



COLLEGE of SOCIAL AND APPLIED HUMAN SCIENCES

DEPARTMENT OF FAMILY RELATIONS
AND APPLIED NUTRITION

FRAN*6090 Practicum in Couple and Family Therapy I

COURSE OUTLINE – SPRING 2023

1. GRADUATE CALENDAR DESCRIPTION

This course features supervised clinical practice in couple and family therapy. It involves regular clinical work with couples, families, and individuals. Students meet with faculty each week for up to six hours of supervision. Supervision over the semester will involve both group and individual/dyadic meetings.

Credit Weight:	1.0 credits
Course Hours:	3-0 (36 lecture; 0 lab/seminar)
Pre-Requisite(s):	
Co-Requisites(s):	
Restriction(s):	Limited to CFT Program students

2. COURSE DESCRIPTION

Welcome to the first in a series of four on-site practica in the CFT Program. This semester, our focus is on developing the beliefs and skills that undergird the therapeutic relationship, support therapeutic conversations, and engage critical analysis of power relations in human relationships. Systemic thinking and practices remain the emphasis of our clinical framework of the entire program, with Collaborative (Dialogic) Therapy being our model of reference this semester. The practicum considers the historical contexts, social locations, dominant discourses, and the social, political, and economic structures affecting people's lives, commonly raised by Feminist, Multicultural and Narrative perspectives. Throughout the semester, students are invited to entertain a diversity of views and practices, to further develop their self-reflective standpoint, and to clarify personal and professional positions relative to the possibilities presented and discussed within the Collaborative/Dialogic model. The course builds on conceptual, assessment, and intervention skills developed in FRAN 6160. This practicum involves active participation in a range of academic, experiential, and clinical activities designed for professional development.

3. TIMETABLE

Lecture:	TBDy
Location:	Room 133 MWC or TBD

4. INSTRUCTIONAL SUPPORT

Course Instructor:	Kevin VanDerZwet Stafford, MSc, RP, RMFT-SM (he/him)
---------------------------	--

Email: kevin.stafford@uoguelph.ca cell/text 519.767.6581 |
Telephone: x53423
Office: 133 MWC |
Office Hours: by appointment |

Clinical supervisor: Emma Turner, MSc, RP, RMFT-S (she/her)
Email: eturne02@uoguelph.ca 519.362.1074
Office: 149 MWC
Office Hours: by appointment |

5. LEARNING RESOURCES

Required Resource(s):

- Addison, S.M. & Coolhart, D. (2015). Expanding the therapy paradigm with Queer couples: A relational intersectional lens. *Family Process*, 54, 435-453.
- Andersen, Tom (1995). Reflecting processes: Acts of informing and forming. In T. Andersen (Ed.), *Reflecting team in action* (pp. 11-37). New York: Guilford.
- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process*, 51, 8-24.
- Beaudoin, M-N. (2016). Broadening the scope of collaborative therapies: Embodied practices arising from neurobiology, neurocardiology, and neurogastroenterology. *Journal of Systemic Therapies*, 34(4), 1-12.
- Bertrando, P., & Arcelloni, T. (2014). Emotions in the practice of systemic therapy. *The Australian & New Zealand Journal of Family Therapy*, 35, 123-135.
- Bird, Johnella (2004). *Talk that sings: Therapy in a new linguistic key* (Chapter 1: The politics of language-making, pp. 3-42). Auckland, NZ: Edge Press.
- Fife, S., Whiting, J., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital & Family Therapy*, 40, 20-33.
- Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy*, 29, 186-202.
- Flaskas, C. (2016). Relating therapeutically in family therapy: Pragmatics and intangibles. *Journal of Family Therapy*, 38, 149-167.
- Hardy, K.V., & Laszloffy, T.A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21, 227-237.
- Larner, G. (2017). Spiritual dialogues in Family Therapy. *Australian & New Zealand Journal of Family Therapy*, 38, 125-141.

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

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

PettyJohn, M.E., Tseng, C-F., and Blow, A.J. (2020). Therapeutic utility of discussing therapist/client intersectionality in treatment: When and how? *Family Process*, 59, 313–327.

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

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

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

Walker, S. (2014). Learning from my mistakes (Chapter 9) in Minuchin, S., Reiter, M.D., & Borda, C. *The Craft of Family Therapy: Challenging certainties*. New York: Routledge.

Watson, M.F., Bacigalupe, G., Daneshpour, M., Han, W-J, and Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, and collective trauma. *Family Process*, 59, 832-846.

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

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

Recommended Resource(s):

| |

6. LEARNING OUTCOMES

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

Model –based Expected Learning Outcomes (MELO)

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

Skill Development:

1. Collaborative engagement with clients
 - a. Develop beginning engagement skills at first and subsequent sessions. [ESLO 5a]
 - b. Transfer listening and questioning skills from 6160 to practice utilizing a postmodern collaborative approach – move beyond beginning skill level. Utilize a variety of types of questions [circular, explanation/definition, reflexive] oriented to a range of subjects and perspectives. Demonstrate attentive listening and

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

checklist.

Safe and Effective Use of Self:

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

Social Justice and Diversity:

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

Organization and Practicum Course Requirements

We will meet online or in-person Wednesday afternoons from 1:00PM to 4:00PM pm with breaks. Since we are continuing to navigate the impacts of COVID-19, actual class medium (online or in person) and class length may need to vary from week to week. Many classes will involve discussion of the assigned readings, lecture, and practice-oriented exercises. Most classes during the second half of the semester will be predominately taken up with Clinical Team-work. Two clinical teams will meet with clients during class time with the instructor and supervisor participating on each team. Each intern will invite a client to work together with a clinical team, and each intern will, in turn, participate as a member of the clinical team on three or four occasions.

Learning Environment

We base this practicum on the assumption of instructor's, supervisors' and therapist-interns' shared responsibility for developing a non-competitive, cooperative learning environment where therapist-interns responsibly and constructively voice their ideas, address challenges, take appropriate risks to enhance clinical effectiveness, and further develop clinical strengths. Differences in perspectives and experiences can enrich

learning opportunities. Each person is responsible for listening with respect and curiosity to the differing views of others. As an instructor, my goals are: (1) to facilitate a safe, respectful, and collaborative learning environment; (2) to use in-class exercises that engage different learning styles; (3) to demonstrate and encourage mutual respect of differences in personality, values, and learning styles.

In this virtual class environment, I am asking for the following commitments from all class participants:

- Be present and participate in each class. Enter the class on time, prepared, and ready to engage with your colleagues.
- While having water or other beverages accessible during class is permitted, please do not eat meals during class time.
- During class time, electronic devices are used solely to assist with class activities. Please do not engage in social media, texting, emailing, surfing, or work for another class during our time together.
- Please do not record (audio or digital) any portion of this class without the express and prior consent of all participants.

Weekly Supervision

Preparation prior to supervision is required (see Supervision Checklist on CourseLink site). For each scheduled supervision meeting interns are expected to prepare sections of a video-recorded therapy session for review and complete the Supervision Form (available on CourseLink). The supervision schedule is also posted on CourseLink.

Goal setting and Self-reflection of Clinical Work

By May 31, 2023 submit three goals for their clinical work during the balance of the practicum to both Kevin and Emma via e-mail. Please share your goals with other interns. Consider these goals dynamic in the sense that you can alter or revise them over the course of the semester in consultation with supervisors. We strongly encourage ongoing self-reflection about your clinical work throughout the semester in whatever format makes sense for you.

Disclosure of Personal Information

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

Evaluation:

This course is assessed by me (Kevin) on a satisfactory/unsatisfactory basis. You can find a detailed description of practicum requirements in the CFT Policies & Procedures Manual. You must complete two required assignments for satisfactory completion of the course. The descriptions of these assignments (one written and one involving presenting class readings) are below. Input on your clinical work will be provided in collaboration with Emma Turner. Similarly, input on your attention to administrative case management requirements will be sought from Amanda Buda.

7. TEACHING AND LEARNING ACTIVITIES/CLASS SCHEDULE

Week	Topics	Assigned Readings
1	May 17, 2023 –Course orientation.	Fife, S., Whiting, J., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. <i>Journal of Marital & Family Therapy</i> , 40, 20-33
2	May 24, 2023 - Collaborative Therapy	Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. <i>Family Process</i> , 51, 8-24. Rober, P. & Seltzer, M. (2010). Avoiding colonizer positions in the therapy room: Some ideas about the challenges of dealing with the dialectic of misery and resources in families. <i>Family Process</i> , 49, 123-137.
3	May 31, 2023 - Therapeutic relating File Assignment	Hardy, K.V., & Laszloffy, T.A. (1995). The cultural genogram: Key to training culturally competent family therapists. <i>Journal of Marital and Family Therapy</i> , 21, 227-237. PettyJohn, M.E., Tseng, C-F., and Blow, A.J. (2020). Therapeutic utility of discussing therapist/client intersectionality in treatment: When and how? <i>Family Process</i> , 59, 313–327.

Week	Topics	Assigned Readings
4	June 7, 2023 –Hypothesizing	<p>Rober, P. (2002). Constructive hypothesizing, dialogic understanding, and the therapist's inner conversation: some ideas about knowing and not knowing in the family therapy session. <i>Journal of Marital and Family Therapy</i>, 28(4), 467-478.</p> <p>Sheinberg, M., & Brewster, M.K. (2014) Thinking and working relationally: Interviewing and constructing hypotheses to create compassionate understanding. <i>Family Process</i>, 53, 618-639.</p>
5	June 14, 2023 - Body and spirit	<p>Larner, G. (2017). Spiritual dialogues in Family Therapy. <i>Australian & New Zealand Journal of Family Therapy</i>, 38, 125-141.</p> <p>Beaudoin, M-N. (2016). Broadening the scope of collaborative therapies: Embodied practices arising from neurobiology, neurocardiology, and neurogastroenterology. <i>Journal of Systemic Therapies</i>, 34(4), 1-12.</p>
6	June 21, 2023 - Couple Relationships	<p>Bertrando, P., & Arcelloni, T. (2014). Emotions in the practice of systemic therapy. <i>Australian & New Zealand Journal of Family Therapy</i>, 35, 123-135.</p> <p>Addison, S.M. & Coolhart, D. (2015). Expanding the therapy paradigm with Queer couples: A relational intersectional lens. <i>Family Process</i>, 54, 435-453.</p>
7	June 28, 2023 - Reflecting Clinical teams	<p>Andersen, Tom (1995). Reflecting processes: Acts of informing and forming. In T. Andersen (Ed.), <i>Reflecting team in action</i> (pp. 11-37). New York: Guilford.</p> <p>Weingarten, Kaethe (online, 2015). The art of reflection: Turning the strange into the familiar. <i>Family Process</i>, early view. doi: 10.1111/famp.12158</p>
8	July 5, 2023 - Language Clinical teams	<p>Bird, Johnella (2004). <i>Talk that sings: Therapy in a new linguistic key</i> (Chapter 1: The politics of language-making, pp. 3-42). Auckland, NZ: Edge Press.</p>

Week	Topics	Assigned Readings
9	June 12, 2023 - Doing Justice	Paré, D. (2014). Social justice and the word: Keeping diversity alive in therapeutic conversations. <i>Canadian Journal of Counselling and Psychotherapy</i> , 48, 206-217.
10	July 19, 2023 - Relational and Systemic Perspectives Clinical Teams #4 Analysis of Therapeutic Dialogue assignment is due today.	Minuchin, S., Reiter, M.D., & Borda, C. (2014). <i>The Craft of Family Therapy: Challenging certainties</i> . New York: Routledge. Read: Walker, S., Chapter 9: Learning from my mistakes (pp. 135-157)
11	July 26, 2023 - Hope and Hopelessness,	Weingarten, Kaethe (2010) Reasonable hope: Construct, clinical applications, and supports. <i>Family Process</i> , 49, 5-25. Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. <i>Journal of Family Therapy</i> , 29, 186-202.
12	August 2, 2023 - Reflections on the principles of Collaborative/Dialogic Practice and Systemic Relational Perspectives	Larner, Glenn (2011). Deconstructing theory: Towards an ethical therapy. <i>Theory & Psychology</i> , 21, 821-839.

Note: This is a tentative schedule; however, due to various unknown factors there may be changes. Any changes will be announced during class and an announcement will be posted on the CourseLink site.

8. ASSESSMENT DETAILS

Assessment	LOs Addressed	Due Date	% of Final
Demonstrate being a dialogist . This will involve:			
<ul style="list-style-type: none"> Engaging with the course instructor on creative ways to enact this assignment given only one class participant, this could involve use of you-tube videos (eg Harleen Anderson); inviting a colleague to a class, etc. Reading the assigned articles and parts of articles with another person (colleague, friend, relative) in your life. During class, the dialogists will 1) engage in reflective conversation about the articles, 2) listen to instructor or 	<p>Dialogists are encouraged to engage in <u>critical</u> (in the sense of attending to various aspects of power and privilege influences on therapy practice) and <u>reflexive</u> conversation.</p>	<p>TBD</p> <p>TBD</p> <p>TBD</p> <p>TBD</p>	<p>Satisfactory</p> <p>/</p> <p>Unsatisfactory</p>

Assessment	LOs Addressed	Due Date	% of Final
<p>other guest reflect on their dialogue, and then 3) engage in conversation together:</p> <ol style="list-style-type: none"> 1. Dialogists, dialogue about what you identify as the main points of the readings and what about that resonates for you or not and how do you imagine applying those ideas to clinical work paying close attention to social location. 2. Reflecting team, what stands out for you, and what do you appreciate about the dialogue you heard? 3. Dialogists facilitate a conversation with the team about the reflections and articles. Using some pre or spontaneously generated open-ended questions (circular, reflexive, strategic) to further the discussion about the readings. 			
<p>Analysis of Therapeutic Dialogue Assignment:</p> <p>This assignment is an opportunity to enhance your own understanding of collaborative practices in dialogue with clients, as well as the potential influences of your relational and social location and experience and those of a client with whom you are working. You will critically and reflexively examine the intersection of these “maps” and transcribed therapeutic dialogue in a written paper. Please consult detailed assignment description on CourseLink.</p>	<p>The written reflections will allow you to demonstrate your analysis of collaborative dialogue (MELO Skill Development 1,2; ESLO 5a); critical analysis of the intersection of social location, values, and beliefs held by you, the therapist, and by the client; as well as critical analysis of power relations and the collaborative construction of meaning (ESLO 4a,b).</p>	July 19, 2023	Satisfactory / Unsatisfactory
Total:			100%

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 an in-course requirement because of illness or compassionate reasons, please advise the course instructor (or designated person, such as a teaching assistant) in writing, with your name, id#, and e-mail 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 make a booking at least 14 days in advance, and no later than November 1 (fall), March 1 (winter) or July 1 (summer). Similarly, new or changed accommodations for online quizzes, tests and exams must be approved at least a week ahead of time.

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 outlined 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 Calendars](#) are the source of information about the University of Guelph's procedures, policies and regulations which apply to undergraduate, graduate and diploma programs.

Disclaimer:

Please note that the ongoing COVID-19 pandemic may necessitate a revision of the format of course offerings, changes in classroom protocols, and academic schedules. Any such changes will be announced via Courselink and/or class email.

This includes on-campus scheduling during the semester, mid-terms and final examination schedules. All University-wide decisions will be posted on the COVID-19 website (<https://news.uoguelph.ca/2019-novel-coronavirus-information/>) and circulated by email.

Illness:

Medical notes will not normally be required for singular instances of academic consideration, although students may be required to provide supporting documentation for multiple missed assessments or when involving a large part of a course (e.g., final exam or major assignment).

COVID-19 Safety Protocols:

For information on current safety protocols, follow these links:

- <https://news.uoguelph.ca/return-to-campuses/how-u-of-g-is-preparing-for-your-safe-return/>
- <https://news.uoguelph.ca/return-to-campuses/spaces/#ClassroomSpaces>

Please note, that these guidelines may be updated as required in response to evolving University, Public Health or government directives.

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

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

ESLO 5 c. Students will demonstrate ability to articulate “systemic” hypotheses and to translate their conceptualization into therapeutic conversations that are consistent with the selected practice model.	Supervision; clinical teamwork MELO 3a;4a
ESLO 5 d. Students will be introduced to the CRPO Entry to Practice Competencies and will be able to connect their clinical practice to the Core Competencies featured in the CFT program for specific training and practice skill evaluation.	Supervision; meetings with CSC See CRPO Entry to Practice Competencies
ESLO 5 e. Students will complete 450 hours of direct clinical practice with clients, with at least 250 hours with family and/or couple clients. Students will complete at least 100 hours of clinical supervision over 5 practica.	Maximizing accumulated hours in this semester given the pandemic
ESLO 5 f. Students will set individual “learning goals” for advancing their clinical practice in each of the five training semesters.	Midterm goals submitted to supervisors.

CRPO Entry to Practice Competencies:

<i>At entry-to-practice the RP is able to:</i>	
1. Foundations	
1.1 Integrate a theory of human psychological functioning.	
a	Integrate knowledge of human development across the lifespan.
b	Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.
c	Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.
1.2 Work within a framework based upon established psychotherapeutic theory.	
a	Integrate the theory or theories upon which the therapist's practice is based.
b	Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.
c	Identify circumstances where therapy is contraindicated.
d	Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.
e	Establish a therapeutic relationship informed by the theoretical framework.
f	Integrate a theory of change consistent with the therapist's theoretical orientation.
g	Integrate knowledge of the impact of trauma on psychological functioning.
<i>At entry-to-practice the RP is able to:</i>	
1.3 Integrate knowledge of comparative psychotherapy relevant to practice.	
a	Integrate knowledge of key concepts common to all psychotherapy practice.

b	Recognize the range of psychotherapy practised within the province of Ontario.
c	Integrate knowledge of psychopathology.
d	Recognize the major diagnostic categories in current use.
e	Recognize the major classes of psychoactive drugs and their effects.
1.4 Integrate awareness of self in relation to professional role.	
a	Integrate knowledge of the impact of the therapist's self on the therapeutic process.
b	Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.
c	Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.
d	Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.
1.5 Integrate knowledge of human and cultural diversity.	
a	Integrate knowledge of human diversity.
b	Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.
c	Adapt the therapist's approach when working with culturally diverse clients.
d	Recognize barriers that may affect access to therapeutic services.
e	Identify culturally-relevant resources.

At entry-to-practice the RP is able to:

2. Collegial & Interprofessional Relationships

2.1 Use effective professional communication.

a	Use clear and concise written communication.
b	Use clear and concise oral communication.
c	Use clear and concise electronic communication.
d	Communicate in a manner appropriate to the recipient.
e	Use effective listening skills.
f	Differentiate fact from opinion.
g	Recognize and respond appropriately to non-verbal communication.

2.2 Maintain effective relationships.

a	Show respect to others.
b	Maintain appropriate professional boundaries.
c	Recognize and address conflict in a constructive manner.
d	Demonstrate personal and professional integrity.

2.3 Contribute to a collaborative and productive atmosphere.

a	Create and sustain working relationships with other professionals encountered in practice.
b	Create and sustain working relationships with colleagues of diverse socio- cultural identities.
c	Initiate interprofessional collaborative practice.

At entry-to-practice the RP is able to:

3. Professional Responsibilities	
3.1 Comply with legal and professional obligations.	
a	Comply with applicable federal and provincial legislation.
b	Comply with CRPRMHTO legislation and professional standards.
c	Address organizational policies and practices that are inconsistent with legislation and professional standards.
d	Comply with relevant municipal and local bylaws related to private practice.
3.2 Apply an ethical decision making process.	
a	Recognize ethical issues encountered in practice.
b	Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
c	Accept responsibility for course of action taken.
3.3 Maintain self-care and level of health necessary for responsible therapy.	
a	Maintain personal physical, psychological, cognitive and emotional fitness to practice.
b	Build and use a personal and professional support network.
c	Maintain personal hygiene and appropriate professional presentation.
3.4 Evaluate and enhance professional practice.	
a	Undertake critical self-reflection.
b	Solicit client feedback throughout the therapeutic process.
c	Plan and implement methods to assess effectiveness of interventions.
d	Obtain feedback from peers and supervisors to assist in practice review.
e	Identify strengths as a therapist, and areas for development.
f	Set goals for improvement.
g	Modify practice to enhance effectiveness.
h	Participate in relevant professional development activities.
i	Maintain awareness of resources and sources of support relevant to practice.
3.5 Obtain clinical supervision or consultation.	
a	Initiate clinical supervision or consultation when appropriate or required.
b	Articulate parameters of supervision or consultation.
c	Protect client privacy and confidentiality, making disclosure only where permitted or required.
d	Initiate a legal consultation when necessary.
3.6 Provide education and training consistent with the therapist's practice.	
a	Recognize when to provide education and training to clients and others.
b	Recognize therapist's limits of professional expertise as a trainer / educator.
c	Plan and implement effective instructional activities.
3.7 Maintain client records.	
a	Comply with the requirements of CRPRMHTO and relevant professional standards.
<i>At entry-to-practice the RP is able to:</i>	
3.8 Assist client with needs for advocacy and support.	

a	Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.
b	Support client to overcome barriers.
3.9 Provide reports to third parties.	
a	Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.
b	Recognize ethical and legal implications when preparing third-party reports.
3.10 Establish business practices relevant to professional role.	
a	Comply with the requirements of CRPRMHTO and relevant professional standards.
b	Explain limitations of service availability.

<i>At entry-to-practice the RP is able to:</i>	
4. Therapeutic Process	
4.1 Orient client to therapist's practice.	
a	Describe therapist's education, qualifications and role.
b	Differentiate the role of the therapist in relation to other health professionals.
c	Explain the responsibilities of the client and the therapist in a therapeutic relationship.
d	Explain the advantages and disadvantages of participating in psychotherapy.
e	Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.
f	Explain relevant rules and policies.
g	Respond to client questions.
h	Explain and obtain informed consent in accordance with legal requirements.
4.2 Establish and maintain core conditions for therapy.	
a	Employ empathy, respect, and authenticity.
b	Establish rapport.
c	Demonstrate awareness of the impact of the client's context on the therapeutic process.
d	Demonstrate sensitivity to the setting in which therapy takes place.
e	Assume non-judgmental stance.
f	Explain theoretical concepts in terms the client can understand.
g	Foster client autonomy.
h	Maintain appropriate therapeutic boundaries.
i	Define clear boundaries of response to client's requests or demands.

j	Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.
k	Employ effective skills in observation of self, the client and the therapeutic process.
l	Demonstrate dependability.
4.3 Ensure safe and effective use of self in the therapeutic relationship.	
a	Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.
b	Recognize the impact of power dynamics within the therapeutic relationship.
c	Protect client from imposition of the therapist's personal issues.
d	Employ effective and congruent verbal and non-verbal communication.
e	Use self-disclosure appropriately.
4.4 Conduct an appropriate risk assessment.	
a	Assess for specific risks as indicated.
b	Develop safety plans with clients at risk.
c	Refer to specific professional services where appropriate.
d	Report to authorities as required by law.

<i>At entry-to-practice the RP is able to:</i>	
e	Follow up to monitor risk over time.
4.5 Structure and facilitate the therapeutic process.	
a	Communicate in a manner appropriate to client's developmental level and socio- cultural identity.
b	Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.
c	Respond non-reactively to anger, hostility and criticism from the client.
d	Respond professionally to expressions of inappropriate attachment from the client.
e	Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.
f	Recognize a variety of assessment approaches.
g	Formulate an assessment.
h	Develop individualized goals and objectives with the client.
i	Formulate a direction for treatment or therapy.
j	Practise therapy that is within therapist's level of skill, knowledge and judgement.
k	Focus and guide sessions.
l	Engage client according to their demonstrated level of commitment to therapy.
m	Facilitate client exploration of issues and patterns of behaviour.
n	Support client to explore a range of emotions.
o	Employ a variety of helping strategies.
p	Ensure timeliness of interventions.

q	Recognize the significance of both action and inaction.
r	Identify contextual influences.
s	Review therapeutic process and progress with client periodically, and make appropriate adjustments.
t	Recognize when to discontinue or conclude therapy.
4.6 Refer client.	
a	Develop and maintain a referral network.
b	Identify situations in which referral or specialized treatment may benefit the client, or be required.
c	Refer client, where indicated, in a reasonable time.
4.7 Conduct an effective closure process.	
a	Prepare client in a timely manner for the ending of a course of therapy.
b	Outline follow-up options, support systems and resources.

<i>At entry-to-practice the RP is able to:</i>	
5. Professional Literature & Applied Research	
5.1 Remain current with professional literature.	
a	Read current professional literature relevant to practice area.
b	Access information from a variety of current sources.
c	Analyze information critically.
d	Determine the applicability of information to particular clinical situations.
e	Apply knowledge gathered to enhance practice.
f	Remain current with developments in foundational areas.
5.2 Use research findings to inform clinical practice.	
a	Integrate knowledge of research methods and practices.
b	Determine the applicability of research findings to particular clinical situations.
c	Analyze research findings critically.
d	Apply knowledge gathered to enhance practice.