and agreements therein.

Learning Environment

1. Building a Generative Learning Community. In the first Group Meeting students and the Practicum Team (Supervisors and Client Services Coordinator) will review the section of the Course Outline regarding the creation of a *generative learning community*. Revisions may be made based on that review. Then a list of specific practice guidelines for building the learning community and enhancing everyone's professional development will be created. This list will provide guidance and be a touch-stone to refer back to whenever there are signs that the community needs to reflect and transform.

2. Taking into Account Contradictions and Engaging in Counter-Practices. There are inherent contradictions between the Narrative Therapy perspective and some aspects of a university-based, accredited professional training program like the CFT curriculum at the University of Guelph. These contradictions relate mainly to assumptions within the Narrative Therapy perspective about the risks of "modern power." Modern power is described as establishing control through a system of normalizing judgment which is exercised by people in the evaluation of their own and each other's lives (White, 1995). The University and the CFT profession (AAMFT, COAMFTE) engage to some extent in techniques of modern power through emphasis on performance that meets specific norms and standards in order to obtain particular "expert" status and ranking which then assures the public that those who provide therapy services are well trained. Specific modern power techniques often include, for example, the (usually random) observation of the work of students/interns, evaluative feedback from supervisors on whether this work meets normative expectations, and the promotion of self-monitoring on the part of therapist-interns regarding whether their work is credible and worthwhile. Taking a Foucauldian position, Narrative therapists argue that there are risks associated with these techniques when they are used in subtle and invisible ways. When this is the case those who are "subjected" to the techniques often unwittingly define their own identities in narrow and circumscribed ways and experience a sense of subordination that constrains both learning and positive conclusions about professional identity.

Counter-practices are employed by Narrative therapists/supervisors in order to render visible the modern power techniques, thereby mitigating the unintended risk of subordination. These counter practices include: making clear the actual power relations between supervisors and students and the different responsibilities associated with these roles/positions; "de-constructing" and questioning dominant discourses in the therapy field; taking an on-going "critical" stance regarding procedures and techniques, including one's own preferred techniques; making transparent the evaluation process and the standards that are to be met and inviting dialogue about these; promoting collegial feedback and team work that balances and expands beyond the dangers of self-surveillance.

In keeping with the objective of practicing from a Narrative Therapy perspective, these counter-practices will be part of the approach taken in this practicum. This said, some of the tensions between the university and professional system politics and those of Narrative Therapy will likely remain, especially given that there are well-established rationales for the hierarchical nature of these systems and associated practices that are designed to benefit students, supervisees and clients. The Instructor will invite interns to bring their comments about the contradictions into course and supervision discussions. Open dialogue will be encouraged. Dialogue will not, however, necessarily lead directly to modifications in course organization, expectations, requirements, and/or practices.