

MFTH 7601 Treatment Issues
Fall 2013
Valdosta State University
Marriage & Family Therapy Program
Mondays, 11:00-1:45 p.m.

Instructor: Lana Kim, Ph.D

Office: 229.333.7983

Email: lkim@valdosta.edu

Office Hours: Mon. 2-5 pm, Tues. 9-11 am, & Thurs. 1:45-2:45 pm (by appointment)

Course Description

This course explores applications of family systems approaches to working with clients (individuals, couples, families, groups) who may present with a number of treatment issues. This course will have an emphasis on diverse perspectives which may include an analysis of contextual factors such as race, class, gender, sexual orientation, and disability status, among others. In this course we will have four units which will include: 1) Grief & loss/terminal & chronic illness, 2) Child abuse and trauma, 4) Substance abuse/addictions. We will also be learning about additional treatment issues through student led presentations which will cover a variety of topics. Emphasis will be placed on the social construction of problems, the narratives of those affected by life altering events and conditions, appropriate collaboration with other disciplines, and understanding the processes of meaning making as a part of conceptualization and treatment planning. An important element of the class will be readings and discussions where students will examine the events, experiences, and value systems that shape their own beliefs and the ways they respond to the traumatic life events explored in this course.

Student Learning Outcomes (SLOs):

1. Practice from a culturally sensitive lens.
2. Practice from a systemic lens.
3. Be prepared to obtain entry-level employment in mental health agencies.
4. Claim the professional identity of Marriage and Family

Syllabi Specific Learning Objectives linked to SLOs:

1. Become acquainted with some of the common personal, interpersonal, and cultural factors that shape individual and familial meaning-making about terminal and chronic illness, depression, sexual abuse and trauma, alcoholism and drug abuse, and working in community mental health, from individual, family, and cultural perspectives. (Student Learning Outcomes: 1, 2)
2. Become acquainted with a variety of narratives that exemplify the diverse range of responses

people have to the above treatment issues. (Student Learning Outcomes: 2)

3. Identify the common dilemmas faced by people who struggle with terminal and chronic illness, depression, sexual abuse and trauma, and alcoholism/drug abuse. (Student Learning Outcomes: 2, 3)

4. Learn to consider the pragmatic difficulties faced by those experiencing the above treatment issues as well as the challenges to forming useful, adaptive narratives and treatment interventions from a family systems perspective. (Student Learning Outcomes: 2, 3, 4)

5. Learn to identify themes in the narratives of those who struggle with terminal and chronic illness, depression, sexual abuse and trauma, and alcoholism/drug abuse, and struggles people face when working systemically in a medical model system. (Student Learning Outcomes: 2, 3, 4)

6. Learn the importance of appropriate collaboration with other disciplines in the treatment of a variety of treatment issues. (Student Learning Outcomes: 3, 4)

Assignments for this course linked to SLOs

AA Meeting Attendance Presentation/Paper	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies
Clinical Case Demonstration	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies SLO 4: Claim the professional identity of Marriage & Family Therapy
Treatment Issues Reflection Paper	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens

Use of Grading Rubrics

A grading rubric will be used for all major assignments. When a rubric is not included in your syllabus or on the web-based learning portal for this class, the *MFT Program Academic Assignment Evaluation Tool* will be used for papers, posters, or presentations. For written exams, the *MFT Exam Evaluation Tool* will be used. Both rubrics can be found and downloaded on the *Resources for Students* page of the MFT website.

Required Reading

1. Gawinski, B.A. (1997). Mothering without a mother: Pregnancy loss. In S.H. McDaniel, J. Hepworth, & W.J. Doherty (1997). *The shared experience of illness: Stories of patients, families, and their therapists*. New York: BasicBooks.
2. Hedtke, L., & Winslade, J. (2004). *Re-membering lives: Conversations with the dying and the bereaved*. Amityville, NY: Baywood Publishing.
3. Knudson-Martin, C., & Mahoney, A.R. (2009). *Couples, gender, & power: Creating change in*

intimate relationships. New York: Springer Publishing.

4. Mate, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic Books.
5. O'Hanlon, B., & Bertolino, B. (1998). *Even from a broken web: Brief, respectful solution-oriented therapy for sexual abuse and trauma*. New York: Norton.

* Additional articles, books, and/or chapters may be assigned. Please check Blazeview on a weekly basis.

Recommended Reading

1. Abraham, L.K. (1993). *Mama might be better off dead: The failure of health care in urban America*. Chicago: University of Chicago Press.
2. Allyson, C. (1993). *Bastard out of Carolina*. New York: Penguin.
3. Barnett, O., Miller-Perrin, C.L., & Perrin, R.D. (2005). *Family violence across the lifespan: An introduction (2nd ed.)*. Thousand Oaks, CA: Sage.
4. Conoley, C. (2000). Rename the blame frame. In L. Golden, (Ed.), *Case studies in marriage and family therapy* (pp. 31-36). Upper Saddle River, New Jersey: Merrill.
5. Davies, B., Reimer, J.C., Brown, P., & Martens, N. (1995). *Fading away: The experience of transition in families with terminal illness*. Amityville, NY: Baywood Publishing.
6. Duncan, B., Miller, S., & Sparks, J. (2003). The myth of the magic pill. In P. S. Prosky & D.V. Keith, (Eds.), *Family therapy as an alternative to medication: An appraisal of pharmland*. (pp. 171-192). New York: Routledge.
7. Fadiman, A. (2000). *The spirit catches you and you fall down : A Hmong child, her American doctors, and the collision of two cultures*. New York : Farrar, Straus, & Giroux.
8. Griffith, J., & Griffith, M. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York: BasicBooks.
9. Fishman, C. (1999). The resistant substance abuser: Court-mandated cases pose special problems. In R. Simon, L. Markowitz, C. Barrilleasu, & B. Topping, (Eds.), *The art of psychotherapy: Case studies from the Family Therapy Networker* (pp. 259-267). New York: John Wiley & Sons.
10. Karp, D. (1996). *Speaking of sadness: Depression, disconnection, and the meanings of mental illness*. New York: Oxford University Press.
11. Klass, D., Silverman, P., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
12. Krestan, J. (2000). *Bridges to recovery: Addiction, family therapy, and multicultural treatment*. New York: The Free Press.
13. McDaniel, S.H., Hepworth, J., & Doherty, W.J. (1997). *The shared experience of illness: Stories of patients, families, and their therapists*. New York: BasicBooks.
14. McDaniel, S.H., Campbell, T.L., Hepworth, J., & Lorenz, A. (2005). *Family-oriented primary care (2nd ed.)*. New York: Springer.

15. Monette, P. (1988). *Borrowed time: An AIDS memoir*. New York: Avon Books.
16. Peele, S. (1998). All wet: The gospel of abstinence and twelve-step, studies show, is leading Americans alcoholics astray. *The Sciences*, March/April, 17-21.
17. Preston, J.P., (2003). Medical treatments for depression and anxiety: A changing landscape. *Family Therapy Magazine*, April, 24-29.
18. Schaefer, P. (2003). Medicating the ghost in the machine. In P. S. Prosky & D.V. Keith, (Eds.), *Family therapy as an alternative to medication: An appraisal of pharmland*. (pp. 139-158). New York: Routledge.

Access Office for Students with Disabilities

Students with disabilities who are experiencing barriers in this course may contact the Access Office for assistance in determining and implementing reasonable accommodations. The Access Office is located in Farber Hall – South, 1500 N. Patterson Street, Valdosta, GA 31698-0280. The phone numbers are: 229-245-2498 (Voice), 229-375-5871 (VP), 229-219-1348 (TTY), 229-245-3788 (Fax). For more information, please visit <http://www.valdosta.edu/access> or email: access@valdosta.edu

The Student Success Center (SSC)

The SSC at Valdosta State University is located in Langdale Residence Hall and is available to all students. They provide free professional academic advising, peer tutoring in core curriculum courses, and campus job information in one location. You can reach them at 229-333-7570 or email them at ssc@valdosta.edu.

Assignments & Grading

<u>Assignment</u>	<u>Points</u>	<u>Due Date</u>
1. Illness Narrative	20	Sept. 16
2. AA Meeting Attendance Presentation/Paper	35	Oct. 28
3. Clinical Case Demonstration	45	Dec. 2
Total Possible Points	100	

Grading Scale

A = 90-100%

- Excellent – Meets all or most categorical expectations with high frequency and quality

B = 80-89%

- Good – Consistently meets expectations of most categories with quality

C = 70-79%

- Adequate – Meets some categorical expectations with quality but insufficiently meets other categorical expectations

D = 60-69%

- Inadequate – Insufficiently and frequently fails to meet most categorical expectations

F = 50-59%

- Fail – Insufficiently and frequently fails to meet all categorical expectations

Evaluation of Written Work

1. **Graduate level writing:** To what extent is the paper clear, concise, coherent/organized, & comprehensive? I will also be assessing for adherence to APA conventions. Per APA style, all written work should include a cover sheet and references. However, you can omit the abstract. Poor writing, organization, and clarity will significantly reduce your grade.
2. **Critical Thinking/Analysis:** How well were you able to think about treatment issues from a contextually informed and systemic perspective? How well were you able to consider the interrelatedness of physical, mental, and relational functioning with regards to a variety of treatment issues? How well were you able to maintain a socio-contextual consciousness to the ways in which issues of intersectionality (i.e., race, class, gender, power/privilege, sexual orientation, migration status, and disability status) impact the creation and lived experience of various problems/issues?
3. **Self-Reflection:** How engaged were you with the course content? How well were you able to draw from your personal experiences and relate it to the course content? How well did you self-reflect upon your own taken-for-granted beliefs and assumptions, and allow yourself to shift/not shift?
4. **Research Integration:** How well did you integrate & synthesize relevant research? How well did you use research to support your ideas?
5. **Clinical Application and/or Practice:** How well were you able to integrate content from the readings & discussions into your clinical framework and relate it to therapeutic practice? How well were you able to distinguish between content and process? How well were you able to consider ways of addressing socio-contextual factors (i.e., race, class, gender, sexual orientation, migration status, and disability status) in the therapeutic treatment of various clinical issues? How well were you able to link theory to practice?

Late Assignment Policy

All assignments are expected to be turned in on time, no later than 15 minutes after class begins on the day the assignment is due. Staple the pages together in the upper left-hand corner. **Papers that are turned-in late will be subject to a 10% point deduction per day that it is late.**

Please do not ask me to make exceptions to grading policies. In fairness to those students who meet the requirements and time parameters as defined in the syllabus, I am unlikely to make exceptions on an individual basis.

A Note on Academic Integrity

All students should be familiar with VSU's policies regarding academic dishonesty and plagiarism. All students are expected to do their own work and to uphold a high standard of academic ethics. If you are found to have plagiarized material, this will result in a meeting, failing grade, and possible report to the university.

List of Assignments

1. Attendance & In-class Participation – 0 points

Do not ask me for permission to miss class. The decision is always yours. When you know that you will miss class, I always appreciate the professional courtesy of advance notice. **Missing more than 2 classes (excluding emergency situations) may result in a full letter grade deduction.** As per VSU University Attendance Policy, any student who misses more than 20% of the scheduled classes may be subject to receive a failing grade in the course.

You are encouraged to actively participate. Passive participation is not sufficient for you to fully benefit from this class. Please decide to take an active part in creating a community of engaged scholarship. The voice and involvement of each person is important. Ask questions, make observations and comments, and display respectful curiosity about how your colleagues are making sense of the material we are exploring.

Electronic devices: Please turn your cell phones and other electronic devices to silent or vibrate mode to reduce the distraction to your classmates and instructor. Do not view text messages during class. If you are on an emergency call, please talk to me before class about how to monitor your communication device. You will be allowed to use computers in this class, however to facilitate a climate of learning and to reduce the distractions for yourself and others, please refrain from engagement in social media or other personal business.

2. Illness Narrative – 20 points

(For examples refer to - <http://pathography.blogspot.com/search/label/Brain%20Tumor>)

As explained by Arthur Frank in “The Wounded Storyteller”, storytelling is an active process that counters the conventional notion of illness as a passive process. Storytelling is also a meaning-making endeavor with the potential to help recover the voices that “illness and medical treatment often take away”.

For this assignment, you will be exploring the process of an illness narrative by conducting an interview with a person on his/her experience with chronic illness. Alternatively, you may conduct an interview with someone about his or her experience being close to a person that has experienced a chronic illness. Another option is to answer the questions below to create your own illness narrative.

For the interview, you will need to take detailed notes, which you will also turn-in as part of your assignment. The interview should:

- Last at least one hour (Depending on the interviewee’s specific circumstances, can be conducted over a series of shorter visits or phone calls. Use appropriate judgment).
- Include questions about the background information of the illness and/or treatment (but this should not be the focus of the interview or resulting paper).
- Questions about first encountering the illness: When did they first get the sense there was a problem? What was going on in their lives during that time? When did they receive their diagnosis? How was it given to them? What was the person’s initial response? What was most difficult about receiving the diagnosis? Initial fears? What did they do next? How did they tell their partner/children/family/friends/employer/etc?

- Include curiosity questions about shifts in everyday life functioning after the illness appeared. In other words, what has it been like living with the illness?
- Include curiosity questions to understand the social and/or relational consequences of life with the illness
- Curiosity questions about living with the illness that the person has found most intrusive and/or difficult to accept
- Questions about what has been helpful
- Role of spirituality and/or beliefs about the transcendent
- How the person has made sense of the role of his/her illness in his/her life
- Curiosity questions about ways in which living with the illness has created any shifts in the person’s outlook on life or the way he/she lives life
- Include curiosity questions about what the person has learned about him or herself since the illness presented itself
- Ask about things the person believes might help someone else facing a similar situation

Based on the interview, you need to do one of two things:

(A) Write a paper that captures the person’s illness story (max 10 pages)

(B) Write a letter of appreciation to the interviewee that expresses what you learned and as a result of hearing his/her story. Also, express how it has influenced your thinking about what things are critical to consider when working with individuals/families/couples facing similar chronic/terminal illnesses. This needs to be detailed and clear.

***Grading Rubric

Graduate Level Writing	5
Self-Reflection	5
Critical Analysis & Clinical Application (Readings, lecture, & discussions)	10
Total Points	20

3. AA Meeting Attendance Presentation/Paper – 35 points

The readings from the syllabus offer you ways of understanding substance abuse/addictions and also consider possible therapeutic interventions. This assignment, in combination with the readings, is to help you “get inside” the experience of a person or persons that have been directly influenced by substance abuse/addictions.

You are required to attend a total of three, open 12-step meetings. These may include AA (Alcoholics Anonymous), NA (Narcotics Anonymous), OA (Overeaters Anonymous), or another group that is similar and has a focus on addictions and recovery. If you would like to attend a different group from the ones mentioned above, it must be approved by the instructor prior to your attendance. You can attend three of the same groups or mix and match between different groups.

While you may attend anonymously, feel free to tell fellow attendees that you are in a graduate program to become an MFT and that you are attending so you can learn more about how AA

helps people, as well as to better understand what clients experience at meetings.

Do not tell fellow participants that you have been sent to observe them. You, in fact, have not been sent to observe. You have been asked to participate and learn about what happens at meetings.

Note: Whether or not you are already attending AA meetings is not relevant to the assignment. The assignment is intended to have you participate and reflect on your experience as it relates to your work as a therapist. The assumption is that you have something to learn and offer from observing 12-step meetings in this light.

Next, you have two options: (A) To write a reflection/research paper **(B)** To create a presentation on substance abuse/addiction for a specific population

Option A: Research/reflection paper

Length of assignment: 8-10 pgs, including cover page and list of references.

Include the following:

- Brief summary of meetings attended: Dates & times, meeting locations, and general demographics of the clientele. Discuss the content and process of the meetings.
- Brief summary of your thoughts, reflections, and impressions of the meetings. Are there ways in which your visits challenged, changed, or expanded your beliefs and/or assumptions? How have your ideas been shaped or not shaped by the readings and your participation in the 12-step meetings?
- Research on treatments/interventions for substance abuse/addictions. AA and similar 12-step programs are rooted in a pathological understanding of recovery from addictions. Yet, many individuals report a high “success rate” after becoming involved in these types of programs.
- What are your thoughts on the cross-cultural applicability of 12-step programs? What are some cultural and/or socio-contextual factors that 12-step programs may or may not address?
- Critical analysis regarding the concept: ‘once an alcoholic, always an alcoholic’ or ‘once an addict always an addict’. How does this fit/not fit with your theory of change?
- Your thoughts as a therapist about referring clients to Alcoholics Anonymous or other 12-step groups and the way their philosophy fits with your therapeutic orientation.
- As a systemically informed therapist, how might you appropriately collaborate with clients and allied health professionals who come from the 12-step perspective?
- How does this assignment help shape your thinking about therapy?
- Use a minimum of five external sources (peer reviewed journals or scholarly texts) to support your ideas.

Option B: Presentation for Specific Audience

No specific length. Please provide a list of references.

For this option, you are to consider many of the venues in which you might be asked as a MFT to give a presentation/in-service on substance use/addictions. Choose a specific audience of your

choice (i.e., church group, parent advisory council, University/College students, high school students, community center, fraternity/sorority, mental health clinic, etc.) and create a powerpoint presentation, as well as any other materials you would want to put together to give a 45 min. presentation. Your powerpoint should include:

- A contextually informed & systemic overview of your conceptualization of substance abuse/addictions.
- Research on treatments/interventions for substance abuse/addictions.
- How you would integrate ideas/information about 12-step programs like AA.
- A way of addressing the ubiquitous concept: ‘once an alcoholic, always an alcoholic’ or ‘once an addict always an addict’. Think about how this does/does not fit with your theory of change.
- Useful resources you might provide

Also, on a separate sheet of paper, please include the following:

- Brief summary of meetings attended: Dates & times, meeting locations, and general demographics of the clientele. Discuss the content and process of the meetings.
- Brief summary of your thoughts, reflections, and impressions of the meetings. Are there ways in which your visits challenged, changed, or expanded your beliefs and/or assumptions? How have your ideas been shaped or not shaped by the readings and your participation in the 12-step meetings?
- How does this assignment help shape your thinking about therapy?
- Explain which population your presentation was designed for. Identify any cross-cultural/socio-contextual descriptors of the audience that you kept in mind as you created your presentation.

*** Grading Rubric: (See above for detailed overview)

Graduate Level Writing	5
Completion of 12-step meeting attendance	5
Self-Reflection	5
Critical Analysis (Readings, lecture, & discussions)	10
Clinical Application & Research Integration	10
Total Points	35

4. Clinical Case Demonstration – 45 points

The objective of this assignment is for you to demonstrate your ability to apply theoretical concepts to therapeutic practice as it relates to various treatment issues. For this assignment, you will need to draw from a videotape of a therapy session that you conducted. Select a minimum 20-minute clip that demonstrates one of the theoretical concepts you have been trying to apply to your clinical practice.

A few examples:

(A) You might be strongly influenced by Narrative therapy and social constructionist ideas. As

such, in therapy sessions you might be experimenting with the process of externalization and/or deconstructing a problem.

- (B) You might be thinking structurally about a case and applying theoretical concepts to your work in session.
- (C) You may be experimenting with applying ideas about gender, egalitarianism, and shared relational responsibility, a la Knudson-Martin & Mahoney, in your work with couples.
- (D) You might be experimenting with integrating principles of cultural sensitivity and socio-contextual consciousness
- (E) You might be applying concepts of “Re-membering” in your clinical work around grief.
- (F) You might be trying to apply a combination of the ideas above or different concepts altogether! You decide since this is about demonstrating your therapeutic skill development.

Steps:

1. Identifying Information

- a. As relevant, provide information about gender, age, race, socio-economic class, educational level, involvement in work, religion, sexual orientation, and any other contextualizing demographic information that you believe is relevant to the clients, or understanding the case.
- b. Draw a basic genogram
- c. Identify which family members are attending therapy sessions
- d. Relevant ways that the clients are nested in larger systems (legal, medical, educational, social services, etc.). You may also include an eco-map.

2. Referral Source & Reason for Referral

3. Number of sessions attended. Number of current session.

4. Presenting Problem

- a. Describe the problem from the perspective of each participant in therapy
- b. Identify any attempted solutions

5. History of the Presenting Problem

- a. When does client state the problem first appeared? How did it develop?
- b. How does –being stuck make sense? What assumptions, hopes, beliefs, or facts of nature maintain the problem?

6. Any pertinent developmental, medical, psychiatric, or abuse history.

7. Client(s)' strengths & resources: Familial, social, spiritual, intrapsychic, etc.

8. Systems hypothesis Identify what you believe the process is for the system. Identify any therapy models that frame your perspectives

9. Choose a 20-30 minute clip from your own therapeutic work to transcribe

10. Transcribe this clip verbatim. Your video clip should illustrate what you were trying to facilitate in the session.
11. Distinguish process issues from content.
12. Describe what your objectives were in the session.
13. Discuss the impact and outcome of your theoretical application/intervention. Was your approach useful/successful? How/How not?
14. Retrospectively, identify any questions or processes you might have changed and describe how/what you would have done/said instead. Interject any questions/statements you did not use but think could have been useful in the session. Clearly explain your reasoning.

Length of assignment is up to you. Provide a list of references as needed.

*** Grading Rubric: (See above for detailed overview)

Graduate Level Writing	5
Self-Reflection	5
Critical Analysis (Readings, lecture, & discussions)	10
Clinical Application and/or Practice	25
Total Points	45

A Note about Student Course Evaluations (SOIs)

At the end of the term, all students will be expected to complete an online Student Opinion of Instruction survey (SOI) that will be available on BANNER. Students will receive an email notification through their VSU email address when the SOI is available (generally at least one week before the end of the term). SOI responses are anonymous to instructors/administrators. Instructors will be able to view only a summary of all responses two weeks after they have submitted final grades. While instructors will not be able to view individual responses or to access any of the data until after final grade submission, they will be able to see which students have or have not completed their SOIs, and student compliance may be considered in the determination of the final course grade. These compliance and non-compliance reports will not be available once instructors are able to access the results. Complete information about the SOIs, including how to access the survey and a timetable for this term is available at: <http://www.valdosta.edu/academic/OnlineSOIPilotProject.shtm>

***5 pts extra credit will be given upon completion of the online SO**

Weekly Schedule

Weekly Topics and Reading Schedule	Date
<p>Week 1: Introduction to Treatment Issues <u>Readings:</u> (Blazeview) The Shared Experience of Illness</p> <ul style="list-style-type: none"> • Ch. 1 - The Shared Emotional Themes of Illness • Ch. 6 – “So That They Don’t Need Me Anymore”: Weaving Migration, Illness, & Coping • Ch. 9 – A Double Life: Adolescent Trauma <p>Family Oriented Primary Care</p> <ul style="list-style-type: none"> • Ch. 2 – How Families Affect Illness: Research on the Family’s Influence on Health <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Introduction of class • Review of Syllabus ▪ The challenges & benefits of collaborative care and interdisciplinary practice with regards to health & illness. ▪ Biopsychosocial model. ▪ Illness Narratives 	<p>August 12, 2013</p>
<p>Week 2: The Experience of Chronic Illness in Families <u>Readings:</u> (Blazeview) The Body Speaks</p> <ul style="list-style-type: none"> • Ch. 3 - When Symptoms Appear • Ch. 4 - Language & Emotional Postures <p>The Shared Experience of Illness</p> <ul style="list-style-type: none"> • Ch. 8 – Two Families, Two Stories: Courage & Chronic Illness • Ch. 24 – When It Never Stops Hurting: A Case of Chronic Pain <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Mind-body integration • Gender & patterns of caregiving/distribution of care. • Ambiguous Loss <p>Video: Pauline Boss – Ambiguous Loss (ambiguousloss.com)</p>	<p>August 19, 2013</p>

<p>Week 3: Family Experience of Traumatic Birth</p> <p>Readings: (Blazeview) The Shared Experience of Illness</p> <ul style="list-style-type: none"> • Ch. 11 – Infertility: A Couple and a Therapist Consider the Meaning of Children • Ch. 12 – Mothering Without a Mother: Pregnancy Loss <p>Topics:</p> <ul style="list-style-type: none"> • Perinatal trauma, complicated birth, & ambiguous loss <p>Video: The Little Man (Nicole Conn)</p>	<p>August 26, 2013</p>
<p style="text-align: center;">Labor Day Holiday</p>	<p>September 2, 2013</p>
<p>Week 4: The Experience of Terminal Illness in Families</p> <p>Readings: (Blazeview) The Body Speaks</p> <ul style="list-style-type: none"> • Ch. 8 - Seeking Competence in Language Skills • Ch. 9 - A Complete Therapy <p>The Shared Experience of Illness</p> <ul style="list-style-type: none"> • Ch. 14 – The Two-Way Mirror in My Therapy Room: AIDS and Families <p>Topics:</p> <ul style="list-style-type: none"> • Working with families affected by terminal illness • Dilemmas of allied health professionals, supporting the efforts of allied health professionals. <p>Video: Reflective collaborative trainings & discussion.</p>	<p>September 9, 2013</p>
<p>Week 5: Grief, Death, & Dying</p> <p>Readings: Re-remembering Lives</p> <ul style="list-style-type: none"> • Chs. 1, 3, 4, 5 <p>Topics:</p> <ul style="list-style-type: none"> • Cultural constructions of death & grief • Kubler-Ross Stages of Grief, Worden’s Grief Stages <p>Video: For My Wife</p> <p><u>Assignment Due: Illness Narrative</u></p>	<p>September 16, 2013</p>

<p>Week 6: Re-membering</p> <p><u>Readings:</u> Re-membering Lives</p> <ul style="list-style-type: none"> • Chs. 6, 7, 8 <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Re-membering practices, extending relationships with family members through death. 	<p>September 23, 2013</p>
<p>Week 7: Substance Abuse & Addictions</p> <p><u>Readings:</u> In the Realm of Hungry Ghosts</p> <ul style="list-style-type: none"> • Ch. 1-10 <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Problem drinking, substance abuse, and the family system • Overview & critique of 12-step paradigm 	<p>September 30, 2013</p>
<p>Week 8: Substance Abuse & Addictions</p> <p><u>Readings:</u> In the Realm of Hungry Ghosts</p> <ul style="list-style-type: none"> • Ch. 11-19 <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Culture, media, and the social context around alcohol and drug use. 	<p>October 7, 2013 (Midterm, withdrawal deadline – October 4)</p>
<p>Week 9: Substance Abuse & Addictions</p> <p><u>Readings:</u> In the Realm of Hungry Ghosts</p> <ul style="list-style-type: none"> • Ch. 20-28 <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Adolescent substance abuse • Cross-cultural perspectives of substance abuse • Contextual factors: Race and Class. 	<p>October 14, 2013</p>
<p>Week 10: Substance Abuse & Addictions</p> <p><u>Readings:</u> In the Realm of Hungry Ghosts</p> <ul style="list-style-type: none"> • Ch. 29-34 <p><u>Topics:</u></p> <ul style="list-style-type: none"> • Motivational Interviewing 	<p>October 21, 2013</p>

<p>Week 11: Child Physical Abuse & Trauma</p> <p>Readings: Even from a Broken Web</p> <ul style="list-style-type: none"> • Chs. 1-3 <p>Topics:</p> <ul style="list-style-type: none"> • Physical abuse & trauma in the family system • Talking with families about reporting abuse • Working with children who have experienced abuse 	<p>October 28, 2013</p>
<p>Week 12: Child Sexual Abuse & Trauma</p> <p>Readings: Even from a Broken Web Chs. 4-6</p> <p>Topics:</p> <ul style="list-style-type: none"> • Sexual abuse and trauma in the family system - helping clients who have experienced abused. • Warning signs, symptoms, & grooming behaviors. • What does it mean to be a victim? What does it mean to be a survivor? <p>Video: Maisie</p>	<p>November 4, 2013</p>
<p>Week 13: Child Sexual Abuse & Trauma</p> <p>Readings: Even from a Broken Web, Chs. 7 & 8</p> <p>Topics:</p> <ul style="list-style-type: none"> • Family resilience, & healing 	<p>November 11, 2013</p>
<p>Week 14: Depression, Gendered Power, & Parenting</p> <p>Readings: Couples, Gender, & Power</p> <ul style="list-style-type: none"> • Chs. 9, 10, 16 <p>Topics:</p> <ul style="list-style-type: none"> • Contextual factors, meanings, and perspectives on depression. • Gendered discourses & depression. • Relational Orientations Framework 	<p>November 18, 2013</p>
<p style="text-align: center;">Thanksgiving Holiday Week!</p>	<p>November 25, 2013</p>

<p>Week 15: Addressing Gendered Power</p> <p><u>Readings:</u> Couples, Gender, & Power</p> <ul style="list-style-type: none">• Chs. 17, 18 <p><u>Topics:</u></p> <ul style="list-style-type: none">• Therapeutic Applications• The Circle of Care <p><u>Assignment due: Clinical Case Demonstration</u></p>	<p>December 2, 2013</p>
--	-----------------------------

*Syllabus may be subject to change

*Please check Blazeview each week for additional readings.