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Theory of Change Projects Used in Marriage and Family Therapy Programs

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THEORY OF CHANGE PROJECTS USED IN MARRIAGE AND FAMILY

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ABSTRACT

Theory of Change Projects Used in Marriage and Family Therapy Programs

by

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Theory of change papers and projects are used by various marriage and family therapy (MFT) training programs throughout the United States and Canada. Little is known about how these projects differ and are similar from program to program. The purpose of this study was to obtain a better knowledge and understanding about these projects.

Questionnaires regarding the use of theory of change projects were sent to all accredited and candidacy MFT programs throughout the United States and Canada. An exploratory, descriptive design was used to guide the research, and content analysis was used to analyze the data. The research was done in an attempt to answer the three research questions: (a) what percentage of MFT programs are using theory of change projects?, (b) what are the processes used in preparing and presenting the projects?, and (c) what is the content required in these projects?

The research revealed that 27 (59%) programs that responded used theory of

change projects. Among the data from these programs, nine themes emerged in the processes used to prepare and present the projects. Furthermore, there were four unique aspects to processes in preparing and presenting the projects. With regards to content required in the projects, there were six themes found which consisted of 23 categories. The six themes were theory/models, change, the therapy process, client issues, therapist issues, and contextual issues.

After reviewing the literature it is believed that theory of change projects may be useful in the training of marriage and family therapists. It has been learned through this study that many program directors are using some components in their projects that may be useful to other directors as they form or refine their own theory of change projects. In forming a theory of change project, it appears important to have students conceptualize both the change process and the treatment process and to integrate theory with practice.

It is hoped that findings from this study will be useful to both those MFT program directors and faculty that do not require a theory of change project, but desire to develop one, and those that already have a project, but are trying to improve it. The findings from this study will help programs gather ideas from each other in an attempt to make MFT training more useful throughout the U.S. and Canada.

(74 pages)

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Also deserving of a special thanks is my wife, Melinda, who spent long hours without me while I worked on my thesis and other degree requirements. Due to her patience and support this thesis was able to be accomplished in a timely manner.

David Prior

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CHAPTER 1

INTRODUCTION

Throughout the United States, marriage and family therapy (MFT) programs are designed to instruct and train students in different models of therapy. Students are generally introduced to systemic theory as well as various models or methods of conducting therapy and by the end of their programs have chosen which models they like best. Many MFT students will utilize more than one model and will integrate these various models into their own framework of conducting therapy.

Each model taught to MFT students has a particular viewpoint regarding how change occurs in individuals and families. Thus, when a student integrates two or more models, it becomes necessary to create an integrated viewpoint regarding the change process. Not only do students differ in the therapy models that they prefer, but they also differ in the way they interpret particular models. In other words, two students may use the same model but they each may put a different twist on that model. This may happen by one student emphasizing a particular part of a model more than others, or by simply accepting specific parts of a model while rejecting other parts. Regardless of how these differences develop, there is a uniqueness to each MFT student's viewpoint regarding the change process.

In order to help MFT students integrate the models of therapy they choose to advocate, some programs require students to write a paper or complete some sort of project in which the students explain their individualized theory of change. It seems logical that if therapists are able to conceptualize the process by which individuals and

families change, they will be more effective in aiding their clients in making needed changes. Essentially, it is believed that those students who can integrate and explain the way they view change to occur will be better therapists (Taibbi, 1996). For this reason many MFT program have theory of change papers or projects.

Definitions

Important terms used in this project include: theory, theory of change, process, content, systems theory, and models of therapy. Each is defined below.

Theory

Theory is a set of concepts and propositions used to explain, describe, and/or understand a certain phenomenon.

Theory of Change (or Change Process)

A theory of change is the customized, unique framework used by an MFT student or therapist to understand and explain how change occurs in individuals and families. "Theory of change" is synonymous with the "change process." The change process should not be confused with the therapy process. The therapy process refers to how therapy brings about change or aids the change process (Orlinsky, Grawe, & Parks, 1994). Thus, the therapy process is a part of the change process. The change process (or theory of change) takes in the big picture. It explains how change occurs with or without therapy.

Content

Content is the actual parts and information required in the theory of change projects.

Process

Process is the steps students go through in forming their personalized theories of change and the manner in which these projects are presented and/or evaluated. For example, one part of a project's process may be that the students are required to orally present the theory of change to the MFT faculty.

Systems Theory

Systems theory can better be labeled as systemic thinking (Nichols & Schwartz, 1998). It is a way of thinking and seeing the world as composed of interrelated parts. This theoretical perspective, or paradigm, is largely based on the idea of nonsummativity, which is defined as the whole being greater than the sum of its parts. Regarding systems theory, Hanson (1995) stated that one sees "the world in terms of wholes or relational patterns" (p. 1). Systems theory is distinguished from models of therapy as defined below.

Models of Therapy

Models of therapy are distinct methods of organizing ideas and concepts regarding how therapy should be conceptualized and performed. Each model contains assumptions, concepts, techniques, and interventions specific to that model.

Statement of the Problem

Little is known about the theory of change projects used in various MFT programs across the U.S. and Canada. It is not known how the various projects proposed by the programs differ or are similar. There is no unified manner in which MFT students are trained to think about the change process. The purpose of this research was to get a better understanding of what is being taught and required of MFT students with regard to theory of change projects.

It is not known whether or not theory of change projects actually promote the development of more effective therapists. This is only an unstated hypothesis that has not been tested. Actually testing this hypothesis would require a longitudinal study. Before such a study is conducted, however, a better understanding is needed about what the various theory of change projects entail and how they are being conducted. This is the descriptive purpose and focus of this study.

More specifically, the research questions for this study are

1. What percentage of MFT programs are using theory of change projects?

2. Among MFT programs that do have a theory of change project, what processes are followed to complete the projects?

3. What kinds of content are requested in the projects?

CHAPTER 2

REVIEW OF LITERATURE

Theory

The Random House Webster's College Dictionary (1992) defines theory as "1. a coherent group of general propositions used as principles of explanation for a class of phenomena. . . 2. a proposed explanation" (p. 1384). Both of these definitions suggest that theories are used to explain something. Theories are also used to describe, organize, predict, and understand information (Douglas, 1976; Miles & Huberman, 1994; Taibbi, 1996). Taibbi wrote that theories are "tools for organizing. They are the peg board upon which we hang what we see and hear; they show us where to look and what to listen for" (p. 6). Theory guides the way we view and interpret our environment. This is true for researchers, therapists, and lay people.

Patton (1980) noted that theory is important in all branches of the social sciences. Of particular interest to this study is the field of marriage and family therapy. Marriage and family therapists need to use theory to guide their work (Taibbi, 1996). Speaking of the importance of theory in therapy, Taibbi wrote that without theory, "[therapists] are set adrift in a vast ocean of facts and observation" (pp. 5-6). He further noted that theory is something one can hold on to, and is the first step to becoming a good family therapist.

Theories of Change

The literature regarding theories of change is small and incomplete, and to my

knowledge this is the first study ever that attempts to examine what theory of change projects entail. Despite the lack of research on theories of change, advocates of particular models of therapy address change in one way or another.

Gurman and Kniskern (1981, 1991) compiled a two-volume handbook for training marriage and family therapists. Each chapter addressed a different model or aspect of therapy and was written by an expert on that model or issue. The authors of each chapter addressed different models of therapy and were requested to discuss "mechanisms of change" (p. xix). Although these sections are not entitled "theory of change" or "the change process," they come very close to being theory of change sections.

In their marriage and family therapy textbook, Nichols and Schwartz (1998) discussed the currently used models of family therapy. They did not include a section for each model that addressed the change process, but if one reads about any given model, a theory of change can be inferred. Hence, in Nichols and Schwartz's work, as in most other family therapy handbooks, the theory of change is implied rather than explicitly stated. It takes integration and understanding of the model to form a clear idea and/or understanding about its theory of change.

Even in materials that explicitly address the change process (e.g., Metcalf, Thomas, Duncan, Miller, & Hubble, 1996), the change process is often confused with the therapy, or treatment, process. Orlinsky et al. (1994) examined this issue by stating:

Some investigators use the term process to refer to processes of change through which clients or patients are hypothesized to improve. These change processes tend to be viewed as occurring within the patient, often, but by no means

exclusively or even mainly, during therapy sessions. . . . Other researchers use the

term process primarily to refer to the events -- any and all of the events -- that may

be observed and experienced during therapy sessions. (p. 274)

Orlinsky et al. explained that both types of processes are important but should be

differentiated. They assigned the term "change process" to the former definition and

"treatment process" to the latter.

A good example of the confusion between theories of change and theories of the

therapy process is found in Metcalf et al. (1996) in which the authors included a specific

section entitled, "The Change Process: What Worked in Solution Focused Brief Therapy"

(p. 343). In this section, the authors explained the treatment process rather than the

change process. Such confusion may only be an issue of semantics and is not the main

point of this literature review. However, the point is that the "change process" is rarely

addressed explicitly whereas the treatment process is usually explicitly stated.

It is important to note that different theorists and clinicians have defined the

change process in different ways. The way Orlinsky et al. (1994) defined the change

process is different from the way DiClemente (1987) defined it. DiClemente stated, "The

processes of change, then, represent a middle level of abstraction between a complete

system of psychotherapy and the techniques proposed by the theory" (p. 159). This

definition tends to address more of what Orlinsky et al. (1994) referred to as the treatment

process. Although this researcher prefers Orlinsky and others' definition, it is realized

that many people conceptualize the term "change process" differently. This is important

to recognize because the various MFT programs throughout the United States and Canada

probably have different ideas about what the "change process" means. Uncovering their definitions may lead to more conversation in the field regarding how therapists think about change, and how training programs assist students in this process.

A review of the change process literature indicates a need for therapists to develop a theory of change. Lambert and Hill (1994) wrote, "A central task of psychotherapy is to assist patients in making changes in their lives" (p. 72). Furthermore, Snider (1991) stated, "Implicit if not explicit in family therapy training is that the therapist's goal should be to bring about change or prevent an undesired change from happening" (p. 67). Conceptualizing and understanding the change process will benefit therapists in assisting their clients to bring about desired change and avoid undesired change.

During training, MFT students are presented with various models and approaches of therapy from which to develop their own style of conducting therapy. Students pick the model, or models, they believe will best aid them and their clients to bring about positive, productive change. The decision as to which model(s) to advocate is based on both a goodness of fit between the therapist and the model, as well as the therapist's opinion that the model is effective. As therapists choose particular models to use in therapy, they form a personalized theoretical orientation. Snider (1991) noted that this theoretical orientation is a belief system that guides therapists in their work. Thus, the theoretical orientations of therapists influence their views of change and thus influence their overall theories of change.

It appears that many students of marriage and family therapy choose to use more than one model in their approach to therapy. DiClemente (1987) wrote, "Both the

research literature and the experience of clinicians seems to indicate that no single system of therapy addresses adequately all. . . questions. The practical solution for many therapists is an amalgam of two or more favorite systems" (p. 158). With students and therapists using more than one model of therapy, there is an increased need for each student and therapist to develop an integrated and coherent theory of change. Without a clear theory of change, therapy is more prone to confusion and the use of interventions that either have no direction or that contradict one another.

Regarding the need for integration, Textor (1987) wrote:

Each therapist develops a subjective approach to therapy in order to organize information, experiences, and observations, explain events in his [sic] office, recognize pathological phenomena, formulate treatment goals and strategies, define his [sic] own role, select techniques and measure his/her success. He [sic] does not need to observe all reactions of his [sic] clients or infer all processes occurring in him [sic] -- which would be impossible. Thus, he [sic] concentrates on a few, e.g., processes, stages, and levels of change. (p. 185)

One way of developing this subjective approach advocated by Textor is to form it within the context of a theory of change. Within such a context, a therapist is better able to organize the numerous concepts mentioned above.

Gaylin (1989) discussed that the mental health field has tried to evaluate the psychotherapeutic change process through objective means even though this process is actually subjective. If the change process is subjective, it is even more critical that therapists develop and articulate their own theory of change because it will be different

for each therapist.

The literature has addressed the importance of recognizing and assisting change in clients. It can even be inferred that each therapist should form or conceptualize a theory of change from which to work. However, it is not known exactly what strategies are being used in teaching MFT students to make such an integration and to articulate their ideas.

A large part of this research is to look at what different MFT programs consider to be important for students to include in their theories of change. A review of the literature suggests that there are many issues that should be addressed in attempting to explain the change process. Three such issues are first order versus second order change; when change occurs; and how behavior, cognition, and affect take part in the change process.

First order and second order change are concepts used by many systemic thinkers (Becvar & Becvar, 1996; Gurman & Kniskern, 1991; Nichols & Schwartz, 1998; Sherman & Dinkmeyer, 1987). First order change refers to change that occurs within a system, but does not affect the system as a whole. Second order change, on the other hand, is a change in the underlying rules governing behavior and thus a change in the system itself. Change at this level affects the entire system as a whole (Hanson, 1995). This type of change has a more profound effect on behaviors across contexts, and it tends to last over time. Because these concepts appear to permeate systemic therapy models, it seems reasonable to include them in an MFT theory of change.

The issue of when change occurs differs from model to model. The structural and experiential models, for example, proclaim that change occurs within the therapy session,

whereas the proponents of Bowenian and strategic models advocate that change occurs outside of the therapy setting (Nichols & Schwartz, 1998). With MFT students advocating more than one model, which often differ regarding when change occurs, it becomes necessary to incorporate this issue into a theory of change.

DiClemente (1987) mentioned the importance of addressing behavior, cognition, and affect in the change process. These three dimensions of the human experience appear to be central to all aspects of our lives, but it is not clear as to which roles they play in the change process. Each theory of change developed by therapists may explain these roles differently according to the model(s) to which they subscribe.

These three aspects of a theory of change (first order and second order change; when change occurs; and behavior, cognition, and affect) are examples of what a theory of change project might include. They are not inclusive and, in fact, are probably not sufficient for a complete theory of change. They are simply ideas and illustrations of what was explored in the analysis of data.

It was hoped that through this research project a better understanding would be gained of important aspects to be included in theories of change. Furthermore, it was hoped that a familiarity would be gained regarding how training programs use theories of change to train their students. In order to obtain such knowledge this research project followed a specific methodology and design as addressed in the following chapter.

CHAPTER 3

METHOD

Design

This study was based on an exploratory, descriptive design. The goal of the study was to understand and describe a particular aspect of MFT training: the theory of change project. Data were collected from MFT program representatives throughout the United States and parts of Canada in order to ascertain which programs are using theory of change projects and what these projects entail.

The nature of this study was qualitative and did not include quantitative information, except for percentages regarding how many programs use theory of change projects. The analysis of data in this study gave us a better understanding about a possibly useful training strategy for MFT students and therapists.

Population and Sample

The population for this study consisted of all marriage and family therapy programs in the U.S. and Canada that were accredited by or in candidacy status with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). This included both degree-granting and post-degree institutes (PDI). Post-degree institutes are programs in which individuals that have degrees in other mental health fields can gain an emphasis in marriage and family therapy. All of these programs (degree-granting and PDI) were included in the study; therefore, the population was

studied rather than a sample of the population. Directors of all programs on the accreditation and candidacy list of COAMFTE were sent questionnaires. The population consisted of 78 programs, 72 of which were in the United States. The remaining six programs were in Canada. Of the 78 programs on the accreditation list, 53% were masters level, 12% were doctorate level, 8% had both masters and doctorate levels, and 27% were post graduate level.

Representatives from 46 (59%) of the programs responded to the questionnaire. Fifty-four percent of these programs were masters level, 17% were doctorate level, 7% were masters and doctorate levels, and 20% were post graduate level. The percentages among the respondents appears to be representative of the percentage breakdown among the entire accreditation list (see Table 1).

Table 1

Types of Degrees Granted by MFT Programs

Type of program	All MFT programs		Respondents	
	N	%	N	%
Masters only	42	53	25	54
Doctorate only	9	12	8	17
Masters and doctorate	6	8	3	7
Postgraduate	20	27	9	20

Instruments

Program directors were asked to contribute their outlines or requirements (if any) for their program's theory of change projects. Theory of change projects were then analyzed for content and process as defined in the introduction.

One instrument that was used to gather and organize the data was the mailed questionnaire. The questionnaire asked about content and processes involved in the projects (see Appendix A). Another instrument used in the analysis of data was the researcher (Moon, Dillon, & Sprenkle, 1990). The researcher is considered an instrument because he made a coding scheme by which the data were analyzed and was responsible for putting the data into the various categories of the coding scheme.

Data Collection Procedures

Data collection for this study was organized into three steps. The first step involved sending out a one-page questionnaire to MFT program directors requesting information regarding whether or not a theory of change project was used in their MFT training programs and, if so, of what the project consisted. This questionnaire requested that the program directors send a copy of any material, such as instructions (perhaps in a syllabus), regarding the theory of change projects used in their programs. The questionnaire was accompanied by a cover letter (see Appendix B) explaining the purpose of the study and requesting the program director's participation in the study. All 78 of the program directors were sent questionnaires and approximately 15 (19%) of them

responded at this point in the data collection.

The second step of the data collection entailed sending out letters reminding the program directors to send back unreturned questionnaires (see Appendix C). The researchers sent a self-addressed, stamped postcard with this letter for the directors to check off a box indicating whether or not a theory of change project was used in their program (see Appendix D). By sending out the postcards it was hoped to obtain information from directors that would not otherwise take the time to fill out and return the questionnaire, such as those that do not have a theory of change project. The second step also included sending out more questionnaires to those program directors who did not receive one or had misplaced the one they received. Of the postcards that were sent out, 20 of them were returned. One of these indicated that the program contained a theory of change project, 11 of them indicated that the programs did not contain a theory of change project, and 8 of them indicated that they had not yet received a questionnaire. At this stage in the data collection approximately 35 programs (45%) had responded.

In the third step of the data collection process, the programs directors who had not yet responded were called to verbally request their participation and to address any concerns they may have had regarding sending information about their programs. As part of this third step, email messages also were sent to some of the program directors requesting their participation. Approximately 4 weeks were allowed to pass between each stage in order to give program directors time to gather and return the information that was requested. At the end of the data collection, 46 programs (59%) had responded to the request for information.

Data Analysis

The process of content analysis was used to analyze the data of this project. Berg (1998) described content analysis as a process in which large amounts of data are condensed and made systematically comparable by the use of a coding scheme. Interviews, field notes, and documents are often studied by using content analysis. In this study, documents in the form of course syllabi and instructions were analyzed according to a coding scheme. The data were handled by using hand sort methods and short hand notes. A hand sort method involves dividing by hand hard copies of the data into clusters and schemes. Short hand notes are defined as written annotations and codes that follow a coding scheme. These notes are recorded in the margins of the hard copies of the data as well as on separate pages of paper specific for that purpose.

The first step of the content analysis was done in an effort to answer the first research question: What percentage of MFT programs are using theory of change projects? This step involved counting the number of programs that responded to the request for participation and then counting the number of those that claimed to use some form of a theory of change project. To increase the knowledge base regarding programs that include theory of change projects, numbers and percentages of doctorate, masters, and postgraduate programs were calculated with regard to those that use/don't use theory of change projects.

The second step in the analysis began by reading one time through the data to get a general idea of possible themes and patterns (Patton, 1980). After all of the data were

read, a preliminary coding scheme was formed to analyze the data in an effort to answer the second and third research questions: 2) What are the processes used in the theory of change projects? and 3) What is the content of the theory of change projects?

The third step involved reading through the project instructions and course syllabi one more time to begin coding the data. This process required that new categories be added to the coding scheme and that preliminary coding categories be refined (Patton, 1980). At the end of this phase of analysis, a new, more concrete coding scheme was formed. To increase reliability and validity, the researcher consulted with his faculty advisor throughout the formation of the coding scheme and did an interrater reliability test after the data had been coded according to the final coding scheme.

The interrater reliability test was performed by randomly selecting three programs. The data from these three programs and a coding sheet were then given to the researcher's faculty advisor who acted as a second rater. The second rater coded the data and results were compared. There were 32 codes possible for each program's data, making 96 coding possibilities among all three programs. The raters were congruent on 90 of the 96 coding opportunities and incongruent on 6. Thus, there was 94% congruence between the raters.

The next step of analysis consisted of searching through the data one more time to code it according to the final coding scheme. This was followed by an analysis of themes, patterns, similarities, and differences.

The information and data from this analysis process is shared in the next chapter according to research questions and is displayed in two ways. The first type of data

presentation is in the form of text, which includes quotes of words and phrases. Direct quotes have been used to keep the data in their original form as much as possible (Berg, 1998). This increases both validity and objectivity. The second type of data display is in the form of tables. The tables help condense many pages of information into one or two pages in order to more effectively and reliably analyze and present the data (Miles & Huberman, 1994).

CHAPTER 4

RESULTS

The analysis of data revealed some interesting themes, patterns, and differences among the various programs' theory of change projects. This information is presented in this chapter according to the three research questions.

In the following two chapters when the word "program(s)" is used it will represent the response given by a program representative through written instruction or course syllabi. This is done in an effort to maintain consistency in attributing who gave the response since program directors were not always the ones who responded to the questionnaire. It is recognized that "programs" do not "respond" or "require," but to maintain clarity the word "program" will be used in such a fashion.

Question #1

The first research question was: What percentage of MFT programs are using theory of change projects? Of the 78 programs that were sent questionnaires and letters requesting their participation, 46 (59%) responded. Twenty-seven of these programs reportedly use some form of a theory of change project, representing 59% of the programs that responded. Nineteen of the programs that responded reported not using a theory of change project. That is, 41% of the respondents reported not using such a project.

Of the 46 programs included in the response group, 25 (54%) were masters only, 8 (17%) were doctorate only, 3 (7%) were doctorate and masters, and 9 (20%) were

postgraduate. This breakdown of respondents is closely representative of the breakdown among all 78 accredited and candidacy programs with a slight overrepresentation among doctorate programs and an underrepresentation among postgraduate programs (see Table 1).

Among the 27 programs that reported having theory of change projects, 15 were masters only, 2 were doctorate, 3 were doctorate and masters, and 6 were postgraduate. However, the three programs that grant both masters and doctorate degrees were reported as using the theory of change only at one level. Two of them reported using it at the doctorate level and the remaining program was reported as using it at the masters level (see Table 2).

Question #2

The second research question was: What are the processes involved in theory of

Table 2

Respondents with Theory of Change Projects

Type of program	Number	Percentage
Masters only	15	56
Doctorate only	3	11
Masters and doctorate	3	11
Postgraduate	6	22

change projects? The final coding scheme for the processes used in presenting theory of change projects included nine categories. These categories were: (a) a required written paper, (b) an oral presentation, (c) a video case presentation, (d) a written case presentation, (e) a page specification on the written portion, (f) required multiple drafts, (g) the project was an ongoing process throughout the course of the program, (h) the project was presented to faculty, and (i) the project was presented to other MFT students.

Of the 27 programs reported as containing a theory of change project, 2 of them did not share any data with regard to the processes followed in the projects. However, the other 25 programs did. The results from the various programs are presented according to each of the nine categories.

Required Written Paper

All of the 25 programs that sent data on process reported a required written portion of their projects. Eleven of these programs required only a written paper. In other words, no oral or class presentation was required. The students wrote a paper (the content of which depended on requirements specific to that program) that was then reviewed by faculty for evaluation.

Oral Presentation

In order for a project to be coded as requiring an oral presentation, the program had to request that the students give an oral explanation of their own theory. This was differentiated from presenting a video case presentation without any explanation of theory and/or change.

Twelve of the 25 programs required an oral presentation as part of the theory of change project. Most programs did not specify how long these oral presentations should last, but those that did ranged from 45 minutes to 2 hours. The information distributed during these presentations depended on the content requested.

Video Case Presentation

Video case presentations are the presentation of a student's own therapy. Students are required to video tape therapy sessions they have conducted throughout their learning experiences. At the time of presentation, clips are taken from various sessions and put into one brief tape to illustrate the therapy process or specific skills in therapy. Many programs reported that the case presentations are done in an effort to evaluate congruence between theory and practice.

Thirteen programs reported a requirement that students give a video case presentation. Eleven of these programs included an oral explanation of theory and beliefs in connection with the case presentation. Hence, 11 programs required both an oral presentation and a video case presentation. Two programs included a requirement that students present a video case summary without explanation of theory.

One of the 13 programs that included a video case presentation as part of the project required its students to use one case. This presentation tracked the progress of a single client or family over time. The other 12 programs reported that either a single case or multiple cases would be appropriate in the presentation, or they did not specify such a requirement.

Written Case Presentation

A written case presentation is a request to include a section in the theory of change paper in which principles of theory or practice are illustrated through their use with a particular case. Seven of the programs reported including a request for such a section in their theory of change papers. Six programs reported that their students do both a video and a written case presentation.

Page Specification

Fourteen programs gave instructions with regard to the number of pages expected in writing theories of change. The shortest page specification was three pages and the longest was a maximum of 125 pages with no minimum requirement. The program that reported a 125 maximum page limitation also reported that the average student wrote 75 pages. One program requested that the first draft be no longer than 15 pages but did not specify a limitation on subsequent drafts.

Nine of the 13 programs identifying a page specification requested papers within the range of 3-10 pages. Three other programs requested between 20-25 pages of text. Many of the requests were much more specific such as "3-5 pages," "7-9 pages," "25 pages maximum," and "10 pages."

Multiple Drafts

In order to be coded as a project requesting multiple drafts, project instructions had to specify this requirement, and the multiple drafts had to be turned in to faculty for review. Twelve programs included instructions to turn in at least two drafts (one of

which could be the final draft). In three of these programs, the first draft was written at the beginning of the program and the second, or final draft, was written at the end of the program. Some programs required students to turn in various drafts as their own theories evolved throughout the program. Others made the theory of change project part of a class so that multiple drafts were turned in over the course of a semester or quarter. One program did not require multiple drafts but notified students that if they wanted, the faculty would review preliminary drafts.

Theory of Change as an Ongoing Process

As mentioned in the above section, some programs required students to modify and develop their theories of change throughout their studies of marriage and family therapy. Nine programs included such information in the data that they provided. As mentioned previously, three programs required students to write a paper at the beginning of their studies and one at the end. Two programs requested a new draft from students each semester/quarter throughout the program as a part of their practicum or class. Those programs that only requested multiple drafts within a given semester/quarter/class were not included in this category.

Presented to Faculty

To be coded as a project that was presented to faculty, the data had to explicitly state that a presentation would be given to a body of faculty. This did not include a single professor for a class presentation. Eleven of the programs explicitly included a presentation to faculty in which an evaluation was made of the student's work.

Presented to Students

Those projects that explicitly requested the attendance of other students were coded into this category. Eight programs were thus coded, seven of which also were included in the "Presentation to Faculty" category. The one program containing a requirement to present to students and not faculty included the presentation as part of a class. The professor of the class was in attendance but a body of faculty did not observe the presentation. A summary of these categories and their frequencies is given in Table 3.

Uniqueness in the Processes of Projects

There was, of course, uniqueness to each program's theory of change project. Four types of uniqueness stood out and will be addressed. The first uniqueness pertains to one program in which not all of its students were required to do a theory of change project. The project consisted of a 3- to 5-page paper and was part of a class which was not required for all students. Hence, only the students who enrolled in the class did a theory of change paper.

Another unique aspect of the process was the issue of when papers and presentations could be completed within the program. Four programs specified this requirement and all four stated it differently. One program required students to complete 36 credits before presenting. The second program required that all coursework be completed. The third required that 300 clinical hours be completed, and the fourth required that 400 clinical hours be completed. All four of these programs included a written, oral, and video case illustration in their theory of change projects.

Table 3

Common Process Requirements in Theory of Change Projects

Theme	# of programs coded ($\underline{N}$=25)	% among programs with projects
Written paper	25	100
Page specification	14	56
Video case presentation	13	52
Oral presentation	12	48
Multiple drafts	12	48
Presented to faculty	11	44
Ongoing process	9	36
Presented to students	8	32
Written case presentation	7	28

Another uniqueness among programs pertained to specifications of how long a presentation should last. As mentioned in a previous section, few made such a specification but those that did ranged from 45 minutes to 2 hours. The breakdown of this time depended on the amount of time allotted for explanation of theory/therapy, questions, and video clip presentations. For example, one program allotted 45 minutes for the entire presentation. The students were required to leave 15 of the 45 minutes open for questions. The other 30 minutes could be divided by the students as needed between the explanation of theory and the video case presentation.

The final uniqueness in process was particular to a single program. This program requested that students write a theory of therapy paper by following the outline used by Miller, Duncan, and Hubble (1997). Specifically, the students were asked to address four components: (a) extra-therapeutic factors, (b) relationship factors, (c) models and techniques, and (d) hope and expectancy. This model was used to help them articulate their personalized approach to therapy.

Overall, the findings from the second research question indicate that there are some commonalities among the processes of theory of change projects. These commonalities fall into the following categories, which are listed from most commonly found to least commonly found: (a) a required written paper, (b) a page specification on the written portion, (c) a video case presentation, (d) an oral presentation, (e) required multiple drafts, (f) presented to faculty, (g) the project was an ongoing process throughout the course of the program, (h) presented to other MFT students, and (i) a written case presentation (see Table 3).

In addition to the common threads found among the various projects, there appear to be differences as well. These differences, or uniquenesses, may be important because each program needs to be able to formulate its project according to its individual needs.

Question #3

The third research question was: What is the content requested in theory of change projects? The final coding sequence used to analyze the content of the projects consisted of 23 categories. Further analysis revealed that these 23 categories fell into six

major themes. These themes were: (a) theory/models, (b) change, (c) therapy process, (d) client issues, (e) therapist issues, and (f) contextual issues.

Theory/Models

Within the theme of theory/models there were four categories. These categories were: (a) addressing systems theory frameworks and/or principles, (b) specifying influential models, (c) explaining the student's integrated model, and (d) addressing theoretical principles and/or constructs. These four categories are discussed below.

Systems frameworks and/or principles. To be coded in the category of systems frameworks and/or principles, a request had to be made that systems principles, concepts, or frameworks be addressed. Six of the 27 programs made such a request. One program instructed students to answer the following question: "How is your theory informed by the systems paradigm?" Another program required students to "show adequate reflection of systems theory." A third program asked, "Which systems assumptions will guide your work and how will you operationalize them?" A fourth program asked students to "include [their] personal position on ... how problems arise (in systems terms)." The fifth program instructed students to include a section of "philosophy and systemic framework" and the sixth requested clarification of the students' "systemic orientation."

Influential models. Programs that requested information about therapy models that influenced the students' theory of change were included in the influential model category. Either a request for the names of the models used or an explanation of the models used was sufficient to be coded in this category. Eight programs made such

requests. Three examples include: (a) "delineate which family therapy models influence [your] theory," (b) "note key ... models ... that inform and guide your clinical practice," and (c) "which approaches of those you have studied appeal most and which (if any) appeal least? For what reasons or criteria?"

Integrated model. Eight programs requested that students explain or articulate their integrated model. One way of doing this was to explain how a student's preferred or influential model fit together. One program instructed, "Delineate your emerging integration of the theoretical approaches you employ in your work." Another program asked its students, "What aspects of other models do you use from time to time? How do you integrate these with your 'baseline' model?"

Theoretical orientation, principles and/or constructs. Some programs explicitly requested an explanation of the theoretical principles and/or constructs behind students' overall theory. These principles could be gathered from any theoretical base. Others requested an explanation of the overall theoretical base or orientation guiding the students' work. A request for theoretical orientation or principles qualified a program for this category. Of the 27 programs with theory of change projects, 10 of them fit into this category. Three examples of this requirement include: (a) "the paper ... should include ... the theoretical principles that guide your work," (b) "what do you consider to be your theoretical orientation," and (c) "include basic concepts/theoretical constructs."

Change

The second major theme found in the data consisted of two categories. The first

category was change in general and the second was change in therapy. These two categories are discussed below.

Change in general. Addressing change in general was coded if a request was made that students discuss how change occurs (without specification) or how it occurs outside of therapy. If a request was made to discuss how therapy affects change or how change occurs in therapy, it did not get coded in this category. A separate code was used for change in therapy.

Of the 27 programs that were reported as using a theory of change project in their training, 15 requested an explanation of how change occurs. One program instructed, "Describe ..... how change takes place." Another included the following in its instructions: "The paper should include: 1) your underlying assumptions about change...." A third program requested students to address the question: "What causes people to change?" These three examples are typical instructions of those programs that were included within this category. The instructions are worded differently but request an explanation of change at a general level.

Change in therapy. There were three programs coded as containing a specific request that students explain how change occurs within therapy. One program simply asked, "How does change occur within therapy?" Another program wrote, "Students are asked to write a theory of change paper stating how they believe change takes place in systemic therapy." The third program that fit into this category had the following in its instructions: "How does therapy enter into the picture?" This question was to be addressed in a section on change.

<u>Therapy Process</u>

A third major theme found in the data was the therapy process. All of these

categories pertained to at least one aspect of the process of performing therapy. Of the 23

categories found in the data, 6 of them applied to the therapy process. These categories

were (a) the therapy process in general, (b) assessment, (c) techniques, (d) termination, (e)

goals of therapy, and (f) working with different subsystems.

<u>The process of therapy.</u> Some programs requested their students to address the

process of therapy in general. To be coded in this category, a general request about the

process of therapy had to be made. There were some programs that requested

information about specific parts of the therapy process such as assessment, intervention,

or termination but were not included in this category because they were too specific and

not broad enough. Specific parts of the therapy process did form their own coding

categories and will be addressed next.

Four programs required a general explanation of the therapy process. One of

these programs asked students to include a section in their papers entitled, "The Process

of Therapy." The instructions went on to request information about specific parts of the

therapy process. Another program requested a section on "the structure and process of

therapy" without any further directions with regards to that section. A third program

requested information on "the process of therapy including transference and

countertransference."

<u>Assessment.</u> Another aspect of the therapy process that emerged from the data

was assessment. If instructions asked students to explain or describe assessment, the

program was coded into this category. Nine programs were coded as such. Of these nine programs, four contained a request for a general explanation of assessment and five contained a request for an explanation of assessment according to a specific case. An example of a request for a general explanation of assessment was found in one program's instructions that read, "What do you view as important in terms of assessment?" Another program's instructions were different in that they required an explanation of assessment according to a specific case. They read, "You are to make a video tape with commentary which illustrates engagement, assessment, intervention, and termination."

Techniques, methods, or interventions. Many programs asked their students to describe the techniques, methods, or interventions they prefer or use when intervening in therapy. Any type of request for an explanation of techniques, methods, or interventions was coded into this category. Thirteen of the programs in this study made such a request. One program stated, "The paper should include ... descriptions of your repertoire of methods and techniques." Another program instructed students to include a section on "preferred techniques." A third program informed students that they would be evaluated on how the "student discussed his/her major interventions."

Termination. Four programs specifically requested an explanation of the termination aspect of therapy. Following is a quote from each of these programs' data illustrating how the request was made: (a) "you are to make a video with commentary which illustrates engagement, assessment, intervention, and termination," (b) "the ... analysis ... should contain discussion of ... the termination plan," (c) "make a video tape that illustrates your theory, including ... termination of therapy," and (d) "demonstrate

your skills and understanding [of] ... handling of the treatment phase, including

termination." Interestingly, all four of the programs coded into this category requested an

explanation of termination with regards to a case presentation. There was not one

program that explicitly requested a general explanation of how or when to terminate

therapy.

Goals of therapy. Four programs required a description of the goals of therapy

according to each student's therapeutic approach. Following are quotes from each

program that was coded into this category: (a) "what do you view as important in terms of

... goals," (b) "[clarify] the goals of therapy," (c) include a section about "the goals of

therapy," and (d) "what are the major goals of your treatment approach?"

Working with different subsystems. Three programs requested an explanation of

what type of subsystems their students might see in therapy. These programs wanted

their students to explain when they would use individual therapy as opposed to some

other form of therapy whether it be couple, family, group, or something else. One

program asked, "What level of systems will you primarily focus on: individual, couple,

family, kin, community, etc.?" Another program asked, "When would you work with

different family constellations (individual, couple, family, other subsystems)?" The third

program used the word "modality" but appeared to be getting at the same idea. The

instructions read, "It is important to note the modalities of treatment used (individual,

group, MFT)." The term "MFT" here is interpreted as meaning seeing a couple or family.

Client Issues

A fourth theme among the data was client issues. This theme consisted of categories related to the client. Four such categories were found among the data. These categories were: (a) the client's role in therapy, (b) what brings people into therapy, (c) the client/therapist relationship, and (d) how problems develop.

Client's role. One program requested an explanation about the client's role in therapy. This same program also requested information about the client/therapist relationship which is another category within the theme of client issues. The instructions requested a section on the "client's role." The instructions were left in general terms and did not request any specifics.

What brings people into therapy. Only one program requested an explanation of what brings people into therapy. This program asked, "what brings people into therapy?" As with the category of "client's role," it was surprising to find only one program that contained a request for information about what brings people into therapy.

Client/therapist relationship. Two programs requested an explanation of the client/therapist relationship. One program requested that students include a section in their papers on "client/therapist interaction that is most important and why." The other program asked, "How do you build a strong relationship with your clients?"

How problems develop. A request for a description or explanation of how problems develop was a pattern found in the theory of change data. Four programs included such criteria in their project instructions. Following is a quote from each of the four programs coded in this category: (a) "how do you explain problem formation from a

systemic or interpersonal perspective," (b) "include in your analysis/synthesis your position on how problems arise for individuals, couples, and families," (c) "students are required to write a paper on how problems develop and how people change," and (d) "the paper should include ... your underlying assumptions about problem development."

Therapist Issues

Three categories were classified under the theme of therapist issues. These categories were coded into the same theme because they were all related to some aspect of the therapist. They were: (a) the therapist's role, (b) the person of the therapist, and (c) self evaluation.

Role of the therapist. If a program requested an explanation of the role the therapist plays in the therapy or change process, it was included in this category. Nine programs were coded as such.

All of these programs were straight-forward in their requests. They asked students, "What is the role of the therapist?" or "What is your role ... in relation to your clients?" Many programs simply asked students to include a section or subsection entitled, "The Role of the Therapist" or "The Therapist's Role."

Person of the therapist. In order to be coded into this category a program had to request an explanation with regards to the concept of "person of the therapist" or a related concept. There were three programs that were coded as such. Two programs specifically asked their students to explain the concept of "person of the therapist" and a third asked for an explanation about "the therapist's use of self in therapy." This was

considered to be a similar concept to "person of the therapist."

Evaluation. Any program that requested students to evaluate themselves was coded into this category. Six of the programs did this. Three programs simply asked that students assess or evaluate their "strengths and weaknesses" as therapists. Two other programs asked students to evaluate their effectiveness as a therapist as it pertained to their case presentation. One of these programs included the following in its instructions: "Evaluate the quality of your therapy with this case." The sixth program asked for an evaluation in the following manner: "Given your stage in the learning process, please reflect on the areas you recognize as the necessary foci for your professional development."

Contextual Issues

A final major theme was contextual issues. The four categories that made up this theme were (a) diversity, (b) functionality/dysfunctionality, (c) values, and (d) development. Each category is discussed below.

Diversity. Addressing issues of diversity was required by some of the programs in this study. Diversity issues include anything similar or related to gender, culture, race, ethnicity, social status, sexual orientation, and religion. Five programs requested their students to address such issues in their theory of change projects. Following is a quote from each of the five programs coded in this category: (a) "provide a critique of these theories from the perspective of gender, race, class, and cultural. Discuss the socio-culture aspects of the cases with which you work," (b) "how does cultural diversity

(gender, race, ethnicity, social class, sexual orientation) inform your theory of therapy," (c) include a discussion of working with "religious beliefs," and (d) include a "discussion of related cultural and gender issues," (e) include a section on "contextual issues (... gender, culture, SES, race, geography, types of clients or presenting programs, religion)."

Functionality/dysfunctionality. To be coded into this category, a request for information about functionality or dysfunctionality had to be made. Some programs used other words such as wellness or normalcy/health. These programs were included in this category. The request could be made in regards to individuals, families, systems, dyads, or development. As long as it asked about wellness or dysfunction in some way or another, it was included in this category. There were six programs that fit this description. Three of these programs asked for a description or definition of health. A fourth program asked students to include three sections in their papers which fit into this category. They were: (a) "theory of health/normalcy," (b) "description of a well-functioning family system (marital and family)," and (c) "description of a dysfunctional family system (marital and family)." A fifth program asked students to explain their understanding of "development (normal and awry)." The sixth program that fit into this category requested that students address the following question: "How do you decide whether a behavior is 'normal' or 'dysfunctional'?" In one way or another each of these programs requested an explanation of wellness, dysfunctionality or both.

Values. Two programs asked their students to discuss values. One of these programs requested that students share their own values. The instructions stated, "Your task in this paper is to begin to explicate your own ideas and values." The other program

took a different angle with explaining values. Rather than requesting students to state their own values, this program wanted a discussion on how the students deal with values within therapy. The instructions asked the students to explain "How you work with ... values."

Development. Two programs requested an explanation about development. The first program asked about "development" in general. There was no specification about what kind of development to discuss. The program asked students to discuss "how [you] understand development ... and developmental issues." The second program asked specifically about family development. It asked, "How do you view family development?"

Uniqueness

In addition to the six themes just discussed, there were six unique content requests that were coded into a category entitled "other." One program requested an explanation of "solution development." Another program requested a discussion on "the nature of clients." Two other programs specifically asked students to identify key people and books that influenced their theory of change. A fourth uniqueness was found in two programs' projects that contained a request for a description of the development of the students' theoretical beliefs. Another program requested a discussion about "spirituality theology" and its impact on therapy. Finally, a sixth uniqueness was found in a program that not only requested an explanation about change but also requested a flow chart indicating how this process takes place.

To summarize, the analysis of data for the third research question revealed six content themes made up of 23 categories. The six major themes were theory/models, change, the therapy process, client issues, therapist issues, and contextual issues. The findings from the third research question are summarized in Table 4.

Table 4

Content Issues Requested in Theory of Change Projects

Theme	Category	# of programs coded (N=27)	% of programs with projects
Theory/Models			
	Systems frameworks	6	22
	Influential models	8	30
	Integrated model	8	30
	Theoretical orientation	10	37
Change			
	Change in general	15	56
	Change in therapy	3	11
Therapy process			
	Therapy process in general	4	15
	Assessment	9	33
	Techniques	13	48
	Termination	4	15

(table continues)

Theme	Category	# of programs coded (N=27)	% of programs with projects
	Goals of therapy	4	15
	Working with subsystems	3	11
Client issues			
	Client's role	1	4
	Motivation for therapy	1	4
	Client/therapist relationship	2	7
	Problem development	4	15
Therapist issues			
	Therapist's role	9	33
	Person of the therapist	3	11
	Evaluation	6	22
Contextual issues			
	Diversity	5	19
	Functionality	6	22
	Values	2	7
	Development	2	7

CHAPTER 5

SUMMARY AND DISCUSSION

The purposes of this study were to find out what percentage of MFT programs use theory of change projects in their training and to explore the similarities and differences among these projects. To organize the exploration of similarities and differences among the projects, the analysis consisted of looking at content and process. This chapter will discuss the findings according to the three research questions.

Question #1

The first research question was: What percentage of MFT programs are using theory of change projects? Fifty-nine percent (59%) of the programs were reported to be using one form or another of a theory of change project in the training of students. This percentage is difficult to generalize to all accredited MFT programs because there may have been a bias in those who responded to the questionnaire. Those without theory of change projects may have felt no need to respond and thus the sample in this study may overrepresent those programs that include a theory of change project in their training.

Of those programs that were reported as using a theory of change project, the majority of them (58%) were at the masters level. This majority is representative of the overall proportion of masters-level programs among all accredited and candidacy programs. Of those programs on the COAMFTE accreditation list, 53% are masters level. Thus, it appears logical that a large proportion of the programs with theory of

change projects would be at the masters level.

With regards to the finding that 41% of the respondents do not use theory of change projects, there may be various reasons for this. One possibility is that the faculty of some of these programs may have not heard of nor considered doing such an integrative project. Another possibility is that some of the programs may have attempted using a theory of change project in the past but found it not to be useful. A third possibility could be that some programs have found other ways and methods to help their students make the integration of theory and practice apart from a theory of change project. Regardless of reasons for not using a theory of change project, it is important that program directors and faculty evaluate their reasons for not having a theory of change project and decide if implementing one would be useful to their programs.

Question #2

The second research question was: What are the processes involved in theory of change projects? Nine themes emerged during the analysis of the data with regards to the process of presenting theory of change projects. These themes were: (a) a written paper, (b) an oral presentation, (c) a video case presentation, (d) a written case presentation, (e) a page specification on the written portion, (f) multiple drafts, (g) the project was an ongoing process throughout the course of the program, (h) the presentation was done before a body of faculty, and (i) the presentation was done before a body of students.

Every single program that reported having a theory of change project also reported requiring a written portion to their project. In fact, 11 of the programs had projects

consisting of only a written project. Having students put their thoughts and theories on paper was unanimous among MFT theory of change projects.

The second greatest similarity among the various projects was an explicit page specification. Fourteen programs gave a page specification, but specifications varied from 3 pages to a maximum of 125 pages. It is unknown if there is an optimal length for theory of change papers. Too few pages may not allow the students to completely articulate and conceptualize their entire theories. On the other hand, too many pages may dilute a concise description and/or understanding of their theories. Future studies could examine programs' reasoning in making such widely discrepant page specifications.

The third greatest similarity was a requirement of giving a video case presentation. Thirteen programs included this requirement in their projects. This part of the projects appeared to be an illustration of how students integrate theory with practice. The need for students and practitioners to integrate theory and practice is substantiated by the literature (DiClemente, 1987; Taibbi, 1996; Textor, 1987). It appears that about half of the programs with theory of change projects attempted to have their students make such an integration through the use of a video case presentation. If video case presentations do indeed facilitate the integration of theory and practice, they can be a useful component in training marriage and family therapists.

There were also 12 programs that required their students to turn in multiple drafts of their papers. This did not necessarily mean the project was an ongoing process throughout the program because multiple drafts could be turned in within a specific time period, such as a semester or quarter. Multiple drafts give the students opportunities to

receive feedback. The students can then refine ideas that are challenged or misunderstood by the reader. This process also allows students to revise their papers for clarity and better integration. In so doing each student may become more familiar with their own theory's strengths and weaknesses. Thus, multiple drafts appear to be a useful component of theory of change projects.

The fifth greatest similarity of the processes involved in the presentation of theory of change projects was the requirement of presenting before a body of faculty. Eleven programs indicated that this requirement was included in their projects. A large portion of these presentations included a video case presentation and an oral explanation of the students' theory.

Eight programs required a presentation before a body of students as part of their projects. Seven of these programs required that presentations be given to both students and faculty at the same time. The remaining program only required a presentation to other students and the class professor in a class setting.

In presenting their theories before a live group of faculty and/or students, the presenters are held accountable for their ideas and propositions. Further, the presenters have the opportunity to explain themselves if there is any confusion on the part of the audience. This is not an option if only a written paper is required. A live presentation may also act as a ritual for students to move to a new level in their professional development.

Three programs reported that their theory of change projects were an ongoing process throughout the program. This requirement appeared to be an attempt to help

students develop and evolve their theories as they learn and grow as clinicians. DiClemente (1987) suggested that most therapists choose two or more models of therapy to use in conducting therapy. As students go through their education they continue to learn new models. With knowledge about new models, students' own integrated models will likely change. They might choose to broaden or refine their theories as they learn. By examining the changes that occur in their theories of change, students might become more familiar with how and why they use the theories that they have integrated. Gaining this knowledge could assist them in becoming better therapists. Thus, making the theory of change projects an ongoing process may assist in meeting this goal.

The last similarity was a requirement to include a written case presentation in the paper portion of the project. Seven programs reported that this requirement was included in their instructions. As with the video case presentation, this part of the project appeared to be used to help students integrate theory with practice.

Of the eight similarities found in the process of forming and presenting theory of change projects, two appear to be related to conceptualizing one's own theory of change. Patton (1980) and Taibbi (1996) both advocate the need to form and conceptualize one's own theory so as to understand how to better perform therapy. These two similarities are the written paper and the oral presentation. The paper helps students conceptualize their thoughts on paper and the oral presentation helps them do it orally.

Two other requirements appear to help students integrate theory with practice. The necessity to make such an integration is also addressed in the literature (DiClemente, 1987; Taibbi, 1996; Textor, 1987). These two requirements are the video case

presentation and the written case presentation.

The requirements of multiple drafts and making the theory of change project an ongoing process acknowledges, encourages, and allows for evolving theories that change with time, knowledge, and experience. The requirements of an oral presentation, a presentation before faculty, a presentation before students, and multiple drafts hold students accountable for their ideas and practices. This in turn helps them to more fully conceptualize their theories, which then contributes to their development as therapists.

There were five differences, or uniquenesses, that were found in the process of presenting the projects. First of all, there were differences from program to program in the number of pages required for written papers. So, while having a page specification was a similarity among many programs, the exact number of pages specified differed according to each program.

A second difference was found in one program that did not require all students to do a theory of change project. The project was part of an elective class that only some of the students took. If the literature is correct in stating that there is a need to conceptualize how change occurs, then some students in such a program may not get this opportunity.

Third, a difference was found in four programs in which prerequisites were set for presenting a theory of change project. One program required students to complete 36 credit hours. Another required that all coursework be completed. A third program required students to finish 300 clinical hours and a fourth required 400 clinical hours be completed.

It appears that these programs are designed so that students are exposed to

sufficient amounts of coursework (theory) and/or clinical experience (practice) before presenting their integrated theories. The four prerequisites just mentioned require that students be near the end of their training, thus allowing time and experience for their theories to develop.

The last difference was found in one program that required students to follow the outline used by Miller et al. (1997) in writing their papers. They were asked to address "extra-therapeutic factors," "relationship factors," "models and techniques," and "hope and expectancy." These four topics appear to address both the change process and the treatment process discussed in the literature (Orlinsky et al., 1994). "Extra-therapeutic factors" and "hope and expectancy" appear to be related to the change process. An explanation of "extra-therapeutic factors" could include a description of how change occurs outside of therapy. The topic of "hope and expectancy" may play a role in the overall change process, depending on the students' own theories of change. The topic of "models and techniques" is specific to the treatment process. In other words, models and techniques are used to bring about change within the therapy setting. The fourth topic of "relationship factors" can play a role in both the treatment process as well as the change process. This would depend on the students' theories and practice in therapy.

Question #3

The third research question was: What is the content of theory of change projects? Six themes emerged from the analysis of content. These six themes were: (a) theory/models, (b) change, (c) therapy process, (d) client issues, (e) therapist issues, and

(f) contextual issues.

The theme of theory/models consisted of four categories. These categories were systems frameworks, influential models, the students' integrated models, and theoretical orientation. All four of these categories were frequently requested by the programs in the study. It appears that there is a strong push among MFT programs for students to understand and apply theory and/or models of therapy.

Although the systems framework category was coded more frequently than many other content categories, it was found in only 22% of the projects analyzed. This finding was surprising because including systems frameworks throughout MFT training is a requirement for accreditation by the COAMFTE. A possible reason for this finding is that systems theory and frameworks may be such a pervasive part of class work and training that students do not need an explicit instruction to include it in their theory of change projects. It is also possible that instructions to include systems frameworks are orally communicated.

Within the theme of change there appeared to be an interesting split. Whereas an explanation about change in general was required in 15 programs, there were only 3 programs that specifically requested an explanation about change in therapy. However, as mentioned in the review of literature, there often is confusion between the terms "change process" and "treatment process." So, while many programs requested information about "change," they may have been referring to "change in therapy." This finding may implicate the need for MFT faculty to decide what kind of change they want their students to address and then to explicitly state this to them.

The theme of the therapy process, like that of theory/models, appeared to be another area of strength among MFT theory of change projects, particularly with regard to the categories of assessment and techniques/interventions. Further, a look at the 23 categories found in the content analysis revealed that at least eight of them are directly related to the performance of therapy. These eight categories are the general therapy process, assessment, techniques and interventions, termination, role of the therapist, role of the client, client/therapist relationship, and goals of therapy. All of the other 23 categories relate to the performance of therapy but address issues outside of therapy as well. For example, the category of how problems develop may aid a clinician in treating clients, but it is not specific to the therapy process. Whether a person comes into therapy or not, problems still develop. Another example is the category of addressing systemic principles. Various systemic principles help explain processes both inside and outside of therapy.

Although 8 of the 23 categories were directly related to the performance of therapy, and the theme of the therapy process appeared to be strongly emphasized among the various projects, surprisingly, only 3 programs explicitly required students to explain how change occurs within therapy. So, although students could explain assessment, techniques, interventions, and termination, they were not required to explain how these things bring about change.

On the other hand, and as mentioned previously, this finding may be accounted for by the misuse of the term "change process" as described by Orlinsky et al. (1994). Although 15 (56%) programs required an explanation of the change process, they may

have been referring to the "treatment process." This is difficult to ascertain simply by reading instructions and course syllabi because, while the written instructions reads "change process," the verbal explanation by professors may better fit in the category of "treatment process."

Whether or not some of the programs used the words "change process" when referring to the "treatment process," it appears that at least a few of them requested students to address both types of processes. Addressing both the change and the treatment processes helps students integrate theory and practice (Taibbi, 1996; Textor, 1987). This may be a crucial aspect in the training of competent therapists.

With regard to the theme of client issues, the findings suggest that few projects involve an explanation of how the client contributes to both the treatment and change processes. On the other hand, the findings surrounding the theme of therapist issues suggest that a stronger understanding is pushed in the direction of how the therapist contributes to the treatment and change processes. The contrast in these two findings is interesting because it depends on the students' chosen models of therapy, whether or not they believe the responsibility of change to lie with the therapist or with the client. It would appear that many programs implicitly teach that the responsibility of change lies more in the hands of the therapist than it does with the client. Thus, program faculty may want to evaluate what they are implicitly teaching their students by the way they set up their theory of change projects.

Finally, it was surprising to not find more projects that included a request for information about issues of diversity. In an era of sensitivity to cultural and sexual issues,

it would appear that the category of diversity would be more prominent in theory of change projects. Another reason for the surprise about a low request for information about diversity issues is that addressing diversity is an accreditation requirement of the COAMFTE. Most likely, this requirement is being met through class instruction and other assignments, but it would appear that it should also be an important part of theory of change projects.

It is important to mention that two of the issues that were hypothesized in the literature review as being possibilities for content requirements were not found in any of the projects. These hypothesized content issues were first order versus second order change, and how behavior, cognition, and affect are involved in the change process. These issues may not have been found in the data because they simply are not addressed, or they may not have been found because they are concepts so prominent in the MFT field that no written instruction is necessary for students to integrate these concepts into their theories of change. These topics may be discussed so often in classes and practica that they become an oral requirement rather than a written one.

Overall, the findings suggest that there are numerous content issues that can be included in a theory of change project. Which content issues are included in a project should probably depend on what the program faculty want their students to learn by doing the project. This study found that the most commonly requested content issues were a discussion about theoretical orientation (37%), change in general (56%), and techniques used in therapy (48%). Emphasis on these three issues may be an attempt by program faculty to help students integrate theory and practice, and understand how change is

MFT training and may someday become an accreditation requirement. However, it is too early to state that they should be a requirement for every program. It is not known whether or not they would be useful to all MFT programs. Furthermore, it is not known how adding such projects would affect the makeup of each program's curriculum. Research needs to be done on the projects' overall effectiveness as well as the effectiveness of different components. At this point in the research, however, the possibility for wide spread use of theory of change projects looks promising.

Limitations

There are four main limitations to this study. First, although 59% of the programs responded, it is still unknown what percentage of the nonresponders use a theory of change project. This leaves a question of whether or not their theory of change projects (if they have them) are similar to or different from the ones included in the data for this study.

Second, the terminology used in the initial questionnaire may not have been understood by some respondents. There may have been difficulties in interpreting "Theory of Change Project." Some projects may be called by another name and when the respondents read the questionnaire they assumed their project did not fit with our study. Some of the respondents that answered "no" to having a theory of change project may have one in one form or another.

Third, there may have been a limitation in identifying the specifics to the content and process of the projects. Although results were drawn from analyzing course syllabi

and written instructions, there may be further instruction or ideas given to students orally by faculty or other students that have already gone through the process. These oral procedures and requests for information were not included in this study because it was limited to coding written instructions.

Fourth, the primary researcher in this study is currently enrolled in an MFT program that requires a theory of change project. His research may have been biased from what he has learned about the theory of change project in his program. However, to reduce such a bias, reliability checks were completed as previously explained.

In addition to the above limitations it would have been useful to get a better understanding of how satisfied program faculty were with their theory of change projects. A question was included in the questionnaire about their satisfaction, but it simply asked if they were satisfied or not. It would have been more useful to have them put their level of satisfaction on a scale of 1 to 10 and then to have had them explain why they gave their projects such a rating.

Further Directions

This study was a pioneering effort to better understand how theory of change projects are used in the training of MFT students. Further research should investigate the usefulness of these projects in aiding students to become effective therapists. Further, as mentioned above, program faculty's satisfaction with regard to how well these projects work could be more completely researched. It has not been established that these projects aid in developing effective therapists. Such further study will assist programs in deciding

whether or not to implement such a project.

After reviewing the literature, this researcher believes that theory of change projects may be useful in the training of marriage and family therapists. It has been learned through this study that many programs are using some components in their projects that may be useful to faculty of other programs as they form or refine their own theory of change projects. In forming a theory of change project, it appears important to have students conceptualize both the change process and the treatment process and to integrate theory with practice.

The findings from this study will hopefully be useful to both those MFT program directors and faculty that do not require a theory of change project, but desire to develop one, and those that already have a project, but are trying to improve it. The findings from this study will help programs gather ideas from each other in an attempt to make MFT training more useful throughout the U.S. and Canada.

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APPENDICES

Appendix A

Questionnaire

Theory of Change Questionnaire

Would you like to receive the results from this survey: Yes/No

1. Are your students required to write a theory of change paper?   Yes / No

2. Please describe the content and process of your program's theory of change project on the back of this form or send a copy of written material. Use another sheet of paper if necessary.

3. What are the objectives of your theory of change project?

4. How well do you think your objectives are being met?

5. Are you satisfied with the project? If not, what thoughts have you had about change?

6. Do you have any thoughts that you think might be useful to me as I examine these data?

Appendix B

Cover Letter

Dear Program Director,

Many MFT programs require their students to complete a theory of change paper and/or presentation before graduating. I am writing a book based on the basic skills project and am gathering information regarding theory of change projects.

Enclosed with this letter is a short questionnaire. Will you please complete it and send it back as soon as possible? Furthermore, if your program has any written material, such as instructions, regarding your theory of change project will you please send me a copy?

Your help is deeply appreciated and please feel free to contact me. I have include my e-mail address and phone number below.

Sincerely,

Thorana S. Nelson, Ph.D.
MFT Program Director
Utah State University
493 North 700 East
Logan, UT 84321
(435) 753-5791
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Appendix C

Follow-Up Letter

Dear Program Director,

A few weeks ago we sent you a questionnaire regarding theory of change papers/projects that you may or may not include in your curriculum. If you have already sent us back a completed questionnaire we offer you our sincere gratitude and appreciation.

We have included with this letter a self addressed, stamped post card. Will you please take a few seconds and check the box applicable to your program. Once again, thank you very much for your help.

Sincerely,

Thorana Nelson
MFT Program Director
USU
(435) 753-5791

Appendix D

Postcard

Name of School _____

Name of Director _____

☐ Yes, our program has a theory of change project.

    (If you checked "yes" will you please send us the completed questionnaire A.S.A.P.)

☐ I did not receive the first questionnaire or have misplaced it. Please send me another one.

☐ No, our program does not have a theory of change project.

Thank you for taking the time to complete this survey!