



COLLEGE of SOCIAL AND APPLIED HUMAN SCIENCES

DEPARTMENT OF FAMILY RELATIONS
AND APPLIED NUTRITION

FRAN*6090*01 Practicum in Couple and Family Therapy I

COURSE OUTLINE – WINTER 2021

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.

Disclaimer

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

The University will not require verification of illness (doctor's notes) for the Fall 2020 or Winter 2021 semesters.

Credit Weight: 1.0 credits

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

Pre-Requisite(s):

Co-Requisites(s):

Restriction(s): Limited to students in the CFT Program

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: Mondays, January 11 - 12:30-4pm
Location: Online

4. INSTRUCTIONAL SUPPORT

Course Instructor: Sharon Y. Ramsay, MDiv, RP, RMFT-SM, CCFT
Email: ramsay01@uoguelph.ca
Telephone: 519-824-4120 ext.
Office:
Office Hours:

Supervisor: Kevin VanDerZwet Stafford, MSc, RP, RMFT-S
Email: kevin.stafford@uoguelph.ca
Office: Rm. 251 CFT Centre
Office Hours:

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, 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.

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

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

Skill Development:

1. Collaborative engagement with clients
 - a. Develop beginning engagement skills at first and subsequent sessions. *[ESLO 5a]*
 - b. Transfer listening and questioning skills from 6160 to practice utilizing a postmodern collaborative approach – move beyond beginning skill level. Utilize a variety of types of questions [circular, explanation/definition, reflexive] oriented to a range of subjects and perspectives. Demonstrate attentive listening and respectful interruption or redirection when required. *[ESLO 5a]*
 - c. Refine understandings of how oppressive structures and ideologies related to the intersecting dimensions of age, ability, religion/spirituality, ethnicity, sexual orientation, socioeconomic status, indigenous and national identity, and gender constrain persons seeking therapy as well as those working as therapists. Explore ways of working collaboratively with clients and others to resist and/or be resilient in the face of these constraints. *[ESLO 4b, c, d; 5b]*
2. Therapeutic relationship
 - a. Transfer attunement to therapeutic awareness – move beyond beginning skill level re: conceptualization and awareness of this relationship. *[ESLO 5a]*
3. System mapping
 - a. Map on paper and describe to group and supervisor the context, resources and challenges associated with clients' lives and presenting concerns. *[ESLO 5b, c]*
 - b. Liaise appropriately with other professionals who are resources for clients. *[ESLO 3d]*
4. Assessment
 - a. Utilizing a postmodern collaborative approach to assessment – move beyond beginning skill level especially with respect to mapping (see above), identification

- of potential risk situations and appropriate interventions. [ESLO 5a]
- b. Assess for intimate partner violence, child witnesses to domestic violence. [ESLO 5a, b, c]
- 5. CFT Procedures
 - a. Use of appropriate forms and procedures – move to advanced level of competence re: managing file contents, appropriate consents signed, case management skills, documentation. [ESLO 3c]
 - b. Address on an ongoing basis issues regarding ethical decision-making, accountability, and professional conduct. [ESLO 3d]
- 6. Use of supervision
 - a. Identify when and how to utilize supervision to benefit clinical work and professional development. Move from beginning level to more advanced level of competence in preparation for supervision, and presentation of client situations during supervision/group consultation. [AAMFT core competencies 2.5.1; 5.5.2; CRPO entry-to-practice competency 3.4]
 - b. Extend practice in providing constructive feedback on the work of other therapists in addition to engaging in self-critique and receiving critique from supervisors and colleagues. [ESLO 3d]
 - c. Utilize file review meetings with Client Services Coordinator to develop attention to administrative detail and client file management. [ESLO 3c]
- 7. 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. AAMFT core competencies (CCs) & CRPO entry-to-practice competencies (PCs)
 - a. See Appendix A. Assessment of intern's development of competencies will be assessed at the end of the semester. This assessment will take place in the context of a dialogic conversation between intern and course instructor/supervisor and will be recorded on a checklist.

Safe and Effective Use of Self:

1. Demonstrate beginning awareness of therapist's own subjective context and patterns of interaction as this informs interaction with client. [PC 4.3]
2. Demonstrate beginning self-reflective use of therapist's own personality, insights, perceptions, and judgements to optimize interaction with clients in the therapeutic process. [PC 4.3]
3. Demonstrate self-awareness in supervision – beginning level of competence regarding

therapist's own influence on client system and therapeutic process. [EG-3]

4. Manage anxiety and critical inner voice. [EG-3]
5. Enlarge self-awareness with respect to the ways in which one's personal history, values, and context influence professional practice. [ESLO 4a, 4b; PC 4.3 SEUS]
6. Move from beginning to more advanced level of personal accountability for meeting administrative, supervisory and client-generated demands of clinical training and practice. [ESLO 3d]
7. Demonstrate flexibility, creativity, and personal accountability in developing individualized strategies for managing and addressing the personal impact of engaging in clinical training and practice (self-care) while maintaining ethical and professional standards. [EG-3]

Social Justice and Diversity:

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

[ESLO 4c, d]

- 1.
- 2.

Organization and Practicum Course Requirements

We will meet on Monday afternoons from 12:30 to 4:20 pm with a 15-20-minute break. Many classes will involve discussion of the assigned readings (see above) 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 between 5:00 and 7:00 pm 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. See the Program Training Contract (signed in first practicum meeting) for a specific outline of practicum expectations and process.

Learning Environment

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

experiences can enrich learning opportunities. Each person is responsible for listening with respect and curiosity to the differing views of others. As an instructor, my goals are: (1) to ensure clarity with respect to power relations; (2) to encourage goodwill between class members, and to participate in goodwill between the instructor and class members; (3) to demonstrate and encourage mutual respect of differences in personality, values, and learning styles; and, (4) to support commitment to the intensive mutual learning process.

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

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

Weekly Supervision

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

Goal setting and Critique of Clinical Work

Initially the goals set for each intern will be the same. **By February 1, 2021, each intern will submit three goals for their clinical work during the balance of the practicum to me and Kevin via e-mail.** You will share your goals with other interns. You should consider these goals dynamic in the sense that you can alter or revise them over the course of the semester in consultation with supervisors. We strongly encourage your on-going self- reflection about your clinical work (see **Weekly Journaling Guidelines** available on CourseLink).

Disclosure of Personal Information

Self-awareness is an important component of this course. As a developing professional, 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 (Sharon) 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. **A passing grade in this course also requires a satisfactory evaluation of your clinical work from me and Kevin, as well as satisfactory completion of administrative case management requirements as set out by Kara McFarlane**

7. TEACHING AND LEARNING ACTIVITIES/CLASS SCHEDULE

Week	Topics	Assigned Readings & Guest Speakers
1	January 11, 2021 Introductions	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	January 18, 2021 Collaborative therapy, File assignments	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.

Week	Topics	Assigned Readings & Guest Speakers
3	January 25, 2021 Therapeutic relating	<p>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.</p> <p>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.</p>
4	February 1, 2021 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	February 8, 2021 Embodiment and Play	<p>Rucinska, Z., & Reijmers, E. (2014). Between philosophy and therapy: Understanding systemic play therapy through embodied and enactive cognition (EEC). <i>InterAction</i>, 6 (1), 37-52.</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>

Week	Topics	Assigned Readings & Guest Speakers
6	February 22, 2021 Couple Relationships	<p>Bertrando, P., & Arcelloni, T. (2014). Emotions in the practice of systemic therapy. <i>The 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	March 1, 2021 Reflecting, Clinical teams begin	<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	March 8, 2021 Language, Clinical teams #2	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.
9	March 15, 2021 Doing Justice, Clinical Teams #3	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	March 22, 2021 Relational and Systemic Perspectives, Clinical Teams #4	<p>Minuchin, S., Reiter, M.D., & Borda, C. (2014). <i>The Craft of Family Therapy: Challenging certainties</i>. New York: Routledge.</p> <p>Read: Walker, S., Chapter 9: Learning from my mistakes (pp. 135-157)</p>

Week	Topics	Assigned Readings & Guest Speakers
11	March 29, 2021 Hope and Hopelessness, Clinical Teams #5	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	April 5, 2021 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
Dialogist Assignment			
For one of the group supervision meeting times [one of Classes 3, 4, 5, or 6], each intern will act as a dialogist with one or two partner(s). This will involve:	While ideas contained in the class readings will, of course, come from various perspectives and highlight different aspects of clinical practice, dialogists are encouraged to engage in <u>critical</u> (in the sense of attending to various aspects of power and privilege influences on therapy practice) and <u>reflexive</u> conversation.		
<ul style="list-style-type: none"> Reading assigned article(s) and discussing together with your partner(s) prior to class. 		January 25	
<ul style="list-style-type: none"> During class, the dialogist partners will talk with each other in front of their colleagues: <ol style="list-style-type: none"> First, about what they identify as the <u>main points</u> of each reading for that week, and then moving into a discussion of <u>how they plan to apply these ideas in their clinical work</u>. This discussion will serve as a 		February 1	Satisfactory/
		February 8	Unsatisfactory
		February 22	

Assessment	LOs Addressed	Due Date	% of Final
starting point for class discussion of the readings.			
<i>Analysis of Therapeutic Dialogue Assignment:</i> 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. <i>Please consult detailed assignment description on CourseLink.</i>	The written reflections will allow you to demonstrate your analysis of collaborative dialogue (MELO Skill Devel 1,2; ESLO 5a); critical analysis of the intersection of social location, values, and beliefs held by you, the therapist, and by the client; as well as critical analysis of power relations and the collaborative construction of meaning (ESLO 4a,b).	March 22, 2021	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 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.

Appendix A:

AAMFT Selected Core Competencies and CFT Program Expected Student Learning Outcomes

CFT Program Educational Goals (EGs) and Expected Student Learning Outcomes (ESLOs)	Incorporation & Assessment

CFT Program Educational Goals (EGs) and Expected Student Learning Outcomes (ESLOs)	Incorporation & Assessment