

Subject Description Form

Subject Code	APSS5115														
Subject Title	Social Constructionism and Collaborative Dialogic Approach														
Credit Value	3														
Level	5														
Pre-requisite / Co-requisite/ Exclusion	Nil														
Assessment Methods	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">100% Continuous Assessment</th> <th style="width: 33%;">Individual Assessment</th> <th style="width: 33%;">Group Assessment</th> </tr> </thead> <tbody> <tr> <td>1. Group Presentation</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">35%</td> </tr> <tr> <td>2. Paper</td> <td style="text-align: center;">50%</td> <td style="text-align: center;">0%</td> </tr> <tr> <td>3. Class Participation</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The grade is calculated according to the percentage assigned; The completion and submission of all component assignments are required for passing the subject; 			100% Continuous Assessment	Individual Assessment	Group Assessment	1. Group Presentation	0%	35%	2. Paper	50%	0%	3. Class Participation	15%	0%
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Objectives	<p>Students are expected to critically analyze the major philosophical traditions and theoretical frameworks that inform the post-modern social constructionist practice of family therapy. Students will be introduced to two of the most recently developed models of post-modern practices; the general social constructionist approach and the collaborative dialogic approach. Students will be encouraged to examine the similarities and differences in philosophical, theoretical and practice principles of different post-modern practices and their role in influencing the construction of clinical realities. Students will be facilitated to actively experiment with the newly learned approaches in actual cases in their daily practice with a view to evolving their own personal style of family therapy.</p>														
Intended Learning Outcomes	<p>Upon completion of the subject, students will be able to:</p> <ol style="list-style-type: none"> a. examine the influences of post-modern perspectives in family therapy. b. understand the role of social theories and philosophical traditions in the development of post-modern social constructionist family therapy models. c. understand the philosophical premises, theoretical assumptions, practice principles, and ethical principles underlying the social constructionist approaches. d. creatively apply post-modern family therapy approaches to different family problems and issues in the context of Hong Kong. e. begin to develop their own personal style of family therapy in light of the social constructionist family therapy approaches studied. 														

Subject Synopsis/ Indicative Syllabus	<ol style="list-style-type: none"> 1. Post-modern Movement in Family Therapy. 2. Impact of theoretical frameworks on the evolution of family therapy: Social Constructionism, Feminist, and Narrative theory. 3. Evolution of post-modern practice in family therapy and its relationship with social work practice. 4. Current trends in development of post-modern practice in Hong Kong and other parts of the world. 5. Philosophical premises, theoretical assumptions, practice principles and ethical guidelines underlying the Collaborative Dialogic approach to family therapy. 6. Integration of the major approaches with different family problems in the context of Hong Kong. 7. Issues of developing a personalized style to family therapy. 																																								
Teaching/Learning Methodology	<p>The main pedagogical approach for this subject is based on the action learning approach. Through attending the lectures and reading the relevant materials, students will develop a conceptual understanding of the subject. They will be expected to actively experiment with the newly learned concepts in actual cases. Their experimentation will be presented to the whole class so as to get feedback from other students and the teacher. Based on the feedback, students will pursue further experimentation with their newly acquired knowledge in family therapy practice. The subject will also incorporate a variety of experientially-based pedagogical methods to facilitate the students' learning, including case studies, role-play, videos of real-life case, and individual and group presentation and reflection.</p>																																								
Assessment Methods in Alignment with Intended Learning Outcomes	<table border="1" data-bbox="432 1249 1469 1704"> <thead> <tr> <th rowspan="2">Specific assessment methods/tasks</th> <th rowspan="2">% weighting</th> <th colspan="5">Intended subject learning outcomes to be assessed (Please tick as appropriate)</th> </tr> <tr> <th>a</th> <th>b</th> <th>c</th> <th>d</th> <th>e</th> </tr> </thead> <tbody> <tr> <td>1. Group Presentation</td> <td>35%</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>2. Paper</td> <td>50%</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>3. Class Participation</td> <td>15%</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Total</td> <td>100 %</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:</p> <p>1. Group Presentation (35%)</p> <p>Group presentations will emphasize a post-modern orientation to approach the family situation and to offer new possibilities for co-creating new realities. Every group will submit a brief PowerPoint report of the case at the time of the presentation.</p> <p>The presentation and the report will be graded according to the students' effort in</p>	Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)					a	b	c	d	e	1. Group Presentation	35%	✓	✓	✓	✓	✓	2. Paper	50%	✓	✓	✓	✓	✓	3. Class Participation	15%	✓	✓	✓	✓	✓	Total	100 %					
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	<p>putting post-modern concepts into practice with real life cases (10%), demonstration of post-modern ideas in role-play (15%), team cooperation and the organization of the presentation (5%), and the PowerPoint report (5%).</p> <p>2. Paper (50%)</p> <p>Reflection on the application of collaborative practice</p> <ol style="list-style-type: none"> Reflect on the experience of the lecture/workshop/your group presentation on collaborative practice and describe “new” sense of Collaborative approach Describe how you will take your “new” learning to your everyday life or work. Discuss the applicability of the collaborative therapy to the specific social service setting by which you are rendering family therapy. You may specifically discuss how some of the organizational worldview and practice prevent the post-modern practice. (Students may choose a & b or a & c) (Word limit: 2000) <p>3. Class Participation (15%)</p> <p>Knowledge and learning is a co-created process, therefore, it is essential that students actively participate in dialogues with subject and seminar teachers and their fellow students throughout the semester. Attendance and participation in discussion will be graded.</p>	
<p>Student Study Effort Expected</p>	Class contact:	
	<ul style="list-style-type: none"> Lecture 	27 Hrs.
	<ul style="list-style-type: none"> Seminar 	12 Hrs.
	Other student study effort:	
	<ul style="list-style-type: none"> Preparatory and discussion for group projects 	20 Hrs.
	<ul style="list-style-type: none"> Reading prescribed books & articles 	30 Hrs.
	Assignment	28 Hrs.
	Total student study effort	117 Hrs.
<p>Reading List and References</p>	<p>Essential</p> <p>Anderson, H. (1997). <i>Conversation, language, and possibilities: A postmodern approach to therapy</i>. New York, NY: Basic Books.</p> <p>Goldenberg, I. & Goldenberg, H. (2013). <i>Family therapy: An overview. (8th ed.)</i>. Brooks/Cole.</p> <p>Putman, N. & Martindale, B. ed (2022) <i>Open dialogue for psychosis: Organizing mental health services to prioritise dialogue, relationship and meaning</i>. New York, NY: Routledge.</p> <p>Supplimentary</p> <p><u>Paradigm Shift in Family Therapy from the late 1970s</u></p>	

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- Basteson, G. (1972). *Steps to an ecology of mind*. New York, NY: Ballantine Book.
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Social Constructionist Approach

- Gergen, K. J. (2009). *Relational Being: Beyond self and community*. Oxford, England: Oxford University Press.
- Gergen, K. J. (2010). Kenneth Gergen talks about social constructionist ideas, theory and practice. Retrieved from <http://vimeo.com/15676699>
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- Sung-Chan, P.L., & Tsoi . S. K. (2007) Construction of self: The life histories of women's marriage in Beijing, China. *Social Work Research*, 5, 82-104.
- Yuen-Tsang, W. K., & Sung-Chan, P. L. (2005). The social construction of concealment among Chinese women in abusive marriages in Hong Kong. *Affilia*, 20, 248-299.

Postmodern Collaborative-dialogic Approach

- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). Newbury Park, CA: Sage.
- Anderson, H. (1997). What we can learn when we listen to and hear clients' stories. *Voices: The Art and Science of Psychotherapy*, 33(1), 4-8.
- Anderson, H. (2000). Becoming a postmodern collaborative therapist: A clinical and theoretical journey Part I. *Journal of the Texas Association for Marriage and Family Therapy*, 5(1), 5-12. <http://www.harleneanderson.org/index.html>
- Anderson, H. (2001). Becoming a postmodern collaborative therapist: A clinical and theoretical journey Part II. *Journal of the Texas Association for Marriage and Family Therapy*, 6(1), 4-22. <http://www.harleneanderson.org/index.html>
- Anderson, H. (2001). Postmodern collaborative and person-centered therapies: What would Carl Rogers say? *Journal of Family Therapy*, 23, 339-360.
- Anderson, H. (2005). Myths about not knowing. *Family Process* (44), 497-502.
- Anderson, H. (2007). The heart and spirit of collaborative therapy: A way of being. In H. Anderson & D. Gehart (Eds.). *Collaborative therapy: Relationships and conversations that make a difference* (pp. 43–59). New York, NY: Taylor & Francis.
- Anderson, H. & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York, NY: Routledge.
- Anderson, H. (2008). *Postmodern social construction collaborative practices: Creating successful relationships, conversations & possibilities*. <http://www.harleneanderson.org/writings/postmoderntherapieschapter.htm>
- Anderson, H. (2008). 合作取向治療. 臺北: 張老師文化
- Anderson, H. (2009). Collaborative practice: Relationships and conversations that make a difference. In J. Bray & M. Stanton (Eds.). *The Wiley handbook of family psychology* (pp. 300– 313). Malden, MA: Blackwell.

Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for relationally responsive practice. *Family Process*, 51(1), 8-24.
More Harlene Anderson's articles on <http://www.harleneanderson.org/index.htm>

Open Dialogue

Lakeman, R. (2014). The Finnish open dialogue approach to crisis intervention in psychosis: A review. *Psychotherapy in Australia*, 20 (3), 26-33.

Seikkula, J. (2002a). Monologue is the crisis: Dialogue becomes the aim of therapy. *Journal of Marital and Family Therapy*, 28(3), 283–284.

Seikkula, J. (2002b). Open dialogues with good and poor outcomes for psychotic crises: examples from families with violence. *Journal of Marital and Family Therapy*, 28(3), 263–274.

Seikkula, J. (2003). Open dialogue integrates individual and systemic approaches in serious psychiatric crisis. *Smith College Studies in Social Work*, 73(2), 227–245.

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Other

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Dienhart, A. (2001). Engaging men in family therapy: Does the gender of the therapist make a difference? *Journal of Family Therapy*, 23(1): 21-45.

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Tomm, K. (1988). Interventive Interviewing: Part III. Intending to ask lineal, circular, strategic or reflexive questions? *Family Process*, 27, 1-15.

Tomm, K. (1989). Externalizing the problem and internalizing personal agency, *Journal of Strategic and Systemic Therapies*, 8(1)