

Couple & Family Counseling

Spring 2023

CPSE 790R

Monday/Wednesday, 9–11:50 AM, 331 MCKB

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Office Hours: by appointment

Course Description

This course is an introduction to the theories and practices of couple and family psychology. We will explore prominent approaches, ethical considerations, and specific strategies. We will examine the evolution and foundations of systemic thinking, the impact of sociocultural trends on families and couples, culturally responsive practice, and the scientific basis of couple and family psychology. Students will be encouraged to apply course concepts and principles to their own family systems as part of reflective mental health practice. The goals of the course are to begin hypothesizing, planning, conversing, and reading feedback at a systems level (e.g. from dyadic to the whole family), to work with individual clients and patients in relationally sensitive ways, and to highlight how working with a couple or family as “the client” or patient can have a powerful impact on relationships and society.

Objectives

- a) Describe theoretical foundations, concepts, strategies, and criticisms of various approaches in couple and family therapy—particularly from non-Western perspectives.
- b) Apply couple and family therapy skills in culturally responsive ways.
- c) Identify ethical dilemmas and challenges that can arise in working with couples and families.
- d) Demonstrate awareness of how one’s own development and background might shape attitudes, values, and reactions in working with couples and families.

Course Texts

AAMFT Podcast. [<https://www.aamft.org/podcast>; FREE through Spotify, Apple, etc.]

Lebow, J. L., Chambers, A. L., & Breunlin, D. C. (Eds.). (2020). *Encyclopedia of couple and family therapy*. Springer. [FREE through the library. Go to <https://lib.byu.edu> → Databases → search “Springer” → SpringerLink → search “encyclopedia of couple and family therapy” → here you can access 950+ entries]

Russell, W. P., Breunlin, D. C., & Sahebi, B. (2022). *Integrative systemic therapy in practice: A clinician’s handbook*. Routledge. [FREE through the BYU library as a PDF]

The Doherty Approach. [Go to <https://thedohertyapproach.com> → scroll down about halfway to “Professor Required This Training?” → complete the form; Make sure you select “Adam Fisher” under “Name of Professor Requiring This Training,” which will give you access to the training at a discounted rate of \$15/month, for up to 6 months]

All other required articles listed in the course schedule at the end of the syllabus.

Book Club Options:

- Christensen, A., Doss, B. D., & Jacobson, N. S. (2014). *Reconcilable differences: Rebuild your relationship by rediscovering the partner you love—without losing yourself* (2nd ed.). The Guilford Press. [348 pages; note that all of these options also have audio versions]
- Gottman, J. M., & Silver, N. (2015). *The seven principles for making marriage work: A practical guide from the country’s foremost relationship expert*. Harmony. [320]
- Hoffman, K., Cooper, G., Powell, P., & Benton, C. M. (2017). *Raising a secure child: How circle of security parenting can help you nurture your child’s attachment, emotional resilience, and freedom to explore*. The Guilford Press. [280]
- Johnson, S. M. (2008). *Hold me tight: Seven conversations for a lifetime of love*. Little, Brown Spark. [300]
- Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible: The intense experience of family therapy*. Harper and Row. [301]

Recommended Books:

- Baucom, D. H., Snyder, D. K., & Gordon, K. C. (2009). *Helping couples get past the affair: A clinician’s guide*. The Guilford Press.
- Braun-Harvey, D., & Vigorito, M. A. (2015). *Treating out of control sexual behavior: Rethinking sex addiction*. Springer.
- Buehler, S. (2021). *What every mental health professional needs to know about sex* (3rd ed.). Springer.
- Christensen, A., Doss, B. D., & Jacobson, N. S. (2020). *Integrative behavioral couple therapy: A therapist’s guide to creating acceptance and change* (2nd ed.). Norton.
- Johnson, S. M. (2019). *The practice of emotionally focused couple therapy: Creating connection*. (3rd ed.). Routledge.
- Lebow, J. L., & Snyder, D. K. (2022). *Clinical handbook of couple therapy* (6th ed.). The Guilford Press.
- McCarthy, B. (2015). *Sex made simple: Clinical strategies for sexual issues in therapy*. PESI.
- Sexton, T. L., & Lebow, J. (2016). *Handbook of family therapy*. Routledge.
- Warner, C. T. (2001). *Bonds that make us free: Healing our relationships, coming to ourselves*. Shadow Mountain.

Course Requirements

Grade	A	A-	B+	B	B-	C+	C	C-
%	93–100	90–92	87–89	83–86	80–82	77–79	73–76	70–72

- 20% Participation:** Be present in class and participate in a way that contributes to the learning environment. Class discussion is imperative to the learning process. It is essential that you attend every class. You are required to email or text the instructor before class if you will be more than a few minutes late or unable to attend. Missing more than one class, being more than a few minutes late, *frequently* leaving the room, or taking long breaks (other than for medical/health concerns) will affect your participation grade.
- 20% Class Journal:** Keep notes on what you are learning, and your takeaways from the videos, articles, podcast episodes, and class lectures and discussion. You may also include notes from your book club and related readings. You will submit this multiple times during the term. This can be done via typed writing, handwritten notes, or audio recordings. This assignment is ultimately for you—construct it in the most useful way for you to have so you can refer to it down the road when you are working with couples or families or other relational cases.
- 10% Book Club:** You will meet with 2–5 other classmates during the term to discuss what you have been learning from the book, including applications and critiques. You will initially vote on what book you would like to read. This will be followed by a run-off vote of the top 3–4, if necessary. You will rotate roles in the book club: note-taker (record the group’s ideas, resources that were shared, general topics, etc.), equity monitor (ensure that all voices are heard, and no one dominates), and leader (start the meeting and discussion). To prepare for the meetings: make note of at least 2–3 sentences or parts of the book (so far) that you found compelling or useful or would like to know more about through discussion. If you are unsure about your thoughts but would like to think out loud, let the group know you are still thinking about things and would like to share a “first-draft” of sorts, open to suggestions from others and edits from yourself.
- 10% Presentation:** Choose a theory or concept(s) in couple and family therapy that interest you or relate to your own work in some way. This presentation will consist of two parts: 1) Create a presentation in PechaKucha format to introduce your theory or concept(s), showing 20 slides with 20 seconds of your commentary per slide (total length 6 minutes, 40 seconds). 2) Lead the class in some sort of more interactivity, e.g., roleplay, discussion, video clips, etc. Creativity is welcome and encouraged. You may work in pairs for this presentation—if you do so, the slides will remain the same length, but you will be expected to utilize more time (TBD) for the interactive part.

40% 2 Papers *choose 2 of the following 3 options*****

Paper Option 1. Couple & Family Counseling in Practice

Review and summarize the main arguments and recommendations from peer-reviewed clinical literature, related to using a couple or family-based approach to address a social, psychological, or health condition in a selected population (e.g., adults, children, adolescents, women, veterans, etc.). The approach you discuss should include at least two people in a system, at least one of whom is experiencing a condition (e.g., ADHD, eating disorders, cancer, homelessness, etc.). The couple or family-based approach may be therapy, consultation, or some other family-focused intervention. You can focus on one specific theory or an integrative framework. Maximum 6,000 words, including references and title page. Abstract is not required. APA Style 7th edition required. Acceptable fonts/sizes for APA Style 7th edition include:

- 12-point Times New Roman
- 11-point Arial
- 11-point Calibri
- 11-point Georgia
- 10-point Lucida Sans Unicode

Use the following sub-headings in writing the paper. Think 2–3 pages per section (some perhaps a little longer, some a little shorter) as a guide.

Clinical Summary of [Your Condition/Population]

Summarize the main clinical features of your condition/population (e.g., demographics, etiology, diagnoses, symptoms, social and emotional impacts, prognosis, etc.).

Rational for a Systems Approach

Summarize the main arguments from the literature about using a couple or family approach to addressing your selected population/condition. For example, what does the literature say about centering interventions involving family members in treatment?

Main Recommendations in Using a Systems Approach

From the literature, summarize the main recommendations and/or techniques related to doing family-based work to address the condition/population. Write this so the reader can quickly grasp what approach, tools or techniques are recommended.

Treatment Considerations and Caveats

Discuss any issues that should be considered in using a family-based approach for your selected condition/population.

References

Doctoral students: Include at least 10 published scholarly sources (e.g., peer-reviewed articles). Master's students: Include at least 7. Everyone: Prioritize articles from the past 10 years. Encyclopedia articles are welcome but be sure to include journal articles.

Paper Option 2: Couple or Family Case Conceptualization

The purpose of this paper is to demonstrate an understanding of how systems principles and concepts apply to conceptualizing issues in a family or couple. Choose a film or a TV series (at least one season)—run this by the instructor before you start. We will assume that someone in the family or couple makes an appointment with you, and you will be providing family or couple-based treatment. Develop a hypothetical conceptualization with treatment recommendations related to working with this couple or family. Pay attention to how the family changes and adjusts or adapts over the course of the movie or series. Maximum 6,000 words.

- 1) You must work in dyads for this option (3 is also acceptable). View the movie or series as often as needed to gather information to write up the case conceptualization.
- 2) Share responsibilities with your partner(s) in composing the paper. Be familiar with all concepts that guide the conceptualization (based on readings or class materials, e.g., look up topics in the Encyclopedia) to firmly grasp concepts. This is an exercise in applying concepts; therefore, do exchange ideas with your partner(s).
- 3) Include everyone's name in the submission—only one person needs to turn it in.
- 4) The paper should be double-spaced. APA style is not required; no references are needed.
- 5) There are many online sources for creating genograms; some have free trials. You can also draw the genogram by hand.

Use the italicized terms below as subheadings to write up the case conceptualization which should include: a summary of the family's clinical history, your hypotheses and diagnoses, and treatment recommendations. Your comments should be succinct but informative.

Part 1: Clinical History of the Family

- 1) Construct a 1-page *genogram* of the family based on information in the movie. Some names in the family may be unclear so use "roles" (e.g., grandfather) as a designation. How this looks is flexible—just make it useful and understandable.
- 2) List 2 or more *presenting concerns* that you believe may bring this couple or family to ask for help. This is asking you to speculate based on your judgment.
- 3) Discuss the influence(s) of *inter-generational dynamics* on child (if applicable) or family relationships. (Note: Pay attention to family dynamics or themes that seem to show up across 2–3 generations. You may have to guess in this area.)
- 4) Discuss the impact on the family's *structural dynamics* on relationship functioning. (Note: The term "structure" as used here is based on concepts of structural family therapy, e.g., hierarchy, subsystems, boundaries, triangles, coalitions, rules etc. Review structural family therapy concepts to discuss this aspect.)

- 5) Describe core family/couple cognitions (e.g., assumptions, attributions, schemas, scripts, beliefs, values) that may be related to presenting concerns.
- 6) Summarize how the couple or family's communication, problem-solving and conflict resolution patterns may be linked to presenting concerns.
- 7) Discuss the impact of culture and socioeconomic status on the couple or family.
- 8) Describe the impact of gender-role dynamics on the couple or family (if applicable).
- 9) List current stressors in the couple or family, including a pile-up of stressors.
- 10) List larger system factors that may be affecting the couple or family.
- 11) Identify coping patterns of members in the couple or family.
- 12) List the strengths, resources and/or sources of social support focusing both on individual strengths/resources and then on the system. Then, write one paragraph on why the strengths and resourcefulness of this couple or family may be mischaracterized or misunderstood by mental health professionals based on biases.

Part 2: Hypotheses

List 3 hypotheses about how couple or family dynamics (as you describe above) may be contributing to the conduct of one or more individuals in the couple or family.

Hypotheses must be relational and/or systemic (i.e., not just individually focused) and may be based upon one or more specific models of couple or family therapy and focused on any system level child, couple, extended family, etc.

Part 3: Treatment Recommendations

- 1) Based on your hypotheses above formulate 2 treatment objectives that might be the focus of your work with this case. Note: A treatment objective is what you will aim to do in working with this couple or family. State your objective clearly. Your objectives should be closely connected to your hypotheses.
- 2) Describe an initial plan (focus on the first 1–4 meetings). For example, will it be in home, at a clinic, or at a hospital? Whom will you see and why? What themes might you focus on in your conversations with the couple or family?

Part 4: Indicators of Change

Carefully review the latter part of the movie or series (or 1 season or more of a series). Look for any signs that the couple or family is functioning better and any structural dynamics (from #4 above under “clinical history”) that may have shifted (although some problems likely persist). These changes are like those brought that can be facilitated by effective conversations with the couple or family. Discuss 2–3 specific signs of change that you observe in the couple or family relationship(s), or in any individual(s). How do these changes improve their prognosis?

Paper Option 3: Personal Family Genogram and Essay

This paper is designed to promote deeper awareness of your own development and functioning in biological or adoptive family systems, using course concepts and principles. The overarching aim is to promote knowledge about self-in-system that leads to superior capacities as a reflective mental health practitioner. The term “family” may refer to biological and/or adoptive caregivers, siblings, and other relatives. Family-of-origin refers to the family in which you grew up and family-of-procreation refers to the family you may have launched (if applicable).

Note: This assignment may push you well beyond your comfort zone. It is quite normal and valid to feel deep resistance to writing this paper. You may worry that you may be inappropriately sharing your family’s secrets, presenting your loved ones in a negative light, or exposing things that you would rather keep private. I encourage you to sit with these discomforts and to push past them to get a sense of what our clients and patients feel as they share their family backgrounds with a mental health practitioner. Often after the assignment is completed, students vouch for the immense value of insights into their own family systems. Students have especially commended how insights helped them to manage “triggers” and “counter-transferences” that occur in therapeutic work. In bringing a sense of vulnerability and exposure in sharing details of family with other students, some have also commented on how much insight they receive into clients’ or patients’ anxieties in initial meetings.

The assignment requires your in-depth examination and analysis of your own development in family system (biological and/or adoptive) and its impact on you. The focus is less on the issues or events in your family system and more on your awareness and understanding of these issues and how they have shaped you. I am aware that you will be sharing highly personal details and I treat your disclosures in the strictest confidence. I am the only one that will read your disclosures. Deep awareness and analysis of our own family systems is vital to effective therapeutic work.

- 1) Begin information gathering well before the assignment is due. In some cases, it may require you to contact other family members. Please explain to them the purpose and value of the assignment and invite your family members to view your requests as part of your training to delve into the deep issues that families may bring to you.
- 2) On the due date/time submit one paper (maximum 6,000 words) that includes a cover page with your name.
- 3) The essay should be double-spaced. No references are needed.

The entire paper is composed of a genogram, an essay on your family and you, and a reflection on doing the assignment.

The Genogram

- 1) Construct a genogram reflecting at least three generations of your family-of origin, and—if relevant—your family-of-procreation. The genogram should visually document your family constellation and provide some information about family members.
- 2) Clearly identify yourself within the depiction.
- 3) Include some basic demographic information about individuals (e.g., age; ethnic/cultural origin; marriage/divorce, death, etc.) and any other information you believe is useful to understanding your family system.

The Family Essay

- 1) The essay will focus on your development in and the impact of your family-of-origin and if relevant, explore dynamics in your family-of-procreation. Drawing from the genogram, compose a summary of your family’s story and its personal impacts on you, historically and presently.
- 2) Address the following—choose the topics that are the most important or relevant:
 - Family roles, rules, and patterns
 - Communication, decision-making, problem solving patterns
 - Emotional climate and conflicts
 - Family structure, e.g., generational boundaries, triangles, subsystems, etc.
 - Management of intimacy and separateness
 - Family life cycle / developmental processes
 - Parental relationships and parenting strategies
 - Sibling relationships (historically and currently)
 - Significant transitions or events
 - Cultural dynamics (e.g., race, gender, religion, class etc., on the family system)
 - Predominant beliefs and values
 - Family supports, strengths and resilience
- 3) How and/or where do you see the influences of your family most in your current lifestyles and choices?
- 4) What would you say are the most impactful family legacies? This may be expressed positively or negatively
- 5) In counseling or chaplaincy work with individuals, couples, or families, what dynamics might trigger your own thoughts and attitudes about your family?
- 6) What, if any, are your unresolved issues concerning your family?
- 7) Identify 2–3 areas regarding your family that you wish to further explore.

Reaction

Provide a reflection or reaction commenting on any aspect related to writing this paper.

Course Policies

Accommodations for Students with Disabilities: If you have a disability that may affect your performance in this course, get in touch with the University Accessibility Center (2170 WSC). This office can evaluate your disability and assist the professor in arranging for reasonable accommodations. Inform Dr. Fisher ASAP of accommodations you need.

Preventing Sexual Discrimination or Harassment: Sexual discrimination or harassment (including student-to-student harassment) is prohibited by the law and Brigham Young University policy. If you feel you are being subjected to sexual discrimination or harassment, please bring your concerns to the professor. Alternatively, you may lodge a complaint with the Equal Opportunity Employment Office (D-240C ASB) or with the Honor Code Office (4440 WSC).

Honor Code: In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Violations may result in a failing grade in the course and additional disciplinary action by the university. It is the university's expectation that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

Late Work: Communicate with the instructor via Learning Suite or email so you both have a record of the communication. Extensions may be granted in rare cases—if discussed with the instructor before the due date, not after. Otherwise, any assignment will be reduced 5% per weekday it is late, up to a 30% reduction (i.e., any assignment, other than the presentation, may be turned in up until last class meeting, for up to 70% credit).

Class Schedule

Class	Date	Due
1	5.3	TDA: Start Here: Orientation (20 min.) Russell, W. P., & Breunlin, D. C. (2019). Transcending therapy models and managing complexity: Suggestions from integrative systemic therapy. <i>Family Process</i> , 58. 641–655. https://doi.org/10.1111/famp.12482
2	5.8	TDA: Stage 0: Foundational Models (45 min.) AAMFT Podcast: one episode (pick one that fits your interests or is relevant to your assignments, and take some notes in your course journal)

3	5.10	TDA: Stage 1: First Couple Therapy Sessions (40 min.) <i>Integrative Systemic Therapy in Practice</i> : Chapter 3: Convening a Client System and Defining a Problem: The First Session
4	5.15	TDA: Stage 1: Nuances to First Sessions (45 min.) <i>IST in Practice</i> : Chapter 4: Strategies for Locating a Problem in a Problem Sequence
5	5.17	TDA: Stage 1: Interactional Patterns (20 min.) Hardy, N. R., & Fisher, A. R. (2018). Attachment versus differentiation: The contemporary couple therapy debate. <i>Family Process</i> , 57, 557–571. https://doi.org/10.1111/famp.12343 Journal
6	5.22	<i>IST in Practice</i> : Chapter 5: Identifying a Solution Sequence Chambers, A. L. (2012). A systemically infused integrative model for conceptualizing couples’ problems: The four-session evaluation. <i>Couple and Family Psychology: Research and Practice</i> , 1, 31–47. First paper due
7	5.24	TDA: Stage 1: Second Couples Therapy Session (90 min.) Williams, N., Foye, A., & Lewis, F. (2016). Applying structural family therapy in the changing context of the modern African-American single mother family. <i>Journal of Feminist Family Therapy</i> , 28, 30–47. Presentations
8	5.31	TDA: Stage 1: Individual Clients (first 4; 30 min.) Book Club Meeting 1
9	6.5	TDA: Stage 1: Individual Clients (last 4; 15 min.) AAMFT Podcast: one episode Presentations
10	6.7	TDA: Stage 1: Recap of Fundamentals of TDA (48 min.) Book Club Meeting 2
11	6.12	TDA: Stage 1: 10 Challenging Couple Styles (75 min.) Walker, J. (2012). Parental factors that detract from the effectiveness of cognitive-behavioral treatment for childhood anxiety: Recommendations for practitioners. <i>Child Behavior Therapy</i> . 34, 20–32
12	6.14	Second paper due Journal

NOTE: syllabus and schedule subject to change; instructor will provide advance notice

NOTE on TDA videos for Spring 2023: If you have already watched these videos in a previous course, you can either watch some/all of the videos again as review or continue on with the training. In the latter case, try to stay within the equivalent length of time of the videos in the course schedule.