

**FRAN*6100 Clinical Issues in CFT:
Health & Well-being
COURSE OUTLINE – SUMMER 2020**

1. GRADUATE CALENDAR DESCRIPTION

This course is taken four times in the two-year program of study. Each offering selected clinical issues, examination of each issue will include the socio-cultural context, theoretical location, and conceptual and practical implications for couple and family therapy.

Credit Weight: 0.5 credits

Course Hours: 3-0 (36 lecture; 0 lab/seminar)

Pre-Requisite(s):

Co-Requisites(s):

Restriction(s): CFT students

2. COURSE DESCRIPTION

This course covers a range of topics in the broad area of individual and family health and well-being. In examining these topics, we will integrate theory, research, and practice. The course has an applied focus concerned with training family therapists in various approaches to working with individuals, couples, and families around issues of health, illness, and dis-ability. Over the course of the semester, we will examine various theoretical frameworks, both mainstream and critical, that have been applied to understanding and addressing child and adult mental health difficulties. We will utilize a series of directed readings, discussions, class presentations, and case studies. These methods will work to foster basic skills in assessment, case formulation, and treatment planning. Diversity factors, including gender, racial/ethnic, cultural factors, and indigeneity, will be considered.

3. TIMETABLE

Class: Tuesdays 12-1:30 + online discussions on selected Wednesdays

Location:

Classes: Zoom (<https://zoom.us/j/98246244456?pwd=eWlvTGZRUnhaS1FGSERTL1VGandTUT09>)

Online discussions: Counselink/Discussions

4. INSTRUCTIONAL SUPPORT

Course Instructor: Olga Smoliak, PhD, C. Psych, RMFT

Email: osmoliak@uoguelph.ca

Telephone: 519-824-4120 ext. 56336

Office: N/a due to the pandemic

Virtual Office Hours: contact the instructor for appt

5. LEARNING RESOURCES

Required Resources:

- American Psychiatric Association. (2013). Introduction. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). Anxiety Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). Disruptive, Impulse-Control, and Conduct Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). Feeding and Eating Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). Personality Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bohon, C. (2015). Feeding and Eating Disorders. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 233-250). Washington, DC. American Psychiatric Association.
- Brodsky, K. L., & Ostacher, M. J. (2015). Substance-Related and Addictive Disorders. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 349-379). Washington, DC. American Psychiatric Association.
- Coverdale, G. H., Louie, A. K., & Roberts, L. W. (2015). Arriving at a diagnosis: The role of the clinical interview. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 19-31). Washington, DC. American Psychiatric Association.
- Cross, W. E. (2018). Disjunctive: Social injustice, Black identity, and the normality of Black people. In P. L. Hammack Jr. (Ed.), *The Oxford Handbook of social psychology and social justice* (pp. 1-20). New York: Oxford University Press.
- Daniels, W., & Steiner, H. (2015). Disruptive, Impulse-Control, and Conduct Disorders. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 335-347). Washington, DC. American Psychiatric Association.
- Dattilio, F. M., Jongsma, A. E. J., & Davis, S. D. (2014). Anxiety. In *The family therapy treatment planner, with DSM-5 updates* (2nd ed., pp. 55-62). New York: Wiley.
- Dattilio, F. M., Jongsma, A. E. J., & Davis, S. D. (2014). Eating Disorders. In *The family therapy treatment planner, with DSM-5 updates* (2nd ed., pp. 133-141). New York: Wiley.
- Dattilio, F. M., Jongsma, A. E. J., & Davis, S. D. (2014). Alcohol Abuse. In *The family therapy treatment planner, with DSM-5 updates* (2nd ed., pp. 35-46). New York: Wiley.
- Davis, S. (2013). Frames of references. In *Community mental health in Canada: Theory, policy, and practice* (pp. 1-25). Vancouver, BC: UBC Press.
- Eyberg, S. M., O'Brien, K. A., & Chase, R. M. (2006). Oppositional defiant disorder and parent training. In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 461-468). New York: Springer.
- Harb, G. C., Heimberg, R. G. (2006). Social anxiety disorder. In J. E. Fisher & W. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 668-677). New York: Springer.

- Horwitz, A. V. (2013). The sociological study of mental illness: A critique and synthesis of four perspectives. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health* (2nd ed., pp. 95-112). New York: Springer.
- Jones, K. D. (2010). The unstructured clinical interview. *Journal of Counseling & Development*, 88(2), 220–226. doi:10.1002/j.1556-6678.2010.tb00013.x
- Jongsma, A. E. et al. (2014). Anxiety. In *The complete adult psychotherapy treatment planner: Includes DSM-5 updates* (pp. 38-49). New York: John Wiley & Sons.
- Jongsma, A. E. et al. (2014). Eating disorders and obesity. In *The complete adult psychotherapy treatment planner: Includes DSM-5 updates* (pp. 147-160). New York: John Wiley & Sons.
- Jongsma, A. E. et al. (2014). Borderline Personality Disorder. In *The complete adult psychotherapy treatment planner: Includes DSM-5 updates* (pp. 87-96). New York: John Wiley & Sons.
- Jongsma, A. E. et al. (2014). Impulse Control Disorder. In *The complete adult psychotherapy treatment planner: Includes DSM-5 updates* (pp. 209-219). New York: John Wiley & Sons.
- Jongsma, A. E. et al. (2014). ADHD. In *The child psychotherapy treatment planner: Includes DSM-5 updates* (pp. 78-90). New York: John Wiley & Sons.
- Jongsma, A. E. et al. (2014). Conduct Disorder/Delinquency. In *The child psychotherapy treatment planner: Includes DSM-5 updates* (pp. 126-141). New York: John Wiley & Sons.
- Lebow, J., & Stroud, C. B. (2012). Assessment of effective couple and family functioning: Prevailing models and instruments. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 501-527). New York: Guilford.
- Louie, A. K., & Roberts, L. W. (2015). Anxiety Disorders. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 137-154). Washington, DC. American Psychiatric Association.
- Magnuson, S., & Norem, K. (2015). Tour 5: Applying theory: Assessment and conceptualization. In *Essential counseling skills: Practice and application guide* (pp. 1-22). Thousand Oaks: Sage.
- Malcoe, L. H., & Morrow, M. (2017). Introduction: Science, social (in)justice, and mental health. In *Critical inquiries for social justice in mental health* (pp. 3-30). Toronto: University of Toronto Press.
- Marlatt, G. A. & Witkiewitz, K. (2006). Substance use disorder. In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 694-705). New York: Springer.
- Pelham, W. E., & Waschbusch, D. A., (2006). In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 93-100). New York: Springer.
- Pike K. M., Walsh, T., & Roberto, C. (2006). Anorexia nervosa. In J. E. Fisher & W. T. O'Dononue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (45-56). New York: Springer.
- Reicherter, D., & Roberts, L. W. (2015). Personality Disorders. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 415-439). Washington, DC. American Psychiatric
- Roberts, L. W., & Louie, A. K. (2015). Diagnosis and DSM-5. In L. W. Roberts & A. K. Louie (Eds.), *Study guide to DSM-5* (pp. 3-17). Washington, DC. American Psychiatric Association.
- Sayrs, J., & Whiteside, U. (2006). Borderline Personality Disorder. In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 151-160). New York: Springer.
- Sommers-Flanagan, J., & Bequette, T. (2013). The initial psychotherapy interview with adolescent clients. *Journal of Contemporary Psychotherapy*, 43, 13–22. doi: 10.1007/s10879-012-9225-5
- Sugarman, J. (2015). Neoliberalism and psychological ethics. *Journal of Theoretical and Philosophical Psychology*, 35(2), 103–116. doi: 10.1037/a0038960
- Teo, T. (2015). Critical psychology: A geography of intellectual engagement and resistance. *American Psychologist*, 70(3), 243-254. doi:10.1037/a0038727

- Vickers, K., & McNally, R. J. (2006). Evidence-based therapy for panic disorder. In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 494-502). New York: Springer.
- Wamboldt, M., Kaslow, N., & Reiss, D. (2015). Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process*, 54(1), 6–16. doi: 10.1111/famp.12120
- Zalaquett, C. P., Fuerth, K. M., Stein, C., Ivey, A. E., & Ivey, M. B. (2008). Reframing the DSM-IV-TR from a multicultural/social justice perspective. *Journal of Counseling & Development*, 86(3), 364-371. doi.org/10.1002/j.1556-6678.2008

6. LEARNING OUTCOMES

At the completion of the course, successful students will be able to:

1. Identify the key theoretical underpinnings and empirical literature central to clinical psychology, family therapy, and psychotherapy.
2. Demonstrate capacity to engage in critical consumption and interpretation of the scientific and theoretical literature (i.e., evaluate its significance, limitations, and contribution).
3. Demonstrate knowledge of selected DSM-5 mental disorders.
4. Identify evidence-based models and apply them to psychotherapy and family therapy cases.
5. Demonstrate awareness of and sensitivity to cultural and contextual factors pertaining to health and illness.
6. Articulate a personal theoretical, diversity-oriented approach to working with individuals, couples, and families.
7. Demonstrate skills in effective written, digital, and verbal communication.
8. Engage in self-reflection and demonstrate self-awareness and effective use of self.
9. Demonstrate strong interpersonal and leadership skills.

7. CLASS SCHEDULE

See the end of the Course Outline

8. ASSESSMENT DETAILS

Assignment	Due Date	%	LO, EG/ESLO, CC, PC Addressed & Assessed
Online Participation	May 20 & 27, June 3 & 24, and July 22	10	Course: 1-9 Program: 1a, b, c; 2b, c; 4a, b, c, d Professional: CC: 1.1.3, 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 5.3.8, 6.3.1, 6.1.1, 6.3.3; 6.4.1; PC: 1.1, 1.3, 4.5, 5.1, 5.2
Group Presentation	See Class Schedule	25	Course: 1-5, 7-9 Program: 1a, b; 2c; 4b, c, d Professional: CC: 1.1.3, 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 3.1.3, 3.1.4, 5.3.8, 6.1.1, 6.3.1, 6.3.3; 6.4.1 PC: 1.1, 1.3, 4.5, 5.1, 5.2

Quiz Questions	See Class Schedule	10	Course: 1-5, 7-9 Program: 2b, c Professional: CC: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 5.3.8, 6.1.1, 6.3.1, 6.3.3; PC: 1.1, 1.3, 4.5, 5.1, 5.2
5 Quizzes	See Class Schedule	5x1=5	Course: 1-5, 7 Program: 2b, c Professional: CC: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 5.3.8, 6.1.1, 6.3.1, 6.3.3; PC: 1.1, 1.3, 4.5, 5.1, 5.2
Diagnostic Formulation	July 7	20	Course: 1-5, 7-8 Program: 1a, b; 2b, c; 4a, b, c, d Professional: CC: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 3.1.3, 5.3.8, 6.1.1, 6.3.1; PC: 1.1, 1.3, 4.5, 5.1, 5.2
Reflection Paper	July 28	30	Course: 1-8 Program: 1a, b, c; 2b, c; 4a, b, c, d Professional: CC: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 6.3.1, 6.3.3, 5.3.8, 6.1.1, 6.4.1; PC: 1.1, 1.3, 4.5, 5.1, 5.2

Online Participation (10%): The assignment is intended to facilitate (student-to-student and student-to-instructor) learning through critical analysis of the literature and online discussion and reflection. Students are expected to participate in online discussions 5 days during the course (see below for dates). The instructor will post discussion questions related to the topic of the week. Students are expected to respond to any (or all) of these questions and to other students' posts. Students can also initiate topics/threads under each week's discussion forum.

Submission and Grading Details:

- Due: May 20 & 27, June 3 & 24, and July 22 (any time during each of these Wednesdays)
- Location: Courselink/Discussions
- Grading: Both the quality and quantity of posts will be evaluated. Marks will be awarded for a pattern of responses; individual responses will not be graded. See the grading rubric for details (CourseLink/Content/Grading Rubrics)

Group Presentation (25%): The assignment is intended to help students develop the capacity to engage in critical analysis of the scientific and theoretical literature, acquire knowledge of diagnosis and treatment, develop oral communication and presentation skills, among other skills. Students, in pairs/triads, will present on a specific topic during one of the regularly scheduled classes. Each presentation should focus on what is currently known with respect to treatment of the disorder(s) pertinent to that week (students may need to narrow focus depending on the topic). The focus is on helping other students learn how to assess, diagnose, and treat specific mental disorders. Presentations should be grounded in empirical evidence, with emphasis on systemic and psychological treatments. However, where relevant, students should address the psychopharmacological treatment(s). Students can assume that audience knows the relevant DSM criteria and has a broad understanding of the topic from that week's readings (i.e., no need to recap basic content). Presentations will be informed by the assigned readings as well as additional readings you identify when preparing your slides. A reference list of all sources used must be included at the end of the presentation. The presentation should include two components:

- *Didactic:* Presenters will identify the learning outcomes to be achieved by the end of the class and deliver a PowerPoint lecture online (not pre-recorded) (30 minutes)

- *Interactive and experiential.* Presenters will facilitate learning through doing, reflection, interaction, or experiencing. They can use DSM-5 clinical cases (<https://dsm-psychiatryonline-org.subzero.lib.uoguelph.ca/doi/book/10.1176/appi.books.9781585624836>) or other resources (50 minutes).

Submission and Grading Details:

- Due: see the Class Schedule
- Location: Zoom; please upload the slides to Dropbox (on CourseLink) on the day of the presentation
- Grading: see the grading rubric for details (CourseLink/Content/Grading Rubrics)

Quiz Questions (10%, PASS/FAIL). The assignment is intended to help students develop content knowledge and problem-solving and critical thinking skills (e.g., discern key points from the readings). Students, in pairs/triads, will develop a quiz on a specific topic (see the Class Schedule). Each quiz will consist of 15 multiple-choice questions (4 answers each question) and be based on all required readings from the next week. The instructor will post the quiz questions online (CourseLink/Quizzes) and other students will be asked to complete it.

Submission and Grading Details:

- Due: see the Class Schedule
- Location: .doc file submitted to Courselink/Dropbox by the due date
- Grading: This is a Pass/Fail assignment. Full mark (10%) will be earned by submitting 15 questions and answer keys to the Dropbox on the due date. 0% will be assigned if the questions are not submitted by the due date.

5 Quizzes (5%, PASS/FAIL). The assignment is intended to help you acquire knowledge of selected disorders and associated treatments. Each student will complete 5 quizzes, each quiz addressing a specific disorder(s).

Submission and Grading Details:

- Due: see the Class Schedule (students will have 2 weeks to complete each quiz; the last quiz – 1 week)
- Location: CourseLink/Quizzes
- Grading: This is a Pass/Fail assignment. Full mark (1%) will be earned by finishing each quiz (5% total), regardless of how many questions are answered correctly. 0% will be assigned if a quiz is not finished.

Diagnostic Formulation (20%). This assignment is intended to develop basic skills in clinical analysis with emphasis on diagnosis and case formulation. Some focus on initial treatment planning will also comprise this assignment. The main learning outcome assessed by this assignment is the demonstrated knowledge of and ability to apply the DSM-5. Each student will create a diagnostic formulation for a young client with sufficient details on possible etiological factors, symptom presentation and initial diagnostic work-up, and a preliminary treatment plan grounded in evidence with a rationale for its potential utility. The case will be posted on CourseLink/Dropbox/Diagnostic Formulation. The submission should address the following areas:

- *Symptom presentation and diagnostic workup:* Clear symptom and diagnostic formulation that outlines the major presenting symptoms you observe as well as those relevant to any potential

comorbid diagnoses that you would want to rule in/out (and an indication of why these may be relevant based on the case information). Attention should also be paid to other difficulties in the case.

- *Etiology:* Clear, coherent coverage of background information presented in the case that might have contributed to or which impact the client's symptoms/difficulties.
- *Provisional treatment plan:* Overall quality of initial (evidence-informed) treatment suggestions for the PRIMARY diagnoses only (i.e., top 2-3) with a brief rationale for its utility.
- *Diversity and social justice considerations.*

Submission and Grading Details:

Due: July 7

Format: Max of 8 pages (double-spaced) inclusive of a title page and references (no expectation that references are used). APA style.

Location: CourseLink/Dropbox as a Word document only (no PDFs).

Grading: See the grading rubric for details (CourseLink/Content/Grading Rubrics)

Reflection Paper (30%). The assignment is intended to help you reflect on your learning in FRAN*6100. The central topic of reflection is how the DSM-5 and evidence-based treatments fit with your current professional identity, assumptions, and values and whether and how it may be possible to integrate the social justice and biomedical frameworks. Students are asked to address the following questions, drawing on the relevant interdisciplinary (critical and mainstream) literature. Italicized questions must be addressed in the paper:

Reflections on Learning (3-5 pages)

- *What were some of my most challenging moments and what made them so?*
- *What were some of my most powerful learning moments and what made them so?*
- Now that the course is over, what thoughts come to mind when I reflect on it?? Are they mostly positive or negative?
- If positive, what comes to mind specifically? If negative, what comes to mind specifically?
- What are some of the most interesting discoveries I made during the course? About human distress? About therapy? About myself? About others?
- What is the most important thing I learned personally and professionally?
- What moments was I most proud of my efforts?
- How will I use what I've learned in the future?

Personal Theoretical Approach to Therapy (5-7 pages)

- *Discuss whether and how biomedical/diagnostic and social justice frameworks can be integrated in therapy. Offer an actual (or hypothetical) example of how these can be used concurrently or integrated.*
- *Discuss how social justice and medical/diagnostic considerations inform your current practice.*
- What does taking a social justice approach to counseling mean to you?
- Identify skills, awareness, knowledge, values, etc. that are needed to be a social justice-oriented therapist. Which skills do you recognize in yourself? Which skills would you like to develop further?
- How do you feel about being asked to endorse and enact the value of social justice?

- If you struggle to endorse the biomedical framework, reflect on your reluctance and potential benefits of using this framework.
- If you struggle to endorse social justice perspectives, reflect on your reluctance and potential benefits of using them.

Submission and Grading Details:

Due: July 28

Format: Max 12 pages (double-spaced) inclusive of a title page and references. APA style.

Location: CourseLink/Dropbox as a Word document only (no PDFs).

Grading:

- Depth of reflection
- *Overall quality of the submission (4 Points):* Clarity, organization, sensitivity in style, quality of writing, APA
- See the grading rubric for details (CourseLink/Content/Grading Rubrics)

9. COURSE STATEMENTS

Course Website:

There is a course website at <http://courselink.uoguelph.ca>. All components of this course will be housed on the CourseLink site including this course outline, assignments, and links to further resources. Your assignments will be submitted through the Dropbox function. Marks and feedback will also be released on the site. Please familiarize yourself with this website as soon as possible and visit it regularly throughout the semester.

Late Assignments:

Late assignments will be accepted up to 5 days following the due date and will receive a penalty of 10% per day EXCEPT under documented grounds for compassionate consideration. Assignments submitted more than one week late without documented grounds will receive a grade of zero. If you are going to hand an assignment in late, you must contact your course instructor to inform them when you will be submitting your assignment.

Receipt of Grades:

After you receive a grade on CourseLink, please review your feedback. Any inquiry or dispute over the grade must be made within two weeks from the date they are posted. If you fail to protest any grade during this time limit, changes to the grade will not be considered.

Turnitin Software:

In this course, your instructor will be using Turnitin, integrated with the CourseLink Dropbox tool, to detect possible plagiarism, unauthorized collaboration or copying as part of the ongoing efforts to maintain academic integrity at the University of Guelph.

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

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

10. UNIVERSITY STATEMENTS

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 in-course requirements due to illness or compassionate reasons, please advise the course instructor (or designated person, such as a teaching assistant) in writing with name, ID#, and email contact. [See the graduate calendar for information on regulations and procedures for Academic Consideration.](#)

Drop date:

Students have until the last day of classes to drop courses without academic penalty. The regulations and procedures for [Dropping Courses](#) are available in the Graduate Calendar.

Copies of out-of-class assignments:

Keep paper and/or other reliable back-up copies of all out-of-class assignments: you may be asked to resubmit work at any time.

Accessibility:

The University promotes the full participation of students who experience disabilities in their academic programs. To that end, the provision of academic accommodation is a shared responsibility between the University and the student.

When accommodations are needed, the student is required to first register with Student Accessibility Services (SAS). Documentation to substantiate the existence of a disability is required, however, interim accommodations may be possible while that process is underway.

Accommodations are available for both permanent and temporary disabilities. It should be noted that common illnesses such as a cold or the flu do not constitute a disability.

Use of the SAS Exam Centre requires students to book their exams at least 7 days in advance, and not later than the 40th Class Day.

More information: www.uoguelph.ca/sas

Academic misconduct:

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

Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

[The Academic Misconduct Policy is detailed in the Graduate Calendar.](#)

Recording of materials:

Presentations which are made in relation to course work—including lectures—cannot be recorded or copied without the permission of the presenter, whether the instructor, a classmate or guest lecturer. Material recorded with permission is restricted to use for that course unless further permission is granted.

Resources:

The [Academic Calendar](#) is the source of information about the University of Guelph's procedures, policies and regulations which apply to graduate programs.

AAMFT Selected Core Competencies, CRPO Professional Competencies, and CFT Program Educational Goals and Expected Student Learning Outcomes

EG/ESLO, AAMFT CC, CRPO PC	
Educational Goal 1: 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.	
ESLO 1 a. Students will critique and compare selected CFT approaches and their applications.	
ESLO 1 b. Students will demonstrate verbal and written ability to critique and to apply theoretical conceptualizations of selected post-modern/social constructionist couple & family therapy approaches to case-study and client situations.	
ESLO 1 c. Students will articulate the theoretical basis and practice implications of their preferred approach to couple & family therapy, including an examination of the congruency with the underlying values and assumptions of the approach and their personal professional positioning.	
Educational Goal 2: Students will develop a professional identity encompassing an interdisciplinary sensibility, informed by relevant research-based information from related disciplines (family therapy, sociology, psychology, social work, health, etc.) and supported by the principles of critical appraisal of knowledge.	
ESLO 2 b. Students will demonstrate an ability to write coherently about integrating theory, research, and practice skills related to their professional work.	
ESLO 2 c. Students will have knowledge of current research developments in the couple and family therapy field, including empirically validated and evidence-based therapy approaches.	
Educational Goal 4: 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 4 a. Students will critically analyze how their social location, values and beliefs shape their professional identity.	
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.	
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.	
ESLO 4 d. Students will learn strategies to explore and address issues of diversity, marginalization, discrimination, and abuse in therapy with clients.	

AAMFT CC #	AAMFT Core Competency	CRPO PC
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1.1.3	Understand the behavioural health care delivery system, its impact on services provided, and the barriers and disparities in the system.	1.1
2.1.1	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics)	1.1 1.3
2.1.2	Understand the major behavioural health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course and prognosis.	1.3
2.1.3	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).	1.3 4.5
2.1.5	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.	1.3 4.5
2.1.6	Understand the strengths and limitations of the models of assessment & diagnosis, especially as they relate to different cultural, economic, and ethnic groups.	1.3 4.5
3.1.3	Understand the effects of psychotropic and other medications have on clients and the treatment process.	1.3
3.1.4	Understand recovery-oriented behavioural health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).	1.3
5.3.8	Obtain knowledge of advances and theory regarding effective clinical practice	5.1
6.1.1	Know the extant MFT literature, research, and evidence-based practice.	5.1 5.2
6.3.1	Read current MFT and other professional literature.	5.1
6.3.3	Critique professional research and assess the quality of research studies and program evaluation literature.	5.1
6.4.1	Evaluate knowledge of current clinical literature and its application.	5.1 5.2

Class Schedule

Date	Format	Content	Readings	Assignments
May 12	Online Class (Tue 12-1:30pm)	Introduction to the Course		
May 19	Online Class (Tue 12-1:30pm) Online Discussions (Wed any time)	Perspectives on Mental Illness and Mental Health	Davis, 2013 Horwitz, 2013 Malcoe & Morrow, 2017	
May 26	Online Class (Tue 12-1:30pm) Online Discussions (Wed any time)	Diagnosis and Classification: DSM-5	APA, 2013 (DSM-5, Introduction) Roberts & Trockel, 2015 Wambold, Kaslow, & Reiss, 2015 Zalaquett et al., 2008	
June 2	Online Class (Tue 12-1:30pm) Online Discussions (Wed any time)	Culture, Context, and Mental Health	Cross, 2018 Teo, 2015 Sugarman, 2015 Ibrahim & Heuer, 2016	Quiz 1 Questions (Leslie & Julia)
June 9	Online Class (Tue 12-1:30pm)	Anxiety Disorders	APA, 2013 (DSM-5, Anxiety Disorders) Louie & Roberts, 2015 Dattilio et al., 2014 Harb & Heimberg, 2006 Vickers & McNally, 2006 OPTIONAL: Jongsma et al., 2014	Group Presentation (Anya & Cara) Quiz 1 (between June 9-23) Quiz 2 Questions (Caitlin & Michelle)
June 16	Online Class (Tue 12-1:30pm)	Disruptive, Impulse-Control, and Conduct Disorders	APA, 2013 (DSM-5, Disruptive, Impulse-Control, and Conduct Disorders) Daniels & Steiner, 2015 Eyberg et al., 2006 Pelham & Waschbusch, 2006 OPTIONAL: Jongsma et al., 2014a, b, c	Group Presentation (Leslie & Rachel) Quiz 2 (between June 16-30)
June 23	Online Class (Tue 12-1:30pm)	The Clinical Interview and	Magnuson & Norem, 2015 Coverdale et al., 2015 Lebow & Stroud, 2012	Quiz 3 Questions (Magdalena & Rachel)

	Online Discussions (Wed any time)	Psychological/Systemic Assessment	Jones, 2012 OPTIONAL: Sommers-Flanagan & Bequette, 2013 (
June 30	Online Class (Tue 12-1:30pm)	Eating Disorders	APA, 2013 (DSM-5, Feeding and Eating Disorders) Bohon, 2015 Pike et al., 2006 OPTIONAL: Jongsma et al., 2014d&e	Group Presentation (Julia, Victoria, & Ariana) Quiz 3 (between June 30-July 14)
July 7	Online Class (Tue 12-1:30pm)	Empirically Supported Treatments	No readings	Diagnostic Formulation Quiz 4 Questions (Anya, Victoria, & Ariana)
July 14	Online Class (Tue 12-1:30pm)	Personality Disorders	APA, 2013 (DSM-5, Personality Disorders) Reicherter & Roberts, 2015 Sayrs & Whiteside, 2006 OPTIONAL: Jongsma et al., 2014f	Group Presentation (Magdalena & Monika) Quiz 4 (between July 14-28)
July 21	Online Class (Tue 12-1:30pm) Online Discussions (Wed any time)	Developing and Maintaining Successful Private Practice	No readings	Quiz 5 Questions (Cara & Monika)
July 28	Online Class (Tue 12-1:30pm)	Substance-Related and Addictive Disorders	APA, 2013 (DSM-5, Substance-Related and Addictive Disorders) Bridsky & Ostacher, 2015 Marlatt & Witkiewitz, 2006 OPTIONAL: Dattilio et al., 2014	Reflection Paper Group Presentation (Caitlin & Michelle) Quiz 5 (between July 28-Aug 4)