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LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Faculty of Graduate Studies

Perceived Business Skills Needs of MFTs: Implications for a Doctoral Program

by

Abel Arvizú Whittemore

A Project submitted in partial satisfaction of
the requirements for the degree
Doctor of Marital and Family Therapy

March 2023

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Each person whose signature appears below certifies that this doctoral project in his / her opinion is adequate, in scope and quality, as a doctoral project for the degree of Doctor of Marital and Family Therapy.

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ABBREVIATIONS

AABHE	American Association of Blacks in Higher Education
AACN	American Association of Colleges of Nursing
AACSB	Association to Advance Collegiate Schools of Business
AAHHE	American Association of Hispanics in Higher Education
AAMFT	American Association for Marriage and Family Therapy
AASCU	American Association of State Colleges and Universities
ABOBCP	American Board of Organizational and Business Consulting Psychology
ABPP	American Board of Professional Psychology
ACAD	American Council of Academic Deans
ACE	American Council on Education
ACHE	American College of Healthcare Executives
ACSA	Association of Collegiate Schools of Architecture
AEA	American Evaluation Association
AI	Appreciative Inquiry
AOM	Academy of Management
APA	American Psychological Association
ASPPH	Association of Schools and Programs of Public Health
BCC	Board Certified Coach
CAHME	Commission on the Accreditation of Healthcare Management Education
CEO	Chief Executive Officer

CEPH	Council on Education for Public Health
CI	Critical Inquiry
CIC	Council of Independent Colleges
COAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
CSUDH	California State University, Dominguez Hills
CSWE	Council on Social Work Education
DBA	Doctor of Business Administration
DMFT	Doctor of Marital and Family Therapy
DrPH	Doctor of Public Health
HR	Human Resources
HRM	Human Resources Management
I/O	Industrial and Organizational Psychology
ILA	International Leadership Association
IMC	Institute of Management Consultants
IOC	Institute of Coaching
IPEC	Interprofessional Education Collaborative
IRB	Institutional Review Board
LFACHE	Life Fellow of the American College of Healthcare Executives
LLU	Loma Linda University
LMFT	Licensed Marriage and Family Therapist
MBA	Master of Business Administration

MCH	Maternal and Child Health
MD	Doctor of Medicine
NHS	National Health Service
MLCF	Medical Leadership Competency Framework
MedFT	Medical Family Therapy
MFT	Marital and Family Therapy
MFTs	Marital and Family Therapists
MHA	Master of Health Administration
MLQ	Multifactor Leadership Questionnaire
MPA	Master of Public Administration
MPH	Master of Public Health
NASPAA	Network of Schools of Public Policy, Affairs and Administration
NCHL	National Center for Healthcare Leadership
NGO	Non-governmental organization
NSWM	Network for Social Work Management
OD	Organization Development
PhD	Doctor of Philosophy
PPCT	Process, Person, Context, Time
PsyD	Doctor of Psychology
SCP	Society of Consulting Psychology
SIOP	Society for Industrial and Organizational Psychology
SOAR	Strengths, Opportunities, Aspirations, Results

SWOT

Strengths, Weaknesses, Opportunities, Threats

TD

Transdisciplinary

ABSTRACT OF THE DOCTORAL PROJECT

Perceived Business Skills Needs of MFTs: Implications for a Doctoral Program

by

Abel Arvizú Whittemore

Doctor of Marital and Family Therapy,
Department of Counseling and Family Sciences
Loma Linda University, March 2023
Dr. Winetta A. Oloo, Chairperson

The purpose of this study was twofold: a) to determine the training that MFTs should have to effectively work in organizational / business settings and with organizational / business issues in the role of clinician, administrator / manager, consultant, coach, and researcher and b) to determine what components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program. Using the e-Delphi method, consensus from a panel of experts (in the profession of marriage and family therapy as well as in business / management / organizational issues) was obtained. Panelists identified thirty-eight business disciplines / topical areas that MFTs should be exposed to, with varying degrees of emphasis.

Of these thirty-eight areas, eight were identified as themes that should run across the curriculum. For the remaining thirty areas (of which six were perceived as deserving of being the primary focus of a course) suggestions were made as to learning activities and learning resources. Panelists also provided suggestions pertaining to additional training and the nature of course learning modalities.

Using the study results, course syllabi were developed by the researcher for four of the six key areas. Additionally, consistent with the study's theoretical framework,

these thirty-eight areas were organized by the researcher according to Bronfenbrenner's bioecological system theory of human development.

CHAPTER ONE

THE ISSUE

Background and the Study Questions

As they proceed with their careers, marriage and family therapists (MFTs) can find themselves (actually engaging or with the interest / desire / opportunity):

- Establishing a private practice which involves initiating the practice, drawing / attracting clients, and maintaining the practice;
- Attending clinically to clients with work-related issues (either in private practice or as part of an onsite employee assistance / health services program);
- Working as a member of a collaborative team providing integrated healthcare in an organized setting (e.g., a medical family therapist in a hospital, community health center, primary care clinic, or group practice);
- Functioning in an administrator / manager position in academia, or in agencies and organizations in the healthcare, mental health, human, and social services settings in the public or private (nonprofit, for-profit, non-governmental organization – NGO) sectors;
- Providing services as a coach (either internal or external) to individuals in a business environment that are seeking to improve their personal and organizational effectiveness;
- Applying their systemic and relational expertise at the organizational level as system consultants (either internal or external); and/or
- Studying and researching organizational systems.

All of these are promising areas for MFTs to apply their skills. However, MFTs are primarily trained as psychotherapists to work at the individual, couple, and family level and not at the organizational level with business skills.

Hence, the general research questions for this study were as follows:

- What training should MFTs have to effectively work in organizational / business settings and with organizational / business issues in the role of clinician, administrator/manager, consultant, coach, and researcher?
- What components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program?

The Current State

Doctoral Education

The accrediting body for MFT academic programs is the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Their accreditation standards (COAMFTE, 2017), as well as the typical MFT state licensure requirements, leave little room for organization / management courses at the master's level. This is due to the need for the curriculum to cover prescribed foundational areas related to the assessment, diagnosis, consultation, and treatment of individuals, couples, and families. Hence, it is at the doctoral level that such courses can feasibly be offered. However, a review of all twenty-six doctoral programs with COAMFTE accreditation (2021) reveals that except for six programs, all offered the research-intensive PhD degree. Of the remaining six, four were from one university which offers the clinically

focused PsyD degree. Two offered the DMFT degree: one offers a clinically focused program, and the other offers a program that follows the practitioner-evaluator model and contains coursework in the areas of administration, program development, program evaluation, organization development, and grant writing.

Given the dearth of programs in a profession whose practitioners cannot divorce themselves from the business aspects of delivering therapy, the solution appears to be to add more of what Sprenkle (2010) calls “professional doctorates” (e.g., DMFT) or incorporate organizational / management content into PhD programs. But individuals like Sprenkle (2010) insists that the PhD must remain focused on equipping students to do original research. While he does make allowance for PhD programs to have a special focus, such as family business interventions, it must be solely to research the specialty area. Yet, there are others in the MFT field who appear to resonate with the view of an observer of graduate programs: “Doctoral education right now is under so much scrutiny that people are questioning the wisdom of pursuing a Ph.D.” (Patel, 2016).

Among those calling for a re-examination of MFT doctoral education are Lee and Nichols (2010) who view doctoral education as needing to be “characterized by specialty education.” One such specialty area that they cite as an example is the practice of business and organizational consultation. Woolley (2010) goes further in that he acknowledges the need to prepare doctoral students to the various dimensions of clinical practice and its delivery including leadership; program design, development, and evaluation; grant writing; financial, interpersonal, and general management; policy development; and business planning. Commenting on the perspectives of Lee & Nichols and Woolley, Wampler (2010) views MFT training as being a natural foundation for the

preparation of leaders.

Despite this recognition and need, the latest version of the accreditation standards (Commission on Accreditation for Marriage and Family Therapy Education, 2017), lists leadership as an optional component in doctoral curricula.

Competencies

Part of the problem might be that the MFT field has not reached the point of developing competencies for specific populations or contexts “comparable to other disciplines, which is a potential area for development in MFT” (Gehart, 2011). The closest that the MFT field has come toward addressing the organizational / management area in the MFT core competencies developed by the American Association for Marriage and Family Therapy – AAMFT (2004) is the primary domain of “research and program development.” (Note: The MFT core competencies also includes the following five domains -- admission to treatment; clinical assessment and diagnosis; treatment planning and case management; therapeutic interventions; and legal issues, ethics, and standards). But even then, one study found that of the six domains, research and program development was considered the least important by clinical supervisors whose supervisees also included doctoral students (Nelson & Graves, 2011).

More recently, the AAMFT (2018) has developed a set of competencies for family therapists working in healthcare settings. Among the six anchoring competency domains is that of leadership (the other domains include systems, biopsychosocial-spiritual, collaboration, ethics, and diversity). The leadership domain focuses on “guiding systems toward a more collaborative and integrated approach to healthcare, as

well as championing for resources so that healthcare systems function at their highest capacity” (p. 1). This entire set of competencies, however, are for a specialized MFT area and are merely recommended.

As for the MFT literature, only two sources were found that somewhat related to organizational / management competencies – both are dissertations focusing on family business consultation: one looked at identifying personal characteristics and effective interventions related to family business consultants (Cross, 2004) and the second study identified content in family business consultation that should be found in a model curriculum (Castanos, 2009).

A Perceived Need

Additionally, there are recent dissertations focusing on MFTs in private practice that have concluded that MFTs lack clinical business preparedness (McBride, 2020) and that the MFT curriculum should provide content on opening / running a business (Koppa, 2014). Examining the experience of MFT managers in public mental health settings, another dissertation found that the lack of business and managerial skills contributed to difficult challenges. The result was MFT managers relying on their own resourcefulness and resiliency to simply “figure out” the transition from clinician to manager (Leahy, 2014). This void in the education of MFTs continues to exist in spite of the fact that becoming a private practice clinician or working in an agency as an administrator are among the leading career aspirations (Miller & Lambert-Shute, 2009).

Professional Development

The need for organizational / management skills is also recognized among seasoned practitioners. Zubatsky, a prominent leader in medical family therapy (MedFT), has observed that “sometimes because of academic titles or other things, any of us can be put into leadership roles without what we would desire as preparation” (Phelps, Kueny, Jacobs, Boyd, Rolland, Baird, & Zubatsky, 2014, p. 171). He along with his colleagues have concluded that “increased exposure to and opportunities for training in organizational development and management skills would help promote greater MedFT leadership” (p. 172). Similarly, a study involving MFTs in administrative or management positions in diverse settings found that their most difficult challenges involved: managing the politics of obtaining program resources, holding employees accountable, using assertive communication skills, finding balance between supervision and autonomy, managing staff egocentrism, and developing trust with employees (Harris, Samford, Mehus, & Zubatsky, 2013).

To respond to this need, some see the value of MFTs acquiring additional training or education in business management to more effectively function, for example, as family business consultants and as managers / administrators (Cole & Johnson, 2012; Distelberg & Castanos, 2012; Distelberg, Lobo, & Lloyd, 2020). This dual training in psychotherapy and business is an approach taken by some clinical and counseling psychologists who have applied family systems concepts to organizational dynamics (e.g., Sears, Rudisill, & Mason-Sears, 2006), family systems theories to executive coaching (e.g., Peltier, 2010), and psychological approaches to executive coaching (e.g., Lai & Palmer, 2019). Clinical social workers have taken a similar approach such as

applying business coaching toward the development of a psychotherapy private practice (e.g., Grodzki, 2015).

Somewhat recently (in 2016), the AAMFT developed a leadership certificate program. The program was developed “to provide MFTs of all levels with the skills to enable them to help advance both their own careers and our vibrant and expanding profession” (American Association for Marriage and Family Therapy, 2021). An eighteen-month program, it consists of the following components: a leadership symposium, annual conference institutes, online training, a personalized leadership assessment, mentor pairing, and a leadership portfolio.

On a more specialized level, medical family therapists working in settings with integrated primary care and behavioral health can receive training at the Middle Management Academy. Sponsored and designed by the National Council for Behavioral Health, the program consists of an in-person, 3.5-day group training. Its “...hands-on curriculum focuses on applying identified skills to key management tasks and responsibilities” (National Council for Behavioral Health, 2021).

Professional and Scholarly Engagement

Given the scarcity and newness of these efforts in both the academic and the professional setting, no documented assessment studies were found in the literature. Still, it should be acknowledged that MFTs continue to make professional and scholarly strides in the organizational and management arenas. In terms of professional engagement, this includes doing organizational systems consultation (Thomas, 2016, 2017), performing organizational functioning assessments (Shumway, Kimball, Korinek, & Keeling, 2005),

developing a family systems-based model of organizational intervention (Shumway, Kimball, Lorinek, & Arredondo, 2007), highlighting the connection between family therapy skills to family business needs (Cole & Johnson, 2012), developing a program to train MFTs as family business advisors (Castanos & Welsh, 2013), and delineating the levels of interventions for MFTs working with family businesses (Distelberg & Castanos, 2012). With respect to the latter regarding family business advising, the significance of the contributions of MFTs has been recognized by the academic literature (Strike, Michel, & Kammerlander, 2018)

Engagement by MFTs in family businesses has also involved research. This has included applying the Family FIRO model to family businesses (Danes, Rueter, Kwon, & Doherty, 2002), using boundary concepts from structural family therapy to study family businesses (Zody, Sprenkle, MacDermid, & Schrank, 2006), using Bowen's family systems theory and contextual family therapy to understand family firm outcomes (Lumpkin, Martin, & Vaughn, 2008), and studying the uniqueness of MFTs as family business systems consultants (Lee & Danes, 2012).

Other scholarly endeavors by MFTs have also involved applying family systems theory to organizational consultation (Matheny & Zimmerman, 2001), and developing and validating an organizational systems questionnaire (Billings, Kimball, Shumway, & Korinek, 2007),

Much more can be done as even researchers with training solely in management and organization development see the value of applying Bowlby's attachment theory to coaching leaders (Drake, 2009), Bowen's self-differentiation theory (Bushe & Marshak, 2016) and family systems theory (Hornstrup, Loehr-Petersen, Madsen, Johansen, &

Jensen, 2012) to the area of leadership development as well as incorporating concepts from solution-focused therapy, narrative therapy, and gestalt theory to the practice of dialogic organization development (Bushe & Marshak, 2015).

CHAPTER TWO

DISCIPLINARY COMPATIBILITY AND GROUNDING

Introduction

This study presupposes that there is value in MFTs acquiring business skills. But is the business discipline compatible with the foundational perspectives of MFT – systemic and relational? This chapter reviews the contemporary general as well as the specialized organizational / management literature on theory. Both metatheory and middle-range theories will be examined. Concluding the chapter will be a section discussing the study’s grounding in a family systems theory. In sum, this chapter affirms the importance of theory. For as observed by Sears and Cairns (2015), “In the context of scholarly disciplines, explanations are rooted in and developed through the use of formal theories” (p. 26).

A Contemporary Metatheory: The Social Constructionist Strand of Postmodernism

An Overview

Among the various stands of postmodernism is that of social constructionism. Because of its recent significant impact on the organizational and management literature, I have chosen to concentrate on this strand (as opposed to other strands such as social constructivism, for example). However, because the chapter draws on diverse literature from different fields, at times use will be made of authors who refer to “postmodernism” but always from the perspective of the social constructionist strand. Likewise, this

chapter will reference authors who refer to “social constructionism.” When they do so, it is under the metatheory of postmodernism.

In Alvesson and Deetz’s (2006) view, postmodernism appeared in organizational and management studies in the late 1980s in reaction to the disillusionment of the modernist assumptions of theorists and practitioners in the field. Modernism’s key assumptions, according to Barrett (2015) included: a) the internal mind and the external world are separate entities, b) things need to be observable independent of any particular human agent and documented in the language of mathematics in order to uncover the true nature of the way things really are, and c) it is possible to know the objective world when we are able to correctly measure and represent things. In short, these assumptions constitute the core foundation of the Enlightenment tradition and its representational theory of knowledge – “the belief that knowledge occurs when objects in the world are apprehended in the mind and represented through some symbol system (words, images, numbers, etc.)” and assumes “the existence of an objective world that is separate from a perceiving subject” (Barrett, 2015, p. 60).

Paving the way for these assumptions to be challenged were four earlier developments in Western thought (Alvesson & Deetz, 2006): a) Nietzsche’s perspectivalism that all knowledge claims relate to a social community’s power, b) phenomenological hermeneutics and structural linguistics’ view that all perspectives are situated within specific social / historical / linguistic contexts, c) Marx’s social conflict theory that acknowledged materially-produced social divisions, and d) Freud’s recognition of a “complex, conflict-ridden, and often mistaken subject in place of a

knowing, unitary, autonomous person, thereby challenging any claim to simple rationality and a clear and fixed identity” (p. 257).

The foregoing made possible the emergence of the metatheory of postmodernism arguing that knowledge and truth are created, not discovered by the mind and emphasizing “the pluralistic character of reality expressible in a variety of symbol and language systems” (Karatas-Ozkan & Murphy, 2010, p. 454). In Alvesson and Deetz’s view (2006), postmodernism’s key themes that have in particular made its way into the organizational and management literature are as follows: a) the centrality of discourse, b) fragmented identities, c) the critique of the philosophy of presence (in favor of the view that “the stuff of the world only becomes an object in specific relation to a being for whom it can be such as object” (p. 268), d) the loss of master narratives, e) the power / knowledge connection, and f) hyper-reality (i.e., the indeterminate quality and nature of the ‘outside’). Consistent with these themes, Barrett (2015) has identified four pillars of social constructionism that are reflected in the organizational and management literature: a) meaning is created through social interactions, b) what is good / right is a social agreement, c) our language and interactions are central to social construction, and d) knowledge and action are linked.

In short, what has occurred from Gergen and Thatchenkery’s (2004) perspective is that the following shifts are evident among some segments of the organization and management sciences: a) from rational agency to communal rationality, b) from empirical knowledge to knowledge as socially constructed, and c) from language as representational to language as action. These shifts have obviously called for a different set of core assumptions regarding ontology, human nature, and epistemology (Karatas-

Ozkan & Murphy, 2010). The implications for organizational and management studies, according to Barrett (2015), has been the following, a movement: a) from mental models to relationships, b) from a structure orientation to a process orientation where change is continuous instead of merely episodic, c) from change agents as interventionists to translators / interpreters, and d) from the self as a unitary being to the self as a dialogical being. These implications will become evident as we narrow our view of this relatively metatheory to three areas: management, leadership, and organization development.

Foci

Management

As opposed to the view of management as a bounded activity with managers acting as rational agents in an already existing reality, management is a “rhetorically-responsive activity in which managers act as ‘practice authors’ of their social realities” (Cunliffe, 2001, p. 351). Language is key as managers “respond, connect with others, shape meaning, and create opportunities for action in the unfolding flow of conversation” (p. 352). From the perspective of this metatheory, language is not viewed as epistemology (i.e., a method), but as ontology (i.e., as being) (Cunliffe, 2002). There are other distinguishing features to this social constructionist perspective of management which Joullie (2016) has contrasted with other philosophical foundations / themes of management thought.

This entails the acknowledgement of different types of management talk (Marshak, 1998). Firstly, there is tool-talk that “includes all instrumental

communications required to discuss, conclude, act and evaluate outcomes” (p. 22). It is utilitarian in that it is used to accomplish some purpose. Secondly, there is frame-talk that “provides the interpretative frameworks and symbols that generate and evaluate the meaning of discussions, conclusion, actions and outcomes” (p. 22). Lastly, there is mythopoetic-talk that “conveys the ideogenic ideas and images (for example, myths, cosmologies, logos) that create and communicate the nature of reality within which frameworks and symbols are applied. It creates and communicates the privileged narratives that guide frame-talk and tool-talk” (p. 22). Aiding these types of talks are linguistic tools such as gestural and instructive statements (Cunliffe, 2002), as well as stories, metaphors, dialogue-within-dialogue, archetypes, contradictions, and irony (Cunliffe, 2001).

Leadership

While there are many overlaps between management and leadership, one way we can distinguish between the two is that to manage means to accomplish activities and leadership is a multidirectional influence relationship / process (Northouse, 2022). Still, there is much diversity with respect to the views on social constructionist leadership. There is, however, from Fairhurst and Grant’s (2010) perspective, convergence on the following: the rejection of a leader-centric view with leadership instead being a co-constructed process / reality involving all organizational actors. Bushe and Marshak (2016), operating from a dialogic perspective, elaborate with the following:

1. Reality and relationships are socially constructed.
2. Organizations are social networks of meaning making.

3. Transformational leadership shapes how meaning is made and especially the narratives which guide people's experience.
4. Organizations are continuously changing, in both intended and unintended ways, with multiple changes occurring at various speeds.
5. Groups and organizations are inherently self-organizing, but disruption is required for transformational adaptation and change.
6. Adaptive challenges are too complex for anyone to analyze all the variables and know the correct answer in advance, so the answer is to use emergent change processes.
7. Leading emergent change requires mobilizing stakeholders to self-initiate action, then monitoring and embedding the most promising initiatives.

Among the differences in perspective identified by Fairhurst and Grant (2010) are varying emphasis on the following dimensions: a) the construction of social reality versus the social construction of reality, b) theory versus praxis, c) critical / emancipatory versus pragmatic intervention, and d) mono-modal versus multimodal (focusing only on leadership actors' language or also including use of space, the body, clothing, technology, etc.).

Other variations have involved the blending with other theories such as existentialism and systems. With respect to the former, "existentialism provides the perspective of consciousness of the present and of future intention to act, whilst constructionism provides reflection and awareness of influential factors both past and present" (Ford and Lawler, 2007, p. 414). Systemic constructionist leadership, on the other hand, asserts the following (Barge, 2012):

- Communication: Leadership actors co-create identities, relationships, and cultures through linguistic performances.
- Connection: Understanding leadership within a human system depends on articulating the connections among persons-in-conversation, action, meaning, and context.
- Leadership actors operate within unique contexts defined by time, place, people, and topic.
- Emergence: Leadership focuses on new possibilities for meaning making and action that are continuously co-created.
- Affirmation: Leadership actors connect with each other's moral orders and grammars in order to affirm others' lived experiences.

Organization Development

Organization development (OD) from a social constructionist perspective emphasizes the generative and relational nature of organizations (Vamargo-Borges & Rasera, 2013) such that the organization is viewed “as a potentially fluid field of meaning-making” (Gergen, 2009, p. 321). At the forefront of this perspective is Dialogic OD which, according to Burnes and Cooke (2012) in their historical overview of OD, emerged in the 1990s. Much of its theoretical development has been undertaken by Bushe and Marshak. Hence, the remainder of this subsection will draw from their writings (Bushe & Marshak, 2014, 2015; Marshak, Grant, & Floris, 2015).

To contrast with the foundational approach to organization development which they termed “diagnostic,” Bushe and Marshak (2014, 2015) refer to their theoretical

orientation as “dialogic.” In essence, one can view Diagnostic OD as reflective of the modernist metatheory, whereas Dialogic OD is premised on social constructionism. This results in a different view of the organization, ontological and epistemological stance, and constructs and focus of organizational change. Likewise, these two approaches can differ with respect to its emphasis, the nature of change, the role of consultants, and the change processes. Yet, despite their differences, Bushe and Marshak do acknowledge that Diagnostic and Dialogic OD have some commonalities in that both: have strong humanistic and democratic values, encourage and facilitate greater system awareness, view the consultant’s role as focused on process (not content), and encourage capacity building and development of the system.

The key premises of Dialogic OD are as follows (Bushe & Marshak, 2014, 2015):

- Reality and relationships are socially constructed.
- Organizations are meaning-making systems.
- Language, broadly defined, matters.
- Creating change requires changing conversations.
- Before seeking coherence, participative inquiry and engagement needs to be structured to increase differentiation.
- Groups and organizations are continuously self-organizing.
- Transformational change is more emergent than planned.
- Consultants are a part of the process, not apart from the process.

Based on these eight premises, different approaches can be undertaken that can be reflective of the complexity perspective or the interpretive / discursive / conversational perspective (Bushe & Marshak, 2014, 2015) – both perspectives influenced by the recent

movements in organization development (Marshak, 2010). Still, regardless of the orientation, all share some basic characteristics (Bushe & Marshak, 2009): a) the change process emphasizes changing the conversations that normally take place in the system, b) the purpose of inquiry is to surface, legitimate, and/or learn from the variety of perspectives, cultures, and/or narratives in the system, c) the change process results in new images, narratives, texts, and socially constructed realities that affect how people think and act, and d) the change process is consistent with traditional organization development values of collaboration, free and informed choice, and capacity building in the client system.

Additionally, there are three common core processes (Bushe & Marshak, 2014, 2015) which are as follows: a) a disruption in the ongoing social construction of reality is stimulated or engaged in a way that leads to a more complex reorganization, b) a change to one or more core narratives must take place, and c) a generative image is introduced or surfaces that provides new and compelling alternatives for thinking and acting. The power of this last process cannot be underestimated as it can ultimately lead to re-forming an organization's culture (Bushe, 2013a).

Underlying these processes is the significance of organizational discourse which entails the following concepts (Marshak, Grant, & Floris, 2015):

- Discourse: A set of interrelated texts that brings an idea or way of thinking into being.
- Text: Anything (words, symbols, pictures, gestures, etc.) that conveys content or thematic meaning.

- Context: The temporal, historical, cultural, and social setting in which texts are embedded.
- Narrative: Written or verbal accounts with a focus on themes or issues that link a set of ideas or a series of events into a meaningful storyline.
- Conversation: The production, dissemination, and interpretation of strings of texts, which are linked together, as part of interactions or transactions between two or more people.

While still at its relatively early stages, studies utilizing this dialogic theoretical base has revealed the following preliminary insights (Marshak, Grant, Floris, 2015): a) discourse socially constructs organizational reality, b) multiple levels of linked discourses impact how actors think and act, c) discourses are multimodal and not limited to talk and text, d) narratives shape how people think and act and are conveyed through conversations, e) power and political processes determine which discourses shape accepted ways of thinking and acting, f) there is a diversity of discourses latent in any situation, g) discourse and change continuously interact in iterative and recursive ways, and h) change agents need to reflect on their own discourses.

Criticism and a Competing Metatheory

While there are many attractive features to this metatheory, criticism abounds – most of it centered on its ontological premise with the argument being made that there is “a social reality that exists and changes independently of any particular discursive construction or mediation” (Reed, 2005, p. 1625). In Reed’s (2005) words “if the linguistic or discursive boundaries of our understanding pre-determine the limits of our

world for us, if knowledge of something is co-extensive with ‘that thing in itself,’ then how can we even begin to deal with the ‘complex socio-materiality’ of which we are a constituent element?” (p. 1626). But this ontological problem also impacts other areas. As Ramoglou and Tsang (2016) observed “Metatheories are essentially worldviews. ...Metatheories are the logically interconnected sets of conceptual presuppositions forming the frame against which pictures of a more substantive nature will be painted” (p. 411). Continuing, metatheories form the “fundamental theoretical structures in response to abstract questions regarding the nature of the world (ontological), possibility of knowing (epistemological), and methods of knowledge acquisition (methodological)” (p. 411).

Hence, Reed (2005) and others argue that we are in the midst of a “realist turn” in organization and management studies. What has arisen is critical realism as a response to both empiricism and social constructionism (Mingers, Mutch, & Willocks, 2013). Ramoglou and Tsang (2016), focusing on entrepreneurship, have compared empiricism, social constructionism, and critical realism in a succinct manner. Given that we have dealt with the former two metatheories, this subsection will focus exclusively on the latter.

Critical Realism owes its origins largely to the work of Bhaskar (Mingers, Mutch, & Willcocks, 2013) and primarily emerged in the 1980s (Fletcher, 2016) as “a middle way between empiricism / positivism on the one hand, and anti-naturalism / interpretivism on the other” (Zachariadis, Scott, & Barrett, 2013). For critical realism acknowledges that there is a reality that exists independently of our knowledge or perception of it. To understand these different forms of reality, critical realism “stiches

together elements of general ontology, social ontology, domain specific theory, and our understanding of empirical evidence, all of which depend on each other in a structured way” (Elder-Vass, 2015, p. 91). In short, the benefits of critical realism are seen as: a) defending “a strongly realist ontology that there is an existing, causally efficacious, world independent of our knowledge,” b) recognizing that “our access to this world is in fact limited and always mediated by our perceptual and theoretical lenses,” and c) accepting “the existence of different types of objects of knowledge – physical, social, and conceptual – which have different ontological and epistemological characteristics” (Mingers, Mutch, & Willcocks, 2013, p. 795).

There are several contributors to the organizational and management literature that have recently written on the various philosophical dimensions of this metatheory (Edgley, Stickley, Timmons, & Meal, 2016; Fletcher, 2016; Mingers, Mutch, & Willcocks, 2013; Parr, 2015). From a more applied perspective, Zachariadis, Scott, and Barrett (2013) have addressed critical realism’s knowledge creation process. Similarly, Marks and O’Mahoney (2014) have outlined how critical realism’s principles can apply to a particular area of study (identity) and the types of questions they would pose for this area of study. More recently, critical realism has made its way into the social and behavioral sciences (Danermark, Ekstrom, & Karlsson, 2019; Pilgrim, 2020), including family therapy (Pocock, 2013).

Middle-Range Theories

Management: Design Thinking

Design Thinking

For purposes of this discussion, I will define design thinking as a theory and method of creative action (Kimbell, 2011). Design thinking in the innovation management realm has consisted of taking the sensibility of designers and applying it to organizational and business settings. This has included the healthcare environment (Roberts, Fisher, Trowbridge, & Bent, 2016) where the emphasis has been on health and social vitality as evident by scholarly conferences (Association of Collegiate Schools of Architecture / Association of Schools and Programs of Public Health, 2016), applied laboratories (Kaiser Permanente, 2021; University of Minnesota, 2021), as well as learning communities (Clinicians for Design, 2021; University of Michigan, 2021).

The reasons for this disciplinary appropriation – which began in the early 2000s -- are varied and are largely reflected in the different streams of design thinking in the management and organizational literature. Johansson-Skoldberg, Woodilla, & Cetinkaya (2013) propose that there are three streams: a) design thinking as a way of working (i.e., a process), b) design thinking as a problem-solving approach, and c) design thinking as an attitude.

With respect to the first, Brown has largely led the way in using this approach at IDEO, a design company where he is its chief executive officer (CEO). Essentially, much of IDEO's work has centered on its multidisciplinary professionals applying the design process toward social innovation (Brown & Katz, 2011). Martin (2010), on the

other hand, sees designers' use of deduction, induction, and abduction reasoning of value in helping to address organizational and business problems (see also Dorst, 2011 on these different types of reasoning, and Buchanan, 1992 on "wicked" problems). Such "integrative thinking," Martin argues, is needed for a business to maintain its competitive advantage – particularly in the exploration of new knowledge that could lead the organization toward the creation of new products / services / business opportunities. The third stream is reflected in Boland's (2016) work in that he views the work of a manager as akin to that of an artist such that managers can benefit from acquiring a design attitude. For managers are expected to "reshape" their worlds. While Boland does not explicitly specify what constitutes a design attitude, the research from Michlewski (2008) does shed some light. Michlewski has identified five theoretical categories that characterize design attitude: a) consolidating multidimensional meanings, b) creating, bringing to life, c) embracing discontinuity and open-endedness, d) embracing personal and commercial empathy, and e) engaging poly-sensorial aesthetics.

Despite the different streams within the management literature, from my point of view, innovation is the common theme. This, however, still leaves us with some tension in the differences in orientation between business and design (Liedtka & Ogilvie, 2011). The business world is largely wedded to rationality and objectivity with reality as fixed and quantifiable. Alternatively, the design orientation (at least one view of it which we will address in the subsection below) considers reality to be socially constructed. Such differences, propose Johansson and Woodilla (2009), are due to their epistemological roots and can be resolved by business and management's "return to a more humanistic discourse, capable of embracing ambiguities and paradoxes" (p. 4).

Designerly Thinking

Unfortunately, from the perspective of Johansson-Skoldberg et al. (2013), design thinking is not tightly connected to the design literature whose approach they refer to as “designerly thinking.” Despite this, I will draw from both sets of literature.

One discourse in the “designerly thinking” literature identified by Johansson-Skoldberg et al. has as its epistemology hermeneutics such that the creation of meaning is at “the core of the design process and the artefact becomes a medium for communicating these meanings” (p. 126). Somewhat consistent with this, Beckman and Barry (2007) have identified the second generation of design theories and methods as viewing design as a social process. Similarly, Kimbell (2011) sees one account of design thinking as being an organizational process that can and should “acknowledge the situated, embodied work of design thinking in practice” (p. 289). This is related to Deserti’s “situational design” where design is viewed as action situated in a context (Garcia, 2012).

Also related is what Fallman (2003) calls the pragmatic account: “Rather than science or art, under the pragmatic account design takes the form of a hermeneutic process of interpretation and creation of meaning where designers iteratively interpret the effects of their designs on the situation at hand” (p. 227). Still another perspective that is consistent with the foregoing is what Kimbell (2014) calls the “socio-cultural lens” of design. This lens focuses on the co-production of meanings, contexts, and practices. In sum, whether we refer to design as hermeneutics, a social or organizational process, situational, pragmatic, or a socio-cultural lens, we are referring to the same strand – the strand that is reflective of the metatheory of postmodernism / social constructionism that

I dealt with at the beginning of this chapter. Henceforth, the term “design thinking” will be used from this perspective.

Philosophical Underpinnings

Ricoeur’s critical hermeneutics is in harmony with the above and has been proposed by Jahnke (2012) as a way to explain design. Central to his thought is the “hermeneutic spiral” in which Ricoeur intertwines an “ontologically derived interpretation and an epistemologically derived reflection” (p. 34). In essence, Ricoeur has reintroduced epistemology into hermeneutics which allows for a “postmodern understanding of discourse (that) can be seen as a positive, ongoing encounter of diverse interpretations” (p. 34). This, however, involves critical “distancing” and “poetic re-description” in order to generate new meaning thereby enhancing the innovation potential in design by proposing how things “might be.” In short, “Ricoeur’s spiral integrates both a centering movement of reflection and a decentering movement of communication with others via manifest and poetically rich interpretations” (p. 36). In other words, it is “both critical distancing and the poetic re-description through metaphorical deliberation (that makes possible) the ability to manifest new meaning in design practice” (p. 39).

Models

Given that design is constituted in practice (Kimbell, 2011), it is very model based. As Cooper, Junginger, and Lockwood (2009) observed, “design thinking and design methods always go hand in hand – that is, in design the thinking is informed by the doing, and vice versa” (p. 49).

In concert, Dubberly (2004) has developed a compendium of over one hundred general models categorized as general process, analysis-synthesis, academic, consultancy, software development, complex linear, and cyclic models. Additionally, there has been the development of models with corresponding methods specifically for management and service innovation. Among them is one developed by the Institute of Design at Stanford (2010) which outlines the design process as consisting of the following phases: empathize, define, ideate, prototype, and test, and includes a description of forty methods. Stickdorn and Schneider's (2011) model is based on the principles of user-centered, co-creative, sequencing, evidencing, and holistic. The model consists of the exploration, creation, reflection, and implementation phases and includes tools. With respect to the latter, this initial set of tools has been expanded further into a comprehensive practitioners' toolbox (Stickdorn, Hormess, Lawrence, & Schneider, 2018).

Consisting of a series of questions, Liedtka and Ogilvie's (2011) model consists of four phases -- what is, what if, what wows, and what works – and also comes with corresponding tools and project management aids. Their initial publication of the model was followed up with a field book that builds on the four questions by outlining fifteen steps and reviewing eighteen tools (Liedtka, Ogilvie, & Brozenske, 2014). Kimbell (2014), on the other hand, has provided a model consisting of the following phases with corresponding purposes and methods: exploring issues, analysis, generating and exploring ideas, and synthesis.

The IDEO Model

In my view, the IDEO model from the world of consultancy represents the hermeneutics / social constructionist / postmodern perspective with its insistence that “for the design thinker, it has to be ‘us-*with*-them’” (Brown & Katz, 2011). It qualifies as being what Bjogvinsson, Ehn, and Hillgren (2012) refer to as “participatory design” in that its goal is to empower a multiplicity of voices. A brief overview of this model will conclude this subsection.

It might be useful to begin with a definition of design thinking from this model’s perspective. Brown (2008), one of the key developers and proponents of the IDEO model, defines design thinking as “a discipline that uses the designer’s sensibility and methods to match people’s needs with what is technologically feasible and what a viable business strategy can convert into customer value and market opportunity” (p, 86). Hence, the model can be viewed as an approach to “human-centered design (that) is uniquely situated to arrive at solutions that are desirable, feasible, and viable” (IDEO.org, 2015, p. 14). The model, in essence, takes into consideration the human, technological, and business dimensions.

The “mindsets” (or principles) required to approach this model are: empathy, optimism, iteration, creative confidence, making, embracing ambiguity, and learning from failure (IDEO.org, 2015). In addition to collaboration, a key “mental state” (or characteristic) of design thinkers that is emphasized by the model is integrative thinking which entails the ability to engage in the constant shift between and among divergent and convergent thinking, as well as analysis and synthesis (Brown, 2009).

With the foregoing as background, we are now prepared to briefly review the model. The model consists of four “spaces” – this term is intentionally used to convey a process of overlapping spaces rather than a sequence of orderly phases or steps (Brown & Wyatt, 2010). The first space is inspiration which begins with defining the challenge (IDEO.org, 2015). Involved is the use of qualitative research techniques to observe with the objective of developing deep empathy, questioning assumptions, and inspiring new solutions. This entails going out into the world to observe/ participate in the actual experiences of people as they improvise their way through their daily lives. Finally, insights are formed from the qualitative research data. By synthesizing and interpreting the data, meanings are uncovered and there is increased clarity. In short, gathered insights translate individual stories into overarching “truths.” With this collective insight, the design challenge can be viewed in a new light thereby allowing for the framing of opportunities in the second space of ideation. This framing sets the stage for idea generation with the goal of answering the “how might we” question. Operating under specific guidelines, design thinkers engage in the brainstorming of ideas. The third space of implementation entails experiments involving rapid prototyping.

This process involves a multidisciplinary team working collaboratively and requires the looping back through these spaces more than once as the team refines its ideas and explores new directions. In short, the model operates from the premise that design thinking is fundamentally an exploratory process. It involves emerging rather than deterministic inquiry. To assist with this form of inquiry, diverse methods / tools / activities are utilized such as ethnography, storytelling, dance, role playing, photos, drawings, etc. (IDEO.org, 2015).

Leadership: Relational Leadership

While still an emerging middle-range theory, the various versions of relational leadership theory have been included in relatively recent reviews of leadership theories and research (Dinh, Lord, Gardner, Meuser, Liden, & Hu, 2014; Dionne, Gupta, Sotak, Shirreffs, Serban, Hao, Kim, & Yammarino, 2014). This can be viewed as an acknowledgement of its wide applicability, including in the healthcare setting (e.g., Gregorie & Arendt, 2014) with some studies suggesting a positive relationship between the application of relational leadership theory and patient outcomes (e.g., Wong, Cummings, & Ducharme, 2013).

The Relational Perspective

Relational leadership (from a relational perspective) is very much situated in the social constructionist strand of postmodernism. Uhl-Bien (2006) has methodically differentiated it from its modernist counterpart -- which she labels an “entity” perspective to leadership -- and sees differences with respect to its ontological assumptions, approach to process and methodology, and view of leadership. This differentiation has been elaborated in conjunction with Ospina in that the entity perspective is viewed as privileging the individual dimensions of leadership and, hence, focusing on relationships (interpersonal relationships as outcomes of, or as contexts for, interactions) (Ospina & Uhl-Bien, 2012a, 2012b). In contrast, the relational perspective privileges the collective dimensions and therefore focuses on the relational dynamics (social interactions and social constructions). It is this latter perspective that reflect my use of the term “relational leadership” in the remainder of this subsection.

Definitions

With these distinctions in mind, Uhl-Bien (2006) views relational leadership as a “social influence process through which emergent coordination (i.e., evolving social order) and change (e.g., new values, attitudes, approaches, behaviors, and ideologies) are constructed and produced” (p. 655). Hence, the focus is on “the rich interconnections among people acting in contexts that allow leadership to be ‘co-produced’ in ‘the space between’” (Uhl-Bien, Maslyn, & Ospina, 2012, p. 304). Consistent with social constructionism, this assumes that the self and others are not separable, but co-evolving and therefore leadership is a collective process. Put differently, leadership is “a phenomenon generated in the interactions among people acting in context” (Fairhurst & Uhl-Bien, 2012, p. 1043). It is a collective and fluid phenomenon that is distributed or shared among different people. From Fletcher’s perspective (2012), relational leadership’s primary goal and intention “is to enact effective working relationships characterized by mutuality and authenticity, where the goal is learning, effectiveness, and mutual growth-in-connection” (p. 98).

Practices

Given the foregoing, the question arises as what practices are evident in relational leadership. Ospina and Foldy (2010) have proposed that relational leaders secure connectedness for collaborative work by: a) prompting cognitive shifts, b) naming and shaping shared identities, c) engaging in dialogue about differences, d) creating equitable governance mechanisms, and e) weaving multiple worlds together through interpersonal relationships. Using different terms, they have also identified relational leadership

practices as: a) reframing discourse, b) bridging differences, and c) unleashing human energies to support human development not just as a means but as an end toward the goal of increasing overall collective capacity -- individual, organizational, inter-organizational, and community / societal capacity (Ospina, Foldy, El Hadidy, Dodge, Hofmann-Pinilla, & Su, 2012). (With respect to community / societal capacity, Gergen, McNamee, & Barrett, in their 2001 publication, discuss the Public Conversations Project which has a social constructionist orientation and stems from family therapy concepts.)

Somewhat related is Crevani's (2015) delineation of practices: a) framing and facilitating the movement between frames, b) positioning (which refers to how positions are shaped, placed in certain kinds of relations and configurations via conversations), c) bridging, and d) resonating. Additionally, Crevani argues that relational leadership practice also calls for going beyond relational achievement to relational responsibility. In Crevani's words, "we need to develop ethical ways of engaging with others in which we are accountable to the other" (p. 202).

In a sense, Crevani is acknowledging Cunliffe and Eriksen's (2011) view of "relational leadership as a way of being and relating with others, embedded in everyday experience and interwoven with a sense of moral responsibility" (p. 1432). Operating from this perspective, Cunliffe and Eriksen identify the following relational leadership practices: a) providing for polyphonic ways of talking -- "the emerging, fluid, multi-voiced and unique nature of dialogue" (p. 1435), b) concurrently unifying and dispersing meaning, and c) promoting relational integrity.

Hornstrup and colleagues, on the other hand, view the central task of the relational leader as one of creating social reflection and development whereby new

perspectives are co-created allowing movement from shared meaning to coordinated meanings (Hornstrup, Loehr-Persen, Madsen, Johansen, & Jensen, 2012). Drawing on family systems concepts, they propose such practices as creating interruptions, circular questioning, irreverence to challenge the grand narratives, use of paradoxes, working with emotions, bifurcation questioning, and interceptive interviewing. These practices, however, call for acknowledging the organizational context, operating from a position of curiosity, and expressing relational appreciation. Given this central task and practices, Hornstrup et al. perceive “relational leadership as a coordination of understandings, expectations, emotions, and actions in constant interaction and dialogue with the organization’s many internal and external stakeholders for the purpose of helping the organization achieve its goals” (p. 91).

Organization Development: Narrative-Based Executive Coaching

Executive Coaching

An important area of organization development is management development which utilizes a variety of interventions. One of the prominent interventions is executive coaching (Anderson, 2020; Cummings & Worley, 2018). Because coaching has been applied to a variety of populations, settings, and purposes, it can be generically defined as “...an interpersonal process that helps people achieve positive change and growth. By harnessing innate strengths, uncovering intrinsic motivations, and asking empowering questions, coaching fosters self-generated insight, vision, and goal clarity” (Institute of Coaching, 2021). (Note: For a brief history of coaching definitions as well as

contrasting coaching with counseling/therapy, mentoring, and change agent interventions, see Passmore & Lai, 2019).

However, more specific definitions have been developed for executive coaching in which it can be viewed "...as a form of personal learning and development consultation provided by someone external to the organization who focuses on improving an individual's performance in the quintessential tensions of balancing the forces of cooperation and competition in an organization" (Stokes & Jolly, 2018). Another definition which gives more insight into the process states that "Executive coaching is a one-to-one individualized process to benefit the leader and his/her organization. Working with goals defined by both the leader and the organization, a qualified and trusted coach uses various coaching methods and feedback data to develop the leader's capacity for current and future leadership. This coaching is guided by a coaching partnership to achieve maximum impact and the highest level of learning" (Executive Coaching Forum, 2015).

These definitions allude to some of the unique and distinct characteristics / features of executive coaching which include (Ellam-Dyson, Grajfoner, Whybrow, & Palmer, 2019; Stokes & Jolly, 2018):

- It is a partnership between the coach, the executive, and the organization.
- In a sense, the "primary" client is the organization and its various stakeholders as the executive's development is aimed toward the support and achievement of the organization's *evolving* overall purposes and objectives (it is evolving given that organizations consist of complex / dynamic / competing political, social, and emotional systems).

- The coach's fees are generally paid by the organization and the coach's services typically consist of ongoing confidential meetings with the executive, organized on a regular basis for a period of six months or longer. Coaching sessions can last from an hour to a full day and might involve working on the client's turf.
- In addition to the coaching process, ongoing activities include psychometric and other assessments (Passmore, 2012), data collection, and feedback. With respect to feedback, it is therefore important that from the beginning of the coaching relationship there is agreement on what data will be privileged rather than public. For there should be regular (perhaps quarterly) three-way sessions involving the coach, executive, and organizational sponsor (usually the line manager) to review the executive's progress with respect to a) gaining insight into his/her functioning and b) improving his/her effectiveness in the organization.
- Coaching can focus on behavior change (for skills, performance, or development in the management and/or leadership domain), self-image, and/or purpose and meaning. Alternatively, per Hawkins and Smith (2010), the focus can be along a continuum consisting of: skills (competencies related to a specific role / position), performance (raising the levels of performance in a current role), developmental (less focused on the current role and more centered on longer-term development), and transformation (focuses on second order or level 2 learning and change enabling the coachee to shift levels or action logics and thereby make a transition from one level of functioning to a higher one).
- Generating inspiration is a key executive coaching tool (Holzer, Spataro, & Baron, 2019).

Narrative-Based Coaching

As with other forms of coaching, ideally, executive coaching is guided by and operates within one of the many established theoretical approaches / models / frameworks / orientations (Cox, Bachkirova, & Clutterbuck, 2018; Palmer & Whybrow, 2019; Passmore, 2014). Some of these theoretical approaches have been specifically applied to executive coaching (Peltier, 2010). Ellam-Dyson, Graijfoner, Whybrow, & Palmer (2019), for example, have connected different theoretical approaches to each of the three domains that might conceivably be targeted in coaching an executive: the intrapersonal, the interpersonal, and the systems domain. Common to the various approaches to coaching is that its key tenets "...are actually presaged by developments in family therapy..." (Drake, 2007).

According to Stelter (2014a, 2014b), each of these different theoretical approaches can fall under one of the three generations of coaching and reflect a particular perspective / orientation / focus. The first generation is characterized by viewing coaching in a problem and goal perspective where the intervention "...is to help the coachee address his/her particular challenges and problems in order to achieve specific goals and develop action strategies" (Stelter, 2014a, p. 51). The second generation characterizes coaching as a solution- and future-oriented intervention. "The main goal and intention in this generation of coaching approaches is to generate positive future scenarios with a strong focus on existing resources and strengths that the coachee already possesses, and which the coachee should be able to build on" (p. 52). Finally, the third generation has coaching in a reflective perspective where "the coaching conversation can be described as a co-creative and collaborative process, where the coach and coachee are

both experts in their respective domains and, at the same time, not-knowing at the beginning of the conversation. ...As a prominent feature, the coaching dialogue revolves around values and the meaning-making of life...” (p. 52).

One approach that is reflective of the third generation of coaching is narrative coaching which is based on the social constructionist and poststructuralist ideas within the postmodern paradigm (Swart, 2015). Furthermore, narrative coaching is reflective of dialogic OD (an approach discussed above in an earlier section) where “The coach who is working in an organizational context becomes a co-traveler in the organizational journey and is often invited to be an audience, a witness, and a collaborator in the shifting of not only the narratives of the client, but sometimes also the organizational narratives” (p. 368-369).

Viewing the foregoing from Stelter’s perspective (2014a), this shifting can be because “...we no longer have figures or institutions of authority with the necessary competence and capability to offer clear-cut recommendations about how to achieve the good working life” (p. 73). Hence, therein lies the value of narrative-based executive coaching with its open conversation format that is based on the following social constructionist assumptions and positions (p. 74-78):

- Context and culture form our basis for understanding our reality and vice versa.
- “Truth” is created in a dialogue with our surroundings and through conversations and shared actions.
- Problems occur when local versions of truth are framed as universal truths.
- Social constructionists are fundamentally open to many different ways of describing the world.

- Social constructionists take a curious (wondering), open and respectful stance to other people's perceptions and traditions.
- The main point is not whether our words are true or objective but rather what happens when we move into a form of understanding where reality is seen as a social construct.
- Meaning is not something that is given but something that is developed in social interactions.
- New stories can change the way we perceive the world and ourselves.
- Social constructionism is wary of such concepts as personal determination, intentionality, and personal agency.

Swart's Approach

As to the specifics of narrative coaching, Swart (2015) has essentially taken the approach of adapting narrative therapy to narrative coaching and emphasizes the need for the coach to also be self-reflective by posing such questions as:

- Why is it important for me to ask this question?
- Who benefits from this question?
- Whose voice is silenced by this question?
- Which ideas in society inform this question?

Stelter's Approach

Stelter (2014a), on the other hand, while still making use of the key concepts of narrative therapy, emphasizes the collaborative, democratic, and relational roles in

narrative coaching. In Stelter's words, "The coach and the coachee...are dialogue partners and have a mutual relationship as reflective fellow human beings in a relationship that is characterized by varying degrees of symmetry over time. In the coaching dialogue, the coach and the coachee often talk about values and meaning-making, about motivation/passion and the important things in life..." (p. 118-119). Personal meaning and values are central to one's actions (Stelter, 2009). This is particularly true in working with executives in their leadership development: "This value-basis of leaders' decision-making can be one of the focal areas in reflective coaching dialogues, where specific events are studied through the lens of specific value reflections" (Stelter & Law, 2010, p. 154).

Once this exploration / examination has occurred, "The coach uses questions that invite the coachee to move forward to embrace a shift in perspective" (Stelter, 2014a, p. 128). The hope is to create greater insights with regards to:

- How the co-operation (for example, in the project group) is functioning.
- How the different participants contribute to the process.
- What is being created together with others in the form of processes, conversations, and products.
- What meanings evolve in the community of practice and how these meanings may differ depending on the participants.
- Which values, attitudes, and viewpoints are expressed by oneself and others.
- Which differences and similarities are being expressed or suppressed.
- Where has one stalled, and where are other participants seen as a hindrance.

- What would one like to see different, or what does one dream about (Stelter, 2007, p. 199).

The questions directed to the executive can center around “...the manner in which the involved parties talk or do not talk, act or do not act, in relation to certain events, tasks, and challenges” in the organization (Stelter, 2007, p. 199). Some of the questions can take the form of inquiring:

- How do you talk about things that concern all parties (such as working overtime, long term illness, stress, or arriving late at meetings)?
- How do you talk about your own and other successes or poor results?
- How do you talk about the group’s successes or poor results?
- How do you talk about other people (such as colleagues, other work units, managers, customers, or trainees)?
- How do you talk and what do you talk about when you are working together with others?
- How do you talk when things are not going well? (Stelter, 2007, p. 200).

Law’s Approach

Another contributor to narrative coaching is Law (2019) who acknowledges this form of coaching as a developmental conversation, a co-creative process, reflective, context specific, and enabling a new way of acting. Law incorporates Kolb’s learning theory resulting in a learning wheel. This wheel consists of four stages of learning:

1. Concrete experience – provides the coachee with real examples to understand how they experience the situation

2. Reflection – asks the coachee to think about the lessons learned (how and what)
3. Abstract conception – translates the experience into a meaningful concept.
4. Action – takes a decision or action as a consequence from the previous three stages.

This learning process consists of two kinds of transformation:

- Internal / vertical transformation – from experience, consciousness emerges
- External / horizontal transformation – from reflection to action as reflective practitioners (p. 257-258).

These concepts of learning and transformation are considered in the each of the stages of narrative coaching: descriptions, relation mapping, evaluation, justification, and conclusion/recommendation (Law, 2019).

Drake's Approach

But probably the most significant contributor to narrative-based coaching is Drake who argues that “some practitioners have simply adapted narrative therapy practices for a coaching context, while others like myself have developed new methods built specifically for coaching (Drake, D. B., 2018, p. 19). While acknowledging the work of the narrative therapy community (particularly Michael White), Drake states that “narrative coaching has evolved to the point where it is a distinct approach and a body of work in its own right” (p. 2). His view is that “narrative coaching is distinct from narrative therapy in that it:

- Uses mindfulness and somatic practices to address preverbal issues.
- Draws more from multiple disciplines in social sciences and beyond.

- Uses transpersonal means to access personal and collective unconscious.
- Attends to nuances of and openings for change in narrative structure.
- Focuses more on desired narratives and less on dominant narratives.
- Relies more on silence, presence, and the ‘field’ to support change.
- Sees issues of power through a lens of emergence more than justice.
- Uses directive energies judiciously in support of outcomes” (Drake, D. B., 2018, p. 24).

Furthermore, Drake argues that narrative coaching offers the possibility to:

- “Use the rites of passage framework as a systemic approach to transitions and change;
- Address attachment issues using archetypes and somatic practices” (Drake & Stelter, 2014, p. 66).

Hence, Drake defines narrative coaching as “...a mindful, experiential, and integrative approach that helps people make real change in real time using their own stories” (Drake, D. B., 2018, p. 12). Given the foregoing, a key role for coaches is to invite the coachee to see their stories from different perspectives, to notice how they are constructed, to note their limits and influences, and to discover other possibilities (Drake, D., 2018). The emphasis is on viewing stories as situated, emergent, and co-constructed texts that have the potential for sparking liberation (Drake & Stelter, 2014). The co-construction occurs in session with the coach “(1) witnessing what is being said by the client as the narrator; (2) recognizing what is not being said by advocating for the whole story; (3) inviting them to step into what wants to be said by working with the narrative elements seen in the characters (e.g., person, place, metaphor, phrase, object); and (4)

building on what is being said differently through focusing attention the shifts that are already emerging in the field” (Drake, D., 2018, p. 118). It should be noted that this is a process of reconfiguration, and not one of re-storying or reauthoring (Drake, D. 2018).

Throughout this process, there is extensive use of metaphors and analogies on the part of the coach because they:

- Provide heuristics and mental models by which we operate every day;
- Draw on and combine resources from both the left and right hemispheres;
- Bridge the symbolic and literal, the verbal and nonverbal, the emotive and the logical;
- Provide access into the coachee’s world, into the spaces in-between their stories; and
- Inspire meaning, generate memes and support movement toward transformative (Drake & Stelter, 2014, p. 68).

Guiding the coach are the following six principles that Drake has developed (Drake, D. B., 2018, p. 15):

- Trust that everything you need is right in front of you.
- Be fully present to what is without judgement.
- Speak only when you can improve on silence.
- Focus on generating experiences not explanations.
- Work directly with the narrative elements in the field.
- Stand at the threshold when a new story is emerging.

In sum, it should be evident that Drake views narrative coaching’s foundation as systemic (Drake, D. B., 2018), narrative coaching as a relational process (Drake, 2007),

and that he has also adopted the “postmodern turn” from thinking of stories-as-objects to seeing stories-in-context (Drake & Stelter, 2014; Drake, D. B., 2018). In other words, Drake rejects the narrow and positivistic perspective (Drake, 2014) where stories are objects that exist intact within a client, but rather they are co-created in the course of a coaching session (Drake, D., 2018). Drake (2007) refers to this as the Narrative Diamond which contains the central elements involved: the narrative field, the narrator, the listener, the story, and the characters embedded in a larger matrix of communal and contextual narratives. In the totality of this space, the central goal is to help clients attain greater alignment between their stories, identities, and actions / behavior in the direction of their goals / desired outcomes (Drake, 2007).

Stories. Drawing on the works of others, Drake (2014, 2017, 2018) identifies six components that serve as the grammatical basis for narrative structure: what was done (act), when and where it was done (scene), who did it (agent), how s/he did it (agency), why (purpose), and coda (meaning and implications). In a sense, the coach is working with coachees’ stories as speech acts (how they are formed), as (counter-) expressions of social discourse (how they are framed), as cognitive schemas (why they are told), and as organizing principles (what they do) (Drake, D., 2018). In short, the coach should be seeking responses to such questions as: What is the coachee hoping to accomplish with the stories they tell, for whom, and for what purpose? What value is at stake in their life at this moment? (Drake, 2017).

Identities. Familiarity with the characteristics of narrative structure will then allow the coach to get an understanding of the evolving identities of a coachee:

- “Ordered events provide a sense of temporality as they bring together the past, present and future in a meaningful way to address the question: ‘Who am I?’
- Stable identities provide a sense of spatiality, so we know how to navigate relationships and communities and address the question ‘To whom do I belong?’
- Demarcation signs provide a sense of accessibility so we can recognize opportunities in disruptions to the status quo and address the question ‘What is my role and purpose here?’
- Causal linkages provide the sense we need so we can learn and communicate with others and address the question ‘Why are things the way they are and why do I do what I do?’
- Valued endpoints provide a sense of meaning so we can make critical choices, find fulfilment in doing so, and address the question ‘How do I decide what is right, what is important?’” (Drake, 2007, p. 285).

Actions / behaviors. To address this component, Drake provides some possible reflective questions to pose to the coachee (Drake, D. B., 2018):

- What did you observe? (describe it as a reporter would)
- What were you telling yourself at the time? (story)
- What does this say about how you see yourself? (identity)
- What did you do as a result? (behavior)
- What happened in the end? (actual outcome)

Goals / desired outcomes. A different set of questions are recommended for this component (Drake, D. B., 2018):

- What would you like to have had happened? (outcome)

- What could you have done differently as a result? (behavior)
- What would need to shift in how you see yourself? (identify)
- What could you tell yourself next time this happens? (story)
- What would you observe if this were the case? (experience)

In addition, to ultimately assist with this component, Drake has developed the Narrative Coaching Model diagram (Drake, D., 2018; Drake, D. B., 2018). The stage of Situate involves the coachee explaining what they believe is going on, why they think that is the case, and what they would like to be different. The second stage calls for inviting the coachee to Search for new experiences that could fulfill their desire that lies at the heart of their story. The third component calls for experimenting thereby learning to make the Shift they need. Finally, the fourth and final stage involves employing techniques to support them to Sustain the changes they have made.

In concluding this overview of Drake's approach to narrative-based coaching, its multidisciplinary must be explicitly acknowledged. This adds to the richness of a still evolving approach that allows for coachees to: "...1) become more aware of their own stories; 2) recognize that these stories are personally and socially constructed; 3) understand how these stories shape their identity and behavior at both conscious and unconscious levels; and 4) be more authorial in aligning their stories with identities and actions that would enable them to live more fully and authentically" (Drake & Stelter, 2014, p. 72).

The Value and Effectiveness of Executive Coaching

To conclude this subsection on executive coaching, some brief comments will be made as to its effectiveness as a management development intervention. Complicating attempts to determine its effectiveness is that this intervention, as noticed by Hawkins and Eve (2020), can be assessed from a multitude of different dimensions: its inputs, outputs, outcomes, and value creation. Despite this, there have been two relatively recent systematic reviews (Bozer & Jones, 2018; Athanasopoulou & Dopson, 2018) that have investigated the “what” (coaching impact and quality of evidence) and the “how” and “why” (coaching practice and social contextual influences) of executive coaching. These two systematic reviews involved a comprehensive review of empirical studies from both the quantitative and qualitative literature from the past two decades. Each systematic review examined over 110 empirical studies. The reviews concluded that executive coaching is effective in terms of individual-level outcomes and organizational-level outcomes (the “what” of coaching). Furthermore, executive coaching was found to be more effective than other management development interventions.

Organization Development: Appreciative Inquiry

Appreciative Inquiry’s origins date to the 1980s to the work of Cooperrider (Watkins, Mohr, & Kelly, 2011). As noted by Grant and Humphries (2006), “appreciative inquiry has its foundation in the conceptual / ontological positions of social constructionists, who work from the premise that language, knowledge, and action are inextricably linked. Organizations are considered as the outcomes of their members’

interactions with historical, social, economic, and political occurrences” (p. 403). Appreciative Inquiry (AI) is a reflection of what Whitney (2008) refers to as the meta-transformation in organizational thinking – a movement from modernity to postmodernity. In particular, this shift has had an impact on how organizational change is viewed and enacted (Cooperrider, Whitney, & Stavros, 2008), moving from the assumption that an organization is a problem to be solved to the assumption that an organization is a mystery to be embraced. Hence, the application of this theory has particular relevance to organization development and change management and has involved such change agendas as: organizational and community planning (Stavros & Hinrichs, 2021), inter-organizational capacity building, community development, global transformation, team and small-group development, intergroup change, and personal/relational transformation (Whitney & Trosten-Bloom, 2010), as well as coach-facilitated, organizational transformative learning (Meyer, Donovan, & Fitzgerald, 2007).

Definitions

Because of its change orientation, Cooperrider has consistently presented a practice-oriented definition: “Appreciative Inquiry is the cooperative, co-evolutionary search for the best in people, their organizations and communities, and the world around them. It involves systematic discovery of what gives ‘life’ to an organization or community when it is most effective, and most capable in economic, ecological, and human terms” (Cooperrider & Whitney, 2007, p. 75). Fitzgerald, Oliver, and Hoxsey (2010), on the other hand, have provided a more process-oriented definition which is as follows: AI is “people inquiring together into the infinite potentials and varieties of

human organizing” (p. 221). But in the context of this section’s theoretical overview of AI, I prefer to use the following definition: “AI is a principle-based intervention theory that emphasizes the role of language, dialogue, and story with a particular focus on the power of inquiry in the social construction of reality” (Watkins, Mohr, & Kelly, 2011, p. 33).

Universal Human Needs

Given its relational orientation to social constructionism (van der Harr & Hosking, 2004), Cooperrider has as the foundation of his theory the explicit acknowledgement of three universal human needs: Every human being has a need to a) have a voice and be heard, b) be seen as essential to the group, and c) be seen as unique and exceptional (Hammond, 2013).

Presupposition and Assumptions

Given this foundation, AI’s key presupposition is that “in every organization something works and change can be managed through the identification of what works, and the analysis of how to do more of what works” (Hammond, 2013, p.3). With this overarching presupposition, the following assumptions underlie the theory of AI:

1. In every society, organization, or group, something works.
2. What we focus on becomes our reality.
3. Reality is created in the moment, and there are multiple realities.
4. The act of asking questions of an organization or group influences the group in some way.

5. People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
6. If we carry parts of the past forward, they should be what is best about the past.
7. It is important to value differences.
8. The language we use creates our reality.

Principles

Building on these assumptions, there are two sets of principles: the core principles and the strength-based principles. The core principles consist of the following five (Watkins, Mohr, & Kelly, 2011):

1. The Constructionist Principle: Reality is created in communication, words, and dialogue with others. Narrative is a stimulus for change.
2. The Principle of Simultaneity: Change begins with the first set of questions asked. Change and inquiry are interdependent.
3. The Poetic Principle: The organization should be viewed as an open book. Words, sentiments, and topics are co-authored. In reframing and diverse interpretation, there is a basis for creativity and innovation.
4. The Anticipatory Principle: Vibrant discourse and the collective imagination directs the function, achievement, and aspirations of the organization and those who work in it.
5. The Positive Principle: Positive imagery has a therapeutic effect. The higher the expectation of each other the greater the cognitive function and performance.

Continuing, AI's strength-based principles are as follows (Cooperrider & McQuaid, 2012, p. 78):

1. We live in worlds our inquiries create. Human systems grow in the direction of what they persistently ask questions about.
2. We excel only by amplifying strengths, never by simply fixing weaknesses.
3. Small shifts make seismic differences.
4. Strengths do more than perform, they transform – strengths are what make us feel stronger; therefore, magnify 'what is best' and imagine 'what is next' in order to create upward spirals.
5. We live in a universe of strengths – the wider the lens, the better the view. The appreciable world is so much larger than our normal appreciative eye. What we appreciate (seeing value), appreciates (increases in value).

Propositions

Having established AI's key presupposition, assumptions, and principles, we are almost ready to examine the heart of AI which is its applied-oriented theoretical model. First, however, we need to address the propositions that underlie the practice of AI. You will note that the concept of inquiry is central to each of the four propositions listed below (Cooperrider, Whitney, & Stavros, 2008). For in AI, inquiry is intervention.

1. Inquiry into "the art of the possible" in organizational life should begin with appreciation.
2. Inquiry into what is possible should yield information that is applicable.
3. Inquiry into what is possible should be provocative.

4. Inquiry into the human potential of organizational life should be collaborative.

Generic Processes and the 5-D Model

The generic processes of AI consist of the following: a) focus on the positive as a core value, b) inquire into stories of life-giving force, c) locate themes in the stories and select topics from the themes for further inquiry, d) create shared images for a preferred future, and e) innovate ways to create that preferred future (Watkins, Mohr, & Kelly, 2011). These processes correspond to the phases of the 5-D Model:

Definition phase. This phase consists of defining what it is that the organization is going to inquire about and involves the creation of questions to explore the selected topic. Cooperrider and Whitney (2007) have developed the following foundational / generic questions for the initial appreciative interview:

1. Describe a time in your organization/community that you consider a high-point experience, a time when you were most engaged and felt alive and vibrant.
2. Without being modest, what do you most value about yourself, your work, and your organization/community?
3. What are the core factors that give life to your organization when it is at its best?
4. Imagine your organization/community ten years from now, when everything is just as you always wished it could be. What is different? How have you contributed to this dream organization / community?

Obviously, additional questions must also be developed that are specific to the topic.

Interview guides have been developed (Cooperrider, Whitney, & Stavros, 2008),

including sample questions on various topics peculiar to the healthcare setting (May, Becker, Frankel, Haizlip, Harmon, Plews-Ogan, Schorling, Williams, & Whitney, 2011).

The identification of the topic and the wording of the questions cannot be undervalued. As Cooperrider and Whitney (2005) have stated, “AI involves the art and practice of asking unconditionally positive questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential” (p. 8). In Bushe’s (2013b) view, for an affirmative topic to be generative it must:

1. Capture the core issue those sponsoring the inquiry are interested in,
2. Match the identity state of the group in which it is being used,
3. Frame the focus of the inquiry in a way few people have considered before, and
4. Capture the interest and energy of those people who will need to be engaged in the inquiry for it to be successful.

In other words, the generativity of the questions is increased the more they have the following four qualities: a) they are surprising, b) they touch people’s heart and spirit, c) talking about and listening to these stories will build relationships, and d) the questions force us to look at reality a little differently.

Discovery phase. This is the phase during which members of the system discover what is best about the topic (through the posing and answering of the questions developed). Essentially, three levels of information are being sought: a) what the member actually experienced and how their own performance made a difference, b) how others contributed to the experience, and c) the systemic factors and dynamics that made success possible (Watkins, Mohr, & Kelly, 2011). In the case of negative responses, a variation of the “miracle question” can be posed: If a miracle occurred and you showed

up to work tomorrow with all the problems gone, what would the team working at its best look like (Hammond, 2013).

Dream phase. This is the phase where system members (having worked in pairs or small groups) share with the larger group. The intent is to identify common themes to provide a working structure to develop a collective dream. One way of looking at the identification of common themes is that a “root cause of success analysis” is being conducted (Cooperrider & Whitney, 2001).

Design phase. During this phase, system members agree on the principles / directions to achieve the agreed upon future. This can involve such activities as writing provocative propositions (possibility statements). Because they are written by the system members, they are grounded in the history and tradition of the system. In a sense, anticipatory reality is being co-created (Watkins & Cooperrider, 2000).

Destiny phase. Here the organization works on realizing the preferred future image created in the Design phase. “Champions” should be assigned to monitor and communicate progress.

Why It Works

From the perspective of its proponents, AI works because it allows for the liberation of power (personal and collective) through the exercise of the following freedoms: a) freedom to be known in relationship, b) freedom to be heard, c) freedom to dream in community, d) freedom to choose to contribute, e) freedom to act with support, and f) freedom to be positive (Cooperrider & Whitney, 2007). When its individual and collective power has been unleashed, the organization becomes more capable of

innovation, learning, and contributing to the greater good (Whitney & Trosten-Bloom 2010).

The Leader

Under AI, the role of the leader is that of positive change catalyst and includes four aspects (Cooperrider & Whitney, 2000):

1. To view organizations as living spiritual-social systems, mysteries of creation to be nurtured and affirmed, not as mechanistic or scientific operations with problems to be solved.
2. To work in the affirmative, continually seeking to discover what gives life to the organization and its members.
3. To be facilitators of possibilities, hope, and inspired action – namely through affirmative conversations (for specifics that built on the practices and principles of AI, see Stavros & Torres, 2018).
4. To continually seek ways to give the process away, to support organization members in making it their own.

Influenced by Peter Drucker's thinking, the leader's essential task is seen as creating an alignment of strengths in ways that make a system's weaknesses irrelevant (Whitney & Trosten-Bloom, 2010). This requires ensuring that the following conditions for AI's success are present: process integrity, human change integrity, perseverance in change, and narrative-rich communication (Cooperrider & Whitney, 2000).

Constructs for Assessment

Given that transformational change is central to AI, Watkins Mohr, & Kelly (2011) refer to Beckhard and Pritchard's 1992 work which views transformational change as consisting of seven intertwined areas:

1. Change in the kind of work done within the organization and how it is done in the pursuit of producing the organization's services or products.
2. Change in the roles people hold and the relationships they have with each other.
3. Change in the identity of the organization in the marketplace.
4. Change in the relationship of the organization to customers and the outside world.
5. Change in the mission of the organization.
6. Change in the culture of the organization.
7. Change in the organization's processes for adapting to continuous shifts in the organization's environment.

Bushe and Kassam (2005), however, working from AI's central tenets, have identified the following constructs / variables as lending themselves to assessing AI's interventions:

1. The transformation exhibits a shift in the state of being or identity in the system.
2. The outcome has new knowledge or new process where knowledge is a new realization or considering what was previously impossible.
3. The intervention created a generative metaphor or a common reference point that guided participants.
4. The intervention adhered to the five core principles.
5. The intervention followed the 5-D Model.
6. The intervention began with collecting stories of the affirmative topic.

7. The intervention helped to construct new ground where ground implies creating or changing background assumptions.

8. The intervention concluded with implementation or improvisation.

These constructs / variables have been used in Bushe and Kassam's (2005) meta-case analysis, as well as by Watkins, Dewar, and Kennedy (2016) in the healthcare setting.

Critique

With its strength-based emphasis, AI's proponents have encouraged "positive discourse" to the extent that Cooperrider, Whitney, and Stavros (2008) have identified the following types of such discourse for AI practitioners to be mindful and to encourage: a) positive valuing, b) hope toward the future, c) skill or competency, d) openness, receptivity, learning, e) active connection, effort to include, or cooperation, f) mention of surprise, curiosity, or excitement, g) notice of facilitating action or movement toward a positive outcome, h) effort to reframe in positive terms, and i) envisioned ideal. Such attention, along with the discouragement of "negative discourse" have led critics to say that the "shadow" of organizational life can be ignored and that there is value to its acknowledgement depending on AI's relationship to the shadow (Fitzgerald, Oliver, & Hoxsey, 2010). Some critics see the solution as infusing AI with critical theory / critical inquiry (CI) with the result being a "critical appreciative inquiry." This would allow for such issues as power imbalances, exploitation, and violation to be addressed (Grant & Humphries, 2006), as well as culture of power, relationship accountabilities, subject position, rules for communication episode, and interpretive acts (Oliver, 2005). In Boje's (2010) view, "an alliance between CI and AI could begin by helping clients to

deconstruct the embedded, dominant narratives, ones that oppresses individual's or organization's life can be deconstructed to open a space for AI to coalesce a new 'positive' story to be constructed out of all the acts of resistance marginalized or outright erased by the dominant narrative order" (p. 239). In sum, Boje calls for the addition of three more Ds to AI's 5-D Model: deconstruction, differences, and dialogical processes.

Conclusion

Having reviewed the contemporary organization and management literature with respect to meta- and middle-range theories, I would like to make some general observations. Firstly, this literature reflects the social constructionist strand of postmodernism – a strand that is also evident in the MFT literature in its embrace of postmodern theories of therapy. Secondly, the literature reviewed in this chapter also represents a particular way of viewing and explaining interconnected patterns of behavior: “Systemic thinking is a way to make sense of the relatedness of everything around us. In its broadest application, it is a way of thinking that gives practitioners the tools to observe the connectedness of people, things, and ideas: everything connects to everything else” (Campbell, 2000, p. 7). Thirdly, this literature acknowledges the centrality of relationships in the creation of meaning, in sustaining what is valuable in the human enterprise, and in presenting new outlooks, realities, outcomes, and futures. Hence, I would conclude that there is disciplinary compatibility between the MFT and business fields.

Disciplinary Grounding

The Family Systems Theoretical Framework:

Bronfenbrenner's Bioecological Systems Theory of Human Development

The remainder of this chapter will establish this study's grounding in a family systems theory. Among the various theories is Bronfenbrenner's bioecological systems theory which is one of the most influential theories used in theorizing about human and family development. As White, Klein, and Martin (2015) have stated, this is probably because the theory acknowledges that:

- Individuals and groups are both biological and social in nature,
- Humans are dependent on their environment for sustenance,
- Human beings are social and thus are dependent on other human beings,
- Human interactions are spatially organized, and
- Human behavior can be understood on several levels.

In short, the theory affirms the existence of an ecosystem comprised of different systems.

Bronfenbrenner (1979) offers the following formulations:

- **Microsystem:** setting in which the person is situated and interacts in a face-to-face way with others.
- **Mesosystem:** refers to the relations among two or more microsystems in which the developing person actively participates; rather than the activities and interpersonal roles and relations occurring within a single microsystem, they occur across settings.

- Exosystem: setting in which the developing person is not situated and thus does not participate actively within it, but nonetheless experiences its influence and can also influence it
- Macrosystem: embraces culture (social, technological, economic, political-legal)

What is significant about Bronfenbrenner's theory is that he challenges the very assumption that development simply occurs within the organism. He argues that development is always a relationship between the organism and its environments with the developing individual influencing, and being influenced by, the environment.

The Theory and its Evolution

As outlined by Rosa and Tudge (2013) and others, the development of Bronfenbrenner's theory underwent three phases which will be briefly discussed in this section. The first phase covered the years from 1973 to 1979 during which time Bronfenbrenner (1979) referred to his theory as the ecological theory of human development. The focus was far more on the organism (person) than on the setting which was initially perceived as somewhat static and unrelated to any system of values. Four interconnected structures / environments constituted the setting which is discussed above (microsystem, mesosystem, exosystem, and macrosystem). Bronfenbrenner identified three essential characteristics of these ecological environments: First, they must be understood systemically or interdependently. Secondly, ecological environment development occurs via processes which consists of modes of interaction among people and between them and their environments. Thirdly, ecological environments are constituted in a phenomenological field as perceived and understood by the person.

The second phase which covered the years 1980 to 1993, Bronfenbrenner (1988) introduces the Process-Person-Context-Time (PPCT) components which acknowledge the influence of the external settings and the temporal dimension on a specific developmental feature. In other words, developmental outcomes are viewed as stemming from interactions of the person and context, and time (chronosystem) is treated as significant in and for human development.

Covering the years 1993 to 2006, the third and final phase now has the theory referred to as the bioecological theory of human development. Here, Bronfenbrenner (2001) introduces and views proximal processes as the most powerful predictor of human development. “Proximal processes involve not only relationships among people but also relations between people and the objects and symbols with which they come into contact” (Rosa & Tudge, 2013, p. 253). In this phase, the characteristics become more important. For example, the “person” component of PPCT now acknowledges the characteristic of force (disposition), resource (person’s ability to engage effectively), demand (e.g., temperament, appearance, hyperactivity/passivity, age, gender, skin color). The “time” component is described as having three levels; microtime, mesotime, and macrotime.

In this final version of Bronfenbrenner’s theory, the four systems (microsystem, mesosystem, exosystem, and macrosystem) are no longer viewed as “nested structures” with one system being a subset of the other; rather, they all interact to compose the wider context within which humans develop – in short, in Neal and Neal’s (2013) view, it is a “networked” theory. Coming from a learner / learning perspective, O’Toole, Hayes, and Halpenny (2020) depicts Bronfenbrenner’s final conceptualization of bioecological

systems of human development as “...animated, fluid, and potentially transformative” (p. 19).

Yet, despite Bronfenbrenner’s extensive writings on the mature version of his theory, use of his theory largely ignores the PPCT components. As observed by Hertler et al. (2018) “reviews of the literature identify that these aspects of the Bioecological model are frequently ignored, in favor of Bronfenbrenner’s earlier, more simplistic model” (p. 327). Tudge et al. (2016), for example, conducted an extensive review of publications where family studies researchers explicitly claimed to use Bronfenbrenner’s theory as the foundation for their study. Tudge et al. conclude that Bronfenbrenner’s theory is rarely used appropriately. Smith and Hamon (2012) suggest a possible explanation: “Whether because little is known about it or because it has yet to be sufficiently empirically tested and applied, the latest refinement of Bronfenbrenner’s model, PPCT, is not frequently used in the field” (p. 195).

A Still Potentially Evolving Theory

On the other hand, there are those in the field who adopt Bronfenbrenner’s theory in its entirety and find it wanting. Through their analyses and criticisms, one can see the potential for the theory to continue to evolve. Hertler et al. (2018), for example, call for a more “biologically grounded recasting of the Bronfenbrenner model” (p. 332) which would acknowledge “...’mutually shaping gene-environment interactions” -- in other words, “epigenetic transactions” (p. 333). Alternatively, Vélez-Agosto et al. (2017) call for moving culture from the macrosystem to the microsystem for “...culture is not a separate system operating from a macro level, but it is within everyday action (activities,

routines, practices)...” (p. 900). Continuing, Merçon-Vargas, Lima, Rosa, and Tudge (2020) in their analysis state “...we propose an extension to the concept of proximal process, one not considered in Bronfenbrenner’s writing, which we termed *inverse proximal process*. These processes constitute primarily harmful interaction, with a reversed relation with the developmental outcome than that proposed by Bronfenbrenner...” (p. 331).

Other observations call for expanding the ecosystem. Christensen (2010), for example, argues that “Bronfenbrenner’s model does not feature what can be interpreted as an international level, an important factor with reference to the all-pervasive force of globalization...” (p. 121). Additionally, in Christensen’s view, “another dimension not included in Bronfenbrenner’s theory is resilience. It should have been integrated into his theory because resiliency helps us better understand an individual’s capacity” (p. 121). Blumer, Hertlein, and Fife (2012) promote the need to acknowledge the relationship between humans and the ecological planetary system. Consistent with this is Stanger (2011) who observes that “the true ecology that sustain and affects us, including but not limited to, food systems, energy systems, biological systems, nutrient systems, water systems, and atmospheric systems (notably local and global climate change), seems to be underrepresented in Bronfenbrenner’s views of human development...” (p. 169). Furthermore, the model should also represent other-than-human individuals. Finally, Stanger also proposes that a “nano ecosystem” should be added that would include “...the ‘smaller than visible’ systems of species and components that influence health, integrity, metabolism, and other biochemical interactions that are necessary to life” (p. 171).

Application to the Present Study's Setting, Activity, and Roles

The Present Study's Setting: Organizational / Business

Besides being used in the field of family studies and therapy, Bronfenbrenner's theory of human development has "...expanded its scope to include nonfamilial environments and systems such as business, industry; and educational, health, and social institutions" (Bubolz & Sontag, 2009, p. 422). His five broad questions to guide studies in human and family development can – with a shift in focus – also guide MFTs in business settings or dealing with business issues:

- What are the processes by which organizations function and adapt, both internally and as systems interdependent with their environments, to assure survival, improvement of quality of life, and sustained yield of natural resources?
- In what ways can and do organizations allocate and manage resources to meet the needs and goals of the organization and individuals?
- How do various kinds and levels of environmental changes impact human, family, organizational, community, societal, and global development?
- What should be done to create, manage, or enhance environments to improve the quality of life for humans and to conserve the environment and resources necessary for survival and thriving?
- What changes are necessary to bring about human and organizational betterment? (Bubolz & Sontag, 2009).

Furthermore, MFTs in business settings or dealing with business issues would do well to be mindful of the bioecological concept of adaptation that takes into consideration

the organization (modified from the original focus on the family unit), human and organizational needs, human and organizational values, management, decision-making, human and organization development, quality of human / organizational life, and quality of affected environments (Smith & Hamon, 2012). In White, Klein, and Martin's (2015) view, the most basic notion in the bioecological approach is adaptation.

The Present's Study's Activity: Curriculum Development

Having established the appropriateness of using Bronfenbrenner's theory in the business / organizational setting, let us now focus on the use of the theory to the activity of curriculum development / design. While it does not appear from the literature that Bronfenbrenner's theory has been used in the development of an MFT curriculum, it has been applied as a theoretical framework in nursing (Ervin, Bickes, & Schim, 2006), teacher educator professional development (Gallagher, Griffin, Ciuffetelli, Kitchen, & Figg, 2011), and in conceptualizing the training program for counseling students (Lau & Ng, 2014). All are curriculum development activities whose process is applicable to the MFT learning enterprise.

The Present's Study's Focus on Roles: Clinician, Administrator/Manager, Consultant, Coach, and Researcher

While the present study's focus on roles is centered on the MFT as clinician, administrator / manager, consultant, coach, and researcher, I have examined both the theoretical and empirical research literature pertaining to the use of Bronfenbrenner's theory that relates directly or indirectly to these roles. What follows is a brief discussion

of studies that correspond to different categories and provides evidence of the appropriateness of using Bronfenbrenner's theory in examining and understanding different roles.

The role of clinician in the establishment of a practice / business is an entrepreneurial activity. Using the developmental science perspective to understand entrepreneurship, Obschonka and Silbereisen's (2012) review acknowledges Bronfenbrenner's theory (as well as the work of others) to support their contention that one's development as an entrepreneur needs to acknowledge both micro and macro factors -- in other words, "...the interplay between biological, psychosocial, behavioral, and contextual factors" (p. 109), as well as life-stage, proximity of factors, processes of adaptation, and historical time.

As for the role of clinicians and administrators / managers concerned with client / employee wellbeing, the literature addresses the following categories:

- *Work-family-community interface*: Bone's (2015) conceptual article proposes that Bronfenbrenner's biological model can assist in understanding the factors that contribute to health. This, in turn, can be used to holistically analyze workplace health promotion and management which can then lead to the implementation of positive wellbeing practices.
- *Work stress*: Explicitly operating from Bronfenbrenner's theory to study occupational stress, Salazar and Beaton (2000) modified the different levels to better fit their unit of analysis: urban firefighters. The levels were as follows: microsystem (the environment immediately surrounding the workers), organizational system (the multiple structures and functions that constitute the

work organization), peri-organizational system (the forces within the societal system in which the individual and organization are imbedded), and extra-organizational system (the culture, societal norms and traditions, government and economic policies). Through their research study, Salazar and Beaton identified work related stressors and worker risk factors for each of the levels which thereby allows for the development of effective and targeted interventions to reduce work related stress.

- *Workplace bullying*: Using Bronfenbrenner's theory to develop a conceptual model to guide interventions for, and research into, workplace bullying, Johnson (2011) has also provided a more focused identification of the various systems: microsystem (the bully and the target), mesosystem (consists of the co-workers and managers of the bully and target), exosystem (includes the organization and the unions that represent the workers), macrosystem (refers to the societal and cultural norms of behavior, and laws governing workplace bullying). In addition to incorporating preventive measures to address a bullying incident at each systemic level, the model also addresses remediation measures (again, corresponding to each level) for the impacts / outcomes of the incident.

Relating to the role of behavioral health clinicians in integrated / collaborative organizational settings, Sallis, Owen, and Fisher's (2015) comprehensive review of different ecological models of health behavior includes Bronfenbrenner's theory. They take the position that the theory's primary value is in understanding and explaining the multiple and interacting determinants of health behaviors (versus as a tool toward designing behavioral interventions). Four core principles underlying the theory are

proposed: a) multiple levels of factors influence health behavior, b) influences interact across all levels, c) multi-level interventions are most effective in changing behavior, and d) application of the theory is most effective when it is behavior specific.

As for the role of collaborative team members in organizations and administrators / managers, the following categories are addressed in the literature:

- *Human resources management (HRM)*: Underlying Cleveland, Byrne, and Cavanagh's (2015) in-depth conceptual study is the proposition that Bronfenbrenner's theory be used "...as a guiding framework to discuss what HRM is doing well now, and as a lens to assess and strengthen the future and impact of HRM on the lives of its organizational members and organizational sustainability" (p. 147). The key insight of Bronfenbrenner's theory, they argue, "...is that individuals both act *in* context and act *upon* the context, and that the constant process of person-context interaction means that both persons and context need to be thought of in dynamic rather than static terms" (p. 149). Taking a more focused view, Chandler, Kram, and Yip (2011) apply Bronfenbrenner's theory to mentoring at work. In their view, the theory allows for situating the act of mentoring at the intersection of social and psychological systems. In other words, they propose "...thinking about mentoring as an interaction between individuals to mentoring as a property of whole systems" (p. 521). These systems include the following: ontogenic system (which takes into consideration developmental position, age, stage, mentoring schemas), microsystem (which includes such concepts as relational processes, relational behaviors, relational outcomes), and macrosystem (consisting of the cultural differences in mentoring,

institutional influences, societal norms, social barriers to mentoring, power dynamics).

- *Organizational change and innovation:* Using Bronfenbrenner's theory as its foundation, Curley, Costello, and Donnellan (2012) have developed a theoretical framework for innovation ecosystems. Given that innovation is critical not only for an organization's success but also for its survival, they propose that the ecosystems include the following: personal system (the innovator and his/her knowledge, skills, competencies supporting the creative process), interpersonal (the work group / creative team / community of practice having regular meetings / interactions with the innovator), organizational (culture, climate, management of innovation and change that will influence the innovator's tendency to innovate), inter-organizational (relationship of the organization with peer organizations, academic institutions, support bodies), and socio-economic (innovation policy of local, regional, state, and supranational bodies). The extent of interaction with other systems determines whether an organization is engaged in closed innovation (centralized, inward-looking innovation), open innovation (externally focused, collaborative innovation), or networked innovation (ecosystem-centric, cross-organizational innovation) (Curley Donnellan, & Costello, 2013).
- *Program planning and evaluation:* Recognizing the need to take into consideration an individual's inter-relationships within their environment, Lindridge, MacGaskill, Ginch, Eadie, and Holme (2013) designed a social marketing communications campaign using Bronfenbrenner's theory. Aimed at encouraging oral health behavior changes among children in Scotland, the

program took into consideration the following systems: microsystems (e.g., factors inhibiting parents from taking their children to the dentist, children's anxiety in visiting a dentist, oral health literacy), mesosystems (e.g., dentists' lack of training regarding presence and levels of stress that children can experience), exosystems (weak community support regarding oral health), and macrosystems (e.g., lack of accessible transportation, school absence policies, discriminatory treatment). The researchers conclude that "although the long-term effects of the ecological social marketing campaign will not become evident for a number of years, initial results indicate its important role in changing behavior" (p. 1399).

Lastly, also addressed in the literature is the role of researchers of organizational and social systems. In their foreword to a special issue of the *International Journal of Multiple Research Approaches*, Onwuegbuzie, Collins, and Frels (2013) propose using Bronfenbrenner's four environmental levels (microsystem, mesosystem, exosystem, macrosystem) to conceptualize research studies (whether they be qualitative, quantitative, or mixed methods) with respect to the unit of analysis. Furthermore, they contend that Bronfenbrenner's four levels have "...important implications for generalization ... because it helps the researcher bound the inquiry or conceptual / theoretical framework with respect to the generalizability of the findings, concept, model, or theory" (p. 6) to other organizational and social systems.

Mental health agencies / organizations, for example, have an interest in monitoring and researching their outcomes. Eriksson, Ghazinour, and Hammarstrom's (2018) systematic review analyzed empirical studies that used Bronfenbrenner's theory in researching mental health outcomes. However, they discovered that different studies

applied different versions of Bronfenbrenner's theory which in turn affected the study's aim. Studies using Bronfenbrenner's first phase theory (the different phases are discussed above) aimed to "...identify factors at different ecological levels associated with various mental health outcomes" (p. 423). Studies reflective of the theory's second phase aimed "...to analyze factors at different ecological levels associated with various mental health outcomes for different population groups, as well as interactions between risk factors at various levels and cumulative effects of various risk factors. On the other hand, studies (which were few) that adopted the third phase of Bronfenbrenner's theory attempted "...to analyze proximal factors associated with various mental health outcomes for different populations groups." Eriksson, Ghazinour, and Hammarstrom conclude that "our results show that studies using Bronfenbrenner's ecological system concepts by clearly considering interactions between and within these systems can result in recommendations that are most useful for guiding public mental health policy and practice" (p. 414-415).

CHAPTER THREE

ADDRESSING THE ISSUE

Introduction

As was evident in Chapter 1, the efforts of the MFT discipline in equipping its practitioners with business skill has been minimal. Hence, this chapter will examine what four other clinical disciplines have done to address the business skills needs of its professionals. As we will see, however, while there have been more sustained efforts in these clinical disciplines, the assessment of these efforts – with few exceptions – finds them lacking in rigor. Hence, given that the business discipline has had a longer history and experience in such assessments, the chapter will conclude with a brief overview of evaluation methods identified in its literature.

Medicine

The recognition that physicians need to have managerial / leadership skills has been widespread due to the challenges of the complex external environment, the need to be more evidence-based in the decision-making process (e.g., the acquisition and adoption of new technologies), multifaceted professional workforce, and the multiple and competing goals of delivering healthcare (Myers, & Pronovost, 2017). This view is reflected by physicians in diverse specialties such as surgery (Klingensmith, Cogbill, Samonte, Jones, & Malangoni, 2015), orthopedics (Miller, Throckmorton, Azar, Beaty, Canale, & Richardson, 2015), and pain medicine (Przkora, Antony, McNeil, Brenner, Mesrobian, Rosenquist, & Abouleish, 2018). Even those in the midst of their medical

studies see the limitations of their training (Pathipati, 2016; Wanke, McDevitt, Jung, Meyer, Puri, Gonzalez, & Saucedo, 2015).

But despite its limitations, the current animating force appears to be the movement toward outcome- or competency-based medical education as opposed to input- or content-based (ten Cate, & Billett, 2014). Among some quarters, this movement recognizes the need for new competencies in such areas as teamwork, systems management, quality improvement, and organizational change to improve delivery systems (Holmboe, Sherbino, Long, Swing, & Frank, 2010). To address this need, several approaches have been adopted which will be elaborated in the sections to follow (for a brief overview of selected approaches, see Ghias, 2016).

Undergraduate Medical Education

Despite the foregoing recognition, Goldstein, Calleson, Bearman, Steiner, Frasier, and Slatt (2009) acknowledge the lack of models in the undergraduate medical curriculum that includes leadership competencies. To address this, Goldstein and colleagues developed an elective course for second-year medical students at the University of North Carolina, Chapel Hill. The class covered the following topical areas: leadership and establishing vision; styles of leadership; networking techniques and tools; coalition building, diversity, and collaboration; effective group and facilitation skills; community organizing and political advocacy; fundraising and grant writing; media advocacy; institutionalizing change; and effective presentations.

The teaching / learning modalities included classroom-based learning, hands-on application of learned skills, and service learning that involved a community-based

project. The results over a two-year period based on course evaluations indicated that almost all students felt the course objectives had been achieved. Additionally, a thirteen-item pre- and post-course survey was administered. This survey asked students to self-assess (using a five-point Likert scale) their confidence level in such areas as communicating their leadership vision, effectively networking with diverse groups, working collaboratively, developing a coalition, organizing and facilitating meetings, negotiating and resolving conflict, advocating for a cause, raising money, motivating people, delivering effective presentations, writing grants, transferring organizational leadership, and using an understanding of leadership styles to lead an organization. In short, there was a significant increase in their reported self-efficacy in these various dimensions of leadership.

Joint Degrees Program

In contrast, the medical school at Duke University has encouraged the concept of the MD-MBA joint degree program and have developed the Management and Leadership Pathway for Residents (MLPR) program to assist in career development (Ackerly, Sangvai, Udayakumar, Shah, Kalman, Cho, Schulman, Fulkerson, & Dzau, 2011). This program consists of four components: a focused didactic curriculum, practical management rotations, a longitudinal project, and committed mentorship. While still in its infancy, the program's evaluation includes measures such as the residents' self-reported perception of the value of their rotations and their overall satisfaction, as well as multidimensional assessments of their projects that include a combination of actual financial metrics, operational metrics, and survey data regarding the impact of their

projects. No specific numerical results, however, were reported for the program. Still, anticipated long-term measures were identified: alumni database to track career progression, number in senior management positions, and assessment from employers.

Collaborative Undergraduate Medical Education

A blend of both preceding approaches, the Boonshoft School of Medicine at Wright State University opted to collaborate with the school of business and the school of public health (Crites, Ebert, & Schuster, 2008). After examining the MBA and MPH curricula, they developed the Boonshoft Physician Leadership Development Program (BPLDP) and incorporate it into their undergraduate medical curriculum. It consists of the following: health systems management, strategic leadership in healthcare, health systems communication, health advocacy and change (with a field experience component), and a mentor program. While no specifics were provided as to the results, the program's evaluation is at the course-level and consists of "competency-based approaches such as trait analysis and performance evaluations" (individual and team), as well as demonstration of knowledge attained.

Postgraduate Medical Training

While management education is perceived as essential and necessary, there is little consensus as to when in the medical education continuum it should be offered, how, or to what degree (Busari, Berkenbosch, & Brouns, 2011). Although many argue that this should be a focus of residency training, what should be covered is unclear with some recommendations being made by some that the curriculum should be determined by best-

in-class corporate practices (Blumental, Bernard, Bohnen, and Bohmer, 2012) and others saying the curriculum should be determined by healthcare experts (Stoller, 2008).

Busari, Berkenbosch, & Brouns (2011) have conducted a comprehensive review of existing postgraduate medical programs. The most common topics covered by the programs they reviewed were financial and management concepts and quality assurance. The most preferred teaching/learning modalities included didactic and interactive activities. Most programs were subjectively evaluated by students and/or program directors with the former being in the form of pre- and post-tests inquiring about their perceived knowledge and comfort with different topics using a five-point Likert scale (e.g., Fruge, Mahoney, Poplack, and Horowitz, 2010). Overall, significant improvements were noted in knowledge and confidence by the residents across the different programs. Based on their review, Busari and colleagues recommend that at least the following areas should be covered: healthcare finance, healthcare organization and policy, negotiation skills, group practice, and career planning. These areas should be taught by experienced physician managers and nonmedical content experts.

Organization-Specific Training

Through a review of the literature, Steinert, Naismith, and Mann (2012) examined faculty development programs aimed at promoting leadership in medical education. Their review included forty-eight studies consisting of thirty-five interventions such as workshops, short courses, and fellowships. All had evaluation components with the majority being conducted post-intervention and in the form of participants' responses to questionnaires and interviews. The results revealed that there was high satisfaction with

such programs, a change in attitudes toward organizational contexts and leadership roles, gains in knowledge and skills, and changes in leadership behavior but limited changes in organizational practice. Steinert and colleagues conclude that more varied assessment methods are needed to truly capture interpersonal and organizational level changes.

Focusing on the role of leaders at the Cleveland Clinic, Hopkins, O'Neil, and Stoller (2015) conducted internal interviews to identify competencies of effective physician leaders. Their findings included the following: Empathy, initiative, emotional self-awareness, organizational awareness, communicating deliberately, getting buy-in from colleagues, and being mission focused. The study did not advance to the design and implementation of a program; hence, there was no assessment. In contrast, Swensen, Gorringer, Caviness, and Peters (2016) did focus on an established program based on the Mayo Clinic Leadership Model. The model's leadership capabilities are identified from key concepts stemming from the Mayo heritage, the Mayo model of care, and learning culture – all of which center around the primary value that “the needs of patients come first.” The four leadership capabilities are: inspiring value, engaging colleagues, bold and forward thinking, and driving results. From these capabilities, twelve physician leadership dimensions have been identified and are developed through programs, stretch assignments, institutional projects, coaching, and the quality academy – all use the action-oriented method. Physician leaders' effectiveness is evaluated by their unit's clinical outcomes and staff satisfaction, the latter based on twelve leadership dimensions.

National Initiative

Taking more of a macro approach, the United Kingdom's National Health Service (NHS), in conjunction with the Academy of Medical Royal Colleges, has developed the Medical Leadership Competency Framework (MLCF) as a national initiative. The framework contains five domains centered on "delivering the service" (Gillam & Khanchandani, 2013). (See Willcocks & Milne, 2013 for examples of each of the domains). Originally published in 2008, guidelines emanating from the framework are now in their third edition with distinctions made as to what should be addressed at the undergraduate stage and what should be addressed at the postgraduate stage (NHS Institute for Innovation and Improvement, and Academy of Medical Royal Colleges, 2010). Clark and Armit's (2010) review concluded that there is widespread integration of the framework's leadership and management competencies in the undergraduate and graduate curricula of medical schools in the UK. Context-specific application of the framework have been published, including at the undergraduate level (Reid, 2013), the postgraduate level (Swanwick, Ahluwalia, & Chana, 2013), from a teaching perspective (Khanchandani & Gillam, 2013), from a general practitioners perspective (Morgan-Jones & Wilkie, 2013), from a clinical leadership academy perspective (Mohanna, Nicol, & Cowpe, 2013), and using an action learning approach (Patterson, Godden, Rughani, & Smithson, 2013). It is only the latter that reported an evaluation component where trainees completed a pre- and post-questionnaire calling for self-assessment of competence in the five domains. Afterwards, trainees participated in a focus group. The results overall were largely positive.

Nursing

Sherman and Pross' review (2010) of the literature on healthy practice / work environments in healthcare highlights the significance of nurse leaders in building and sustaining them. They propose the Nurse Manager Leadership Collaborative Learning Domain Framework as a guide in the development of nurse leaders. A competency model developed by three nursing organizations, the framework outlines competencies for three spheres: Managing the business, creating the leader in yourself, and leading the people. The framework has been widely adopted in the development of courses at the undergraduate and graduate level. The American Association of Colleges of Nursing, however, has also outlined more specific competencies for the clinical nurse leader that provides guidance in the development of graduate nursing courses (Curtis, de Vries, Sheerin, 2011) as well as for other providers of nursing leadership education. The end results appear to be that the demand for leadership and management development for nurses is being met and there is high level of satisfaction with existing programs (O'Neil, Morjikian, Cherner, Hirschhorn, & West, 2008).

Still, there continues to be research into identifying nursing leadership competencies. A review of this literature found twenty-four studies researching leadership factors in nursing which could be categorized under one of four groups: leader behaviors and practices, leader traits and characteristics, influence of context and practice settings, and leader development (Cummings, Lee, MacGregor, Davey, Wong, Paul, & Stafford, 2008). Likewise, thought leaders have also identified nursing leadership competencies (e.g., Huston, 2008).

Graduate Nursing Education

Among the programs that took these various models / frameworks, studies / expert opinions into consideration was the college of nursing at the University of Illinois at Chicago. They developed six graduate/certificate courses in leadership theory, operational management, human resource management (which included organizational behavior), financial management, strategic planning, and informatics. Done in collaboration with three hospitals, a blended learning strategy was used. To measure and evaluate the acquisition of nurse leader skills, they used the Nursing Leadership Survey, a reliable and valid tool that contains sixty-one statements categorized into twelve subscales. Using a Likert scale, it assesses self-reported competency. In comparing the pre- and post-test results, Omoike and colleagues (2011) found significant improvement in self-perceived nursing leadership competency – particularly at the systems level.

Organization-Specific Training

The program at the University of Pittsburgh Medical Center, on the other hand, identified their own set of competencies based on a review of the nursing and business literature such that their curriculum addressed the following: Understanding the leader within, the art of nursing management, and the science of nursing management (Fennimore & Wolf, 2011). In addition to the individual sessions and course evaluations, the Nurse Manager Leadership Inventory Tool was completed by each participant prior to the first course session and six months after completion. Again, this is a self-assessment tool whereby participants rated themselves on a five-point scale. The results reveal significant improvement in all areas.

Cathcart, Greenspan, and Quin (2010), however, have observed that there is a need to elucidate skilled knowledge and that this can be done through nurse managers writing and sharing first person narratives of their practice thereby engaging in interpretive phenomenology. In other words, written narratives are used as a vehicle for reflective practice in a group setting. As stated by Cathcart and colleagues in reference to their study, “The nurse manager-author was able to reflect and focus on his or her own work with further insight and validation provided by the peer group” (p. 442). The conclusion of the researchers based on the participants’ self-report is that in the absence of such writing, telling, reflection, and consensual validation, learning is not internalized.

Psychology

Industrial-Organizational Psychology

Among the specialty areas in the discipline of psychology are two that focus on organizational / management issues. One of them is industrial-organizational psychology. Originating from multiple roots and a rich history, industrial-organizational psychologists “help develop strategies that build better organizations” and “contribute to an organization’s success by improving the performance and well-being of its people” (Koppes & Pickren, 2014, p. 4). The primary aim of its practitioners is to improve organizational and individual “goals / efficiency by theorizing, researching, and applying psychology in the workplace, with consideration for individual and organizational factors” (Koppes & Pickren, 2014, p. 30). This specialty area has matured to the point of being recognized as a division (Society for Industrial and Organizational Psychology –

SIOP) within the American Psychological Association (APA) as well as having various dedicated journals. Their publications include the use of family systems theory in the study of organizations (e.g., Kahn, Barton, & Fellows, 2013), as well as the use of attachment theory (e.g., Kahn, 1998).

Additionally, guidelines have been established for the doctoral-level education and training of its practitioners. They include twenty-six areas of competencies that fall under one of three categories: General knowledge and skills, core content, and related areas of competence (Society of Industrial and Organizational Psychology, Inc., 2016). A recent comprehensive review of doctoral programs in this specialty area found that these guidelines largely appear to address the needs of the profession (Tett, Walser, Brown, Simonet, & Tonidandel, 2013). Still, there are calls for the update of the guidelines that would incorporate the following: a certified internship, accounting, marketing, global and international perspectives, employment law, and strategy (Byrne, Hayes, McPhail, Hakel, Cortina, & McHenry, 2014).

Consulting Psychology

The other specialty area dealing with organizational / management issues is consulting psychology. While industrial-organizational psychology has historically placed more emphasis on quantification, this area has had more of a clinical orientation (Lowman, 2016). Consulting psychologists engage in “an area of practice that focuses on consultation to, with, or for individuals and organizations at individual, group, and organization-systems levels rooted in multiple areas of substantive expertise” (Gullette, Reynolds, Kinser, Fennig, Humphrey, & Doverspike, 2019). With their own publishing

venues, they are also a division (Society of Consulting Psychology) of the American Psychological Association and have their own set of guidelines for doctoral-level preparation. These guidelines cover three overarching principles with eleven general areas of competency grouped into professional, personal, knowledge-based, and procedural types. Additionally, there are specific competencies organized by level (Gullette, Reynolds, Kinser, Fennig, Humphrey, & Doverspike, 2019).

Board Certification

The recent literature does not appear to address the issue of evaluating the acquisition of skills at the doctoral program level. This is most likely because practitioners in both specialty areas are expected to pursue board certification through the American Board of Organizational and Business Consulting Psychology (ABOBCP) – a specialty board of the American Board of Professional Psychology (ABPP). Drawing from guidelines established by both specialty areas, the ABPP certifies on ten competencies that cover both functional and foundational competencies (Thomas, 2010). The process for certification consists of three steps: review of education/credentials, assessment of a practice sample, and a three to four-hour oral examination.

Social Work

Due to the limited number of trained individuals, the human service nonprofit sector has been described as being in the midst of a leadership crisis (Hopkins, Meyer, Shera, & Peters, 2014) with calls for social work education to be more “macro” focused

(Rothman & Mizrahi, 2014). In the view of Boehm and Cohen (2013), this macro focus includes having an organizational orientation which would require “social workers or students to handle a complex environment and many clients at the same time, and to work with numerous stakeholders who are often striving toward diverse and even conflicting goals” (p. 604).

While accreditation guidelines for academic programs do include the organizational level as an area to engage, assess, intervene, and evaluate to advance practice effectiveness (Council on Social Work Education, 2015), there is the perception that this is inadequate. Silverman (2015), for example, advocates for an explicit “organizational awareness” competency that encompasses “organizational assessment ability; understanding of organizational purpose and culture; and an understanding of organizational systems, processes, and alignment” (p. 94). Rothman (2013), however, based on his survey findings, argues that the problem goes beyond accreditation standards and needs to be addressed throughout the social work professional landscape. This, in the view of Regan (2016), includes employing organizations who need to support those chosen for leadership positions.

As for identifying a formal set of competencies for social work managers and leaders, the Multifactor Leadership Questionnaire has been administered to successful social work executives toward this end (Goldkind & Pardasani, 2013). But probably the most comprehensive endeavor has been the work by Hassan and Wimpfheimer (2015) under the auspices of the Network for Social Work Management. Based on a review of the management literature, field surveys, focus groups, and a review by experts, the competencies include performance indicators for the following areas: executive

leadership, resource management, strategic management, and community collaboration. These competencies are intended to be used in management development efforts as well as for assessment purposes.

Undergraduate Social Work Education

Focusing on selected competencies from the set developed by the Network for Social Work Management, McClendon, Kagotho, and Lane (2016) have reported on an “active learning” approach to develop leadership skills through a philanthropy course for undergraduate social work students. The course covered such areas as assessing community needs, preparing a grant proposal (with a corresponding budget), and creating an evaluation plan to measure the impact of funding. With the offering of the course still at its infancy stage, suggestions were outlined as to possible ways to evaluate students’ leadership development including: feedback from the course facilitator and peers, productivity of the group in its project activities, and self-efficacy and awareness regarding leadership.

Graduate Social Work Education

Also centering on a single course but at the graduate level, Wilson and Lau (2011) report on a required administration course. Also making use of the competencies developed by the National Network for Social Work Management, the course’s development included input from experts in nonprofit agency management, human resources management, community leaders, and social work education. The teaching/learning activities include lectures, multimedia, guest speakers, group work,

readings, and case examples. Among the topics covered are organizational theories, governance, human resource management, strategic planning, budgeting, risk management, and ethical leadership. There are three key assignments: interview with an agency director, development of a nonprofit business plan, and an intervention to an agency dilemma.

In addition to the course evaluations that were consistently positive, a survey was conducted six months following the completion of the course. The survey consisted of thirty-eight close-ended, nominal (yes/no), and open-ended questions. The results indicated that the course participants found the course assignments relevant and useful, and had an increased interest to pursue social work agency management and leadership positions. The authors end by clearly stating that a single course in social work administration is insufficient.

Recognizing this is the social work program at the University of Toronto where they have created a four-course specialization in social work administration that covers leadership skills, financial management, human resource management, and quality improvement (Shera & Bejan, 2016). Also required is a project and practicum in social work administration. The Network for Social Work Management's competencies were used in the development of the courses and three themes run across all four courses: evidence-informed practice, client-centered care, and working with issues of diversity.

In addition to the course and program evaluations, the program requires from each student a leadership self-assessment. Additionally, graduates are surveyed using the validated Leadership Program Outcomes Measure developed by Black and Earnest (2009). Graduates were asked to rate (using a five-point Likert scale) the major learning

areas as well their personal, professional, organizational, and community impact (Shera & Bejan, 2016). The results revealed a significant or very significant overall impact.

Domain-Specific, Interdisciplinary Training

One of the domains of social work is maternal and child health (MCH). Its practitioners joined professionals from other disciplines in the development of Maternal and Child Health Leadership Competencies to frame educational objectives and measure and evaluate leadership in the field (MCH Leadership Competencies Workgroup, 2009a). An accompanying self-assessment tool has been developed to assist with the latter (MCH Leadership Competencies Workgroup, 2009b). Drawing from the leadership literature and experts in the maternal and child health field, there are seventy-two competencies that fall under twelve competency domains. These twelve domains are organized under three categories: self, others, and the wider community.

The University of North Carolina at Chapel Hill has used these competencies to develop a Maternal and Child Health Training Program that includes students from the schools of social work, public health, medicine, and dentistry that are interested in maternal and child health (Dodds, Vann, Lee, Rosenberg, Rounds, Roth, Wells, Evens, & Margolis, 2010). Using a problem-based approach, the one-year program consists of the following: an orientation to interdisciplinary leadership, a leadership intensive workshop, a conflict resolution/facilitation workshop, a cultural competence workshop, a minority health conference, a family-professional collaboration workshop, and a leadership reflection workshop.

To study the effects of this leadership program, a post-test design, web-based survey has been utilized that included a control group (Margolis, Rosenberg, Umble, & Chewning, 2013). Graduates rated the influence of the program on their attitudes/beliefs and skills using a five-point Likert scale and were able to elaborate through open-ended questions. The EvaluLEAD model was used in the design of the survey thereby allowing for four sets of outcomes: Attitudes/beliefs – agreement, attitudes/beliefs – strengthening, skills-frequency, skills-strengthening. Further, the model allowed for the measurement of different types of changes (episodic, developmental, transformative) at various levels (individual, organizational, societal). The bottom line is that through the program, students gained interdisciplinary leadership skills and “pursued jobs that provided opportunities to use and further develop these skills” as well as “used their attitudes/beliefs and their skills to improve outcomes for families and to effect change in MCH systems involving programs, organizations, partnerships, and policies” (p. 956).

Also making use of the Maternal and Child Health Leadership Competencies is the Maternal and Child Health Post-Graduate Leadership Academy (Bliss, Pecukonis, & Snyder-Vogel, 2014). This one-year program provides “social workers in maternal and child health settings the opportunity to enhance their leadership and management skills so that they can assume leadership roles in their agencies” (p. 10). The learning activities are both classroom- and field-based and include immersion retreats, readings and discussion, blog posts, video/telephone conferences, agency-based leadership project, continuing education project, and mentoring. In addition to evaluations following each retreat, there is a comprehensive survey at the completion of the program. The survey consists of nine questions that asks the graduates to score (through a five-point Likert

scale) the impact of the program's learning activities in nine different areas. The results suggest that participation in the program has "led to positive long-term changes in leadership development" (p. 13).

Organization-Specific Training

In need of an in-service training program for their managers, a group of directors of nonprofit human services agencies in the San Francisco area designed their own leadership development program (Austin, Regan, Samples, Schwartz, & Carnochan, 2011). Four priority areas were initially identified: leadership development, external relations / community-building skills, management capacities, and executive-board relations. Potential participants of the program were also consulted who identified issues related to expanding their personal capacities, increasing managerial competence, and dealing with current job challenges. The end result was a fifteen-month, three-module program consisting of the following: learning from the veterans, managerial leadership knowledge and skills (included both didactic and experiential activities), and leadership in action (project-based and included coaching). Assessment of the training program involved individual interviews, focus groups, and a web-based survey questionnaire. The cumulative results revealed that the program facilitated growth and change at the individual and organizational levels. Furthermore, a conceptual model also resulted from the assessment.

Additional Evaluation Approaches

With few exceptions, the assessment approaches used by the various clinical disciplines reviewed above have lacked rigor. This compelled me to go beyond and explore additional literature. Hence, to conclude this chapter, the following chart is provided which outlines the highlights (that have particular relevance to the MFT discipline) of research-based studies from the business literature pertaining to the acquisition of organizational / management skills. These eleven studies have been categorized as being primarily oriented toward competencies, stakeholders, taxonomies, behaviors, multi-source feedback, knowledge construction, and psycho-developmental.

Table 1. Research-based assessment studies from the business literature with relevance to the MFT discipline.

<p>Competency Oriented</p> <p>Berdrow & Evers (2010a, 2010b):</p> <ul style="list-style-type: none"> • Focuses on the application of the “Bases of Competence” model that consists of seventeen skills clustered around four base competences: managing self, communicating, managing people and tasks, and mobilizing innovation and change. The model calls for student self-assessment (copy of the instrument is included in the 2010a article). • Additionally, supporting the self-assessment is the development of a portfolio by each student (in each course or only in the capstone course – both approaches are addressed). Guidelines for a competency-based portfolio are delineated by the authors (2010b).
<p>Stakeholder Oriented</p> <p>Duval-Couetil (2013):</p> <ul style="list-style-type: none"> • Provides an overview of the different categories of education assessment: Summative assessment, formative assessment, indirect assessment, and direct assessment. • Also provided are examples of assessment in entrepreneurship education. • In addition, examples of stakeholder questions to be answered via assessment data are outlined.
<p>Taxonomy Oriented</p> <p>Praslova (2010):</p> <ul style="list-style-type: none"> • Provides a general overview of Kirkpatrick’s four-level taxonomy: reactions, learning, behavior, and results. • Differentiates each level’s application to training in the work setting versus learning in the higher education setting. • Also, outlines sample instruments and indicators for each level. <p>Ely, Boyce, Nelson, Zaccaro, Hernez-Broome, & Whyman (2010):</p> <ul style="list-style-type: none"> • Specifically addresses how Kirkpatrick’s four-level taxonomy can be used to assess leadership coaching effectiveness. • Provides a summative evaluation framework that identifies – for each of the four-levels – the focus of assessment and the corresponding relevant data sources. • Similarly, for formative evaluation, identifies the corresponding focus of assessment and relevant data courses for: Client, coach, client-coach relationship, and coaching process.
<p>Behavior Focused</p> <p>King & Nesbit (2015):</p> <ul style="list-style-type: none"> • Argues for the value of assessing leadership development activities / experiences via qualitative interviews that focus on post-learning reflection on the connection between the course and their ensuing work behavior and response to critical incidents. • A sample interview guide is provided in one of the appendices.
<p>Multi-Source Feedback</p> <p>Ingols & Shapiro (2014):</p> <ul style="list-style-type: none"> • Acknowledging the challenges in assessing “soft” skills (such as leadership, teamwork, ethics), one method of assessment recommended was CareerLeader – a 360-degree instrument requiring student to self-assess along with at least four other persons in the following areas: problem solving, taking initiative, and interpersonal effectiveness. • Also mentioned was Kouzes and Posner’s Leadership Practices Inventory which is a self-report questionnaire covering thirty leadership behaviors. • Modeled after Kouzes and Posner’s “Five Practices of Exemplary Leadership,” included in one of the article’s appendices was an assessment instrument for team engagement. The five practices include: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. • Another appendix included an assessment instrument for (ethical, socially responsible, and fiscally sound) decision making.
<p>Knowledge Construction Oriented</p> <p>Varela, Burke, & Michel (2013):</p> <ul style="list-style-type: none"> • Provides an overview of the following types of learning perspectives and their implications to management education: stage approach to skill development, experiential learning theory, action regulation theory, and social learning theory. • Advocates for the inclusion of assessment of managerial skills acquisition to also focus on the student’s structuring of their knowledge (i.e., mental schemas, concept maps).
<p>Psycho-Developmental</p> <p>Bushe & Marshak (2016):</p> <ul style="list-style-type: none"> • Promotes the need for leaders who can function in today’s “multi-dimensional, diverse world marked by volatility, uncertainty, complexity, and ambiguity.” • This requires individuals who are in advanced or post-conventional stages of ego development which can be assessed through such instruments as Hy & Loevinger’s sentence completion test or Cook-Greuter’s version.

CHAPTER FOUR

THE METHODOLOGY

Introduction and the Study Questions

As was previously stated in Chapter 1, MFTs, in the course of their careers, can find themselves: a) establishing a private practice, b) attending clinically to clients with work-related issues, c) working as a member of a collaborative team providing integrated healthcare in an organized setting, d) functioning in an administrator / manager position, e) providing services as a coach to individuals in a business environment, f) applying their expertise at the organizational level as system consultants, and/or g) studying and researching organizational systems. While all of these are promising areas for MFTs to apply their skills, they are not generally trained in business. Hence, the general research questions for this study were as follows:

- What training should MFTs have to effectively work in organizational / business settings and with organizational / business issues in the role of clinician, administrator/manager, consultant, coach, and researcher?
- What components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program?

Participants

Because I was interested in the perspectives of MFTs, researchers and editors, as well as that of individuals that could potentially hire MFTs or that had hired / consulted with MFTs, informants included (i.e., the inclusion criteria):

- LMFTs who were currently working or had worked in organizational / business settings and/or with organizational / business issues for at least three years and as a main source of income;
- Researchers who had authored and/or edited at least three scholarly publications covering business / management / organizational issues applicable to MFTs in human, health, and social services administration;
- Had functioned for at least three years as board members, chief executive officers (CEOs) / managers, human resources (HR) directors, or principals at business consulting or executive coaching firms with hiring authority that had / could involve an MFT;
- Academic deans or chief academic officers with hiring authority for at least three years that had / could involve an MFT being appointed to an academic leadership position;
- Executive coaches for at least three years that had worked with MFTs that were established or emerging executives, managers, leaders seeking to improve their organizational effectiveness.
- Principals for at least three years at consulting firms that had consulted with MFTs establishing or running a private practice; and
- Members of an editorial board (for at least three years) of scholarly journals applicable to MFTs in human, health, and social services administration.

Potential informants were identified through review of the a) scholarly literature, b) editorial boards of human, health, and social services administration journals, and c) membership directories from professional organizations. With respect to editorial boards,

they corresponded to the following thirteen journals: *Administration and Policy in Mental Health*, *Frontiers of Health Services Management*, *Health Care Management Review*, *Health Services Management Research*, *Healthcare Management Forum*, *Human Service Organizations: Management, Leadership & Governance*, *Journal of Health Administration Education*, *Journal of Health and Human Services Administration*, *Journal of Health Organization and Management*, *Journal of Healthcare Leadership*, *Journal of Healthcare Management*, *Journal of Marital and Family Therapy*, and *Leadership in Health Services*.

Membership directories were reviewed for the following eight organizations: Academy of Management (AOM), American Association for Marriage and Family Therapy (AAMFT), American College of Healthcare Executives (ACHE), American Conference of Academic Deans (ACAD), Institute of Coaching (IOC), Institute of Management Consultants (IMC), International Leadership Association (ILA), and Organization Development Network (OD Network). These organizations were chosen as they were considered to be the premier organizations in the areas of management and organizational research, marriage and family therapy, healthcare management and governance, academic administration, executive coaching, business consulting, leadership development / research / practice, and systemic organization development.

Drawing from these various categories and sources, it was expected that a minimum of twenty informants (convenience sample) would constitute the panel of experts (thereby ensuring heterogeneity), but no more than fifty. The opinions of these experts were solicited using the e-Delphi method.

The Delphi Method

An Overview

Categorized by some as primarily a consensus method (Jacobsen, 2017), by others as a mixed method (Stone and Busby, 2005), an assessment strategy (Gilmore, 2012), a participatory method (Kezar & Maxey, 2016), and still others as a survey method (Keeney, Hasson, & McKenna, 2011), the Delphi method defies easy categorization due to its rich attributes. Still, its underlying premise is that the opinion of the group is more valid than the opinion of the individual. Given their comprehensive and in-depth coverage of the Delphi method, I will rely heavily on Keeney, Hasson, & McKenna (2011) in this section which takes the latter view. Hence, the Delphi method can be defined as a multi-staged survey (each stage building on the results of the previous one) which attempts through a group of experts (informed individuals/specialists in their field) to achieve consensus on a given issue and/or a set of priorities where no agreement previously existed. In giving their opinion (a belief that cannot be proven with currently existing evidence), the group (typically called a panel) of experts do not know each other's identities (as they do not meet face to face) thereby eliminating subject bias given this anonymity.

The formation of the panel of experts is the first stage of the Delphi method and care must be taken to establish clear inclusion criteria to create boundaries around the panel (and thereby avoid the pitfall of illusory expertise), as well as have different types of experts in order to ensure heterogeneity. Once there is a panel, this technique then entails a number (normally three to four) of rounds (i.e., iteration) – each consisting of a

questionnaire. A summary of the results of the previous round (feedback) is provided and the panel can be asked to evaluate the results. This process allows for the systemic emergence of collective agreement (i.e., consensus that can be determined by the statistical approach or percentage levels). To start the process, the first round can be in the form of an open-ended question (classical Delphi) or can be of a more structured form in that the panel is asked to identify those issues of high pertinence (modified Delphi). In other words, with respect to the latter, the panel is asked to make a judgement on a set of pre-selected issues. Should the first form be adopted, the responses will obviously entail content analysis on the part of the researcher.

More recently, with the advent of the computer, this Delphi conventional approach has been modified such that it can be conducted in real-time. Research by Gnatzy, Warth, von der Gracht, and Darkow (2011) suggest that there are no significant differences between the two approaches – conventional and real-time -- and that survey results are not affected. Other variations to the traditional Delphi method have included combining it with participatory action research (Fletcher & Marchildon, 2014). Similarly, the Delphi method has been combined with the focus group approach and the nominal group technique thereby resulting in a hybrid Delphi that incorporates three qualitative techniques. Landeta, Barrutia, and Lertxundi (2011) argue that this joint consideration harmonizes their potentialities and reduces their limitations. Lastly, there have been increased calls for the use of web-based approaches with Linstone and Turoff (2011) arguing that the Delphi method and the internet can bring about a new age of participation in collaborative organizational and community planning.

Application in MFT

Stone and Busby (2005) trace the beginning of the use of the Delphi method in the MFT field to the late 1970s when it was used in a dissertation to identify the components of a model family therapy curriculum. In addition to covering the technique's various dimensions and methodology, Stone and Busby briefly reviewed the literature and conclude that "...the family therapy field has only seen a limited number of published articles using this technique" (p. 240). Yet, as they viewed the future with its increasingly diverse populations and dramatic changes in the delivery system, they asserted that the "...opinions of leaders in the field will be helpful for developing new programs and policies" (p. 251). To gain insight into our more recent past and current situation, the section below will review the MFT studies using the Delphi method that have been published since Stone and Busby's 2005 publication.

Recent MFT Studies

Therapy Related

Recent MFT studies that relate to therapy can be further categorized as focusing on clinical concepts, populations, programmatic issues, and inter-professional collaboration. Studies falling into each of these categories are reviewed in this section.

Davey, Duncan, Kissil, Davey, and Fish (2011) used a web-based modified Delphi study to investigate the consensus surrounding the "second-order change" concept in the MFT field. Using two rounds, thirty-one faculty members from COAMFTE-accredited programs constituted the panel of experts and were asked about this concept's

clinical operationalization, evaluation, and teaching implications (e.g., teaching methods, primary sources, key contributors to the field). Stemming from the results, the recommendations called for clearer definitions and better measurement of this concept.

Asian Indian American families, stepmothers, parents with adolescents, and fathers during their partner's pregnancy were the focus of population-centered Delphi studies. Using a modified Delphi approach, Khanna, McDowell, Perumbilly, and Titus (2009), asked advanced counseling practitioners of Asian Indian origin to share their perspectives regarding family therapy with families identifying as Asian Indian or Asian Indian American. From the study's two rounds of questions, the resulting high agreement and high consensus statements revealed family therapy implications revolving around immigration, acculturation, discrimination, and Asian Indian cultural values, beliefs, and practices. Whiting, Smith, Barnett, and Grafsky (2007), on the other hand, used a mixed methods approach that included the Delphi method followed by ethnographic interviews with self-described "successful" stepmothers. The Delphi component allowed for the identification of themes related to role and contextual challenges, whereas the follow-up interviews allowed for elaboration and amplification.

Oriented toward preventive interventions, Yap, Pilkington, Ryan, Kelly, and Jorm (2014), used the Delphi method to have experts identify key parenting strategies to prevent adolescent depression. Three rounds were utilized involving twenty-seven international experts (all from English-speaking Western countries). Using the literature to initially identify parenting recommendations, the panel of experts were asked through a series of three rounds to rate their preventive significance. Similarly, using her dissertation (Freitas, 2015) as a foundation, Freitas and colleagues published a Delphi

study (Freitas, Williams-Read, Distelberg, Fox, & Lister, 2016) that used an international panel of experts. The study's purpose was to identify the defining factors of depression in peripartum fathers. Here two rounds consisting of open-ended and scale questionnaires were used, followed by two rounds whereby the panel of experts could adjust their responses until a 60% level of consensus was reached.

Moving to therapy-related programmatic issues, Duncan, Davey, and Davey (2011) used a web-based modified Delphi method to gain a better understanding of the issues involved in implementing Functional Family Therapy in community-based mental health clinics. Involving thirteen experts that included managers and clinicians and through two rounds, identified were four components that facilitate (facilitators) and one component that hinders (barrier). Examining the role of facilitators in family-centric preventive programs, Orte, Ballester, Amer, and Vies (2014) also used the Delphi technique. Their interest was on identifying the qualities that define good program facilitators as they are central to effective implementation and delivery of such programs. Through two rounds involving sixteen experts, areas that were highly ranked and for which there was consensus were the facilitator's interpersonal skills and experience in family interventions, and the use of qualitative techniques to best assess facilitators.

Exploring inter-professional collaboration, Walter's (2005) dissertation used the Delphi method to identify the key components for mental and physical healthcare professionals to effectively collaborate. Twenty experts in collaborative healthcare participated in both rounds with the responses (for which there was consensus) being reflected in the following themes: knowledge of different professional cultures,

knowledge of collaborative care, knowledge of relationship building, and knowledge of theoretical models.

Competencies / Skills Related

Somewhat related to the preceding study in that she focuses on medical family therapists, Tyndall used the modified Delphi method to have a panel of experts identify what is needed for MFTs to function effectively as medical family therapists. Building on her dissertation (Tyndall, 2010), Tyndall and her colleagues (Tyndall, Hodgson, Lamson, White, & Knight, 2012) identified twelve academic course content areas and thirteen core competencies that should be required of those individuals seeking to become medical family therapists. These content areas and competencies reflect the consensus achieved by a panel of thirty-seven experts through two rounds. Similarly, Doerries and Foster (2005) sought through the modified Delphi method to identify the skills needed to be effective structural family therapists. A consensus was obtained from seven experienced practitioners asserting the importance of the following: relational skills, and ability to establish a vision of hope and expectancy for change. This study consisted of two rounds.

Curriculum Related

While MFTs have not made use of the Delphi method for curriculum development as extensively as other disciplines such as nursing (Foth, Efstathiou, Vanderspank-Wright, Ufholz, Dutthorn, Zimansky, & Humphrey-Murto, 2016), there are two recent studies reflecting such use. One identified the essential curriculum

components needed to prepare MFTs to work effectively with queer clients (Godfrey, Haddock, Fisher, & Lund, 2006). Experts were identified through review of the literature, membership directories from professional organizations, and the editorial boards of queer journals. Thirteen experts completed both rounds. Suggestions for which consensus was reached addressed the areas of therapist values and qualities, theoretical orientations, common issues of queer clients, assessment and intervention, ethical and legal issues, and recommended materials.

Castanos, on the other hand, researched the area of MFTs as family business consultants. Her dissertation (Castanos, 2009) specifically focused on what should be in an MFT curriculum to prepare to assume this role. Through the use of the modified Delphi technique with a mixed methods approach, her study consisted of three rounds that initially began with ten experts. The third round made use of Wiki (Castanos and Piercy, 2010). The findings called for training in the following areas: multidisciplinary theoretical approaches to understanding family businesses, consultation as a business, differences between consultation and therapy, and supervised practice. The last area also had implications for the development of a certificate program to specialized family business advisors (Castanos & Welsh, 2013).

Administration / Management Related

Only one MFT study using the Delphi method was found that related to administration / management. This study, by Harris, Samford, Mehus, and Zubatsky (2013), focused on identifying the challenges faced by MFTs in management positions as well as the strategies they used to overcome their challenges. Comprised of seventeen

individuals, the panel of experts underwent three rounds with results showing consensus around six challenges and seven strategies.

Why the e-Delphi Method

For a variety of reasons, the e-Delphi method was selected as the most appropriate approach for this study. For one, face-to-face discussions presented challenges with respect to travel as well as cost given the number of experts being considered. Mailed surveys, on the other hand, presented challenges with respect to time. Furthermore, given the diversity of experts expected (LMFTs, board members, managers, consultants, coaches, researchers, editors), this approach's anonymity would encourage a free exchange of opinions (thus minimizing subject bias and the band wagon effect). Lastly, the Delphi method allows for experts to be actively involved in the process thereby increasing their sense of ownership and engagement through the various rounds.

The Theoretical Framework

As discussed in Chapter 2, given that the fundamental perspectives of the MFT field are relational and systemic, this study used Bronfenbrenner's bioecological systems theory of human development (2001) as its overarching theoretical framework – particularly in the classification of the various business disciplines/topical areas to ensure that the different systemic / relational levels were represented in the curriculum.

Distelberg and Castanos (2012) used an ecological model (developed by Doherty) to identify the different levels of intervention for MFTs working with family businesses. With regard to curricula development, as previously mentioned in Chapter 2,

Bronfenbrenner's theory has been applied as a theoretical framework in nursing (Ervin, Bickes, & Schim, 2006), teacher educator professional development (Gallagher, Griffin, Ciuffetelli, Kitchen, & Figg, 2011), and in conceptualizing the training program for counseling students (Lau & Ng, 2014).

Using the Delphi Method

Preliminaries

While Appendix A contains the plan developed to conduct this e-Delphi study, the ensuing sections provide more details. To begin, I acquired approval for my study from the Loma Linda University Institutional Review Board (Appendix B). The Informed Consent Form can be found under Appendix C.

After which, administrative procedures were developed for the following electronic systems: coding, tracking, file, and database.

With these systems in place, the questionnaires (for each of the rounds) were then pilot tested (see Appendices D, G, and I). This involved using five faculty members from the College of Health, Human Services, and Nursing, and the College of Business Administration and Public Policy at California State University, Dominguez Hills. Once finalized, I then developed the website for the three rounds and pilot tested the website again using faculty (a different set) from the aforementioned academic units.

The Panel of Experts

To recruit the panel of experts, I then identified potential experts through a review of the a) scholarly literature, b) editorial board membership in one of the thirteen human, health, and social services administration journals previously identified, and c) membership directories from the eight professional organizations previously identified. Initially, fifty potential informants were contacted by email (Appendix C) with the goal being to ultimately have a minimum of twenty experts participate in the study, but no more than fifty. Assuming there was an interest, each expert was then able to click the link in their email that then took them to a website that allowed them to proceed to the Round 1 questionnaire.

Round 1

As can be noted in Appendix D, the questionnaire for Round 1 consisted of only one question: “What are the business disciplines/topical areas that MFTs should be exposed to so that they may have a knowledge base and skills that would allow them to practice in a variety of organizational settings?” This was an open-ended question that allowed for up to one hundred areas to be listed and was intended to ultimately identify the areas where there was consensus. As with all three rounds, experts had five days to complete Round 1. If needed, an email reminder was sent 24 hours prior to the deadline (Appendix E). (Note: Upon receipt of the responses, all data was automatically separated from their IP address and encrypted before uploading and while stored on the server. This was done as a security measure and to protect the confidentiality and privacy of the respondents.)

After which, the responses for Round 1 then underwent inductive / thematic content analysis. This entailed the following (Keeney, Hasson, & McKenna, 2011) and was done over a 48-hour period (in order to quickly move on to Round 2 and thereby maintain interest on the part of the panel experts):

1. Reviewing the responses and noting general themes
2. Noting as many headings as required
3. Grouping categories together
4. Removal of repetitive headings
5. Independently generating categories from the data (involved two coders -- myself and a qualified and experienced colleague at Georgia Southern University)
6. Re-reading responses alongside list of categories
7. Working through and coding each expert's responses
8. Cutting and collapsing together the coded sections
9. Organizing all collapsed sections under headings
10. All sections for which there was 70% consensus (i.e., consensus level by percentage) were then filed for write up
11. Composing of summary for Round 2

Round 2

Once the analysis for Round 1 had been completed and the summary composed, an email announcing Round 2 was then sent (see Appendix F). If needed, an email reminder was sent 24 hours prior to the deadline (Appendix E).

As can be seen in Appendix G, the middle column contained the summary findings from Round 1 and the experts were asked to rank each area in order of importance as well as specify the degree of emphasis that each area should be given in the MFT curriculum. In short, Round 2 was in the form of a structured questionnaire that included feedback from Round 1.

The analysis for Round 2 involved the use of SPSS to calculate measures of central tendency (specifically mean and mode) and level of dispersion in order to adequately determine the collective judgement of the experts (i.e., level of importance as well as level of agreement). The analysis was completed within a 48-hour period.

Round 3

Once Round 2 analyses had been completed, an email announcing Round 3 was sent (see Appendix H). If needed, an email reminder was sent 24 hours prior to the deadline (Appendix E). (Note: The system utilized was able to track -- for each transaction -- the electronic path from the email address to the IP address connected to the responses. Hence, if there was no response from an earlier round -- in this case Round 2 -- the system automatically removed the email address such that no further emails -- e.g., announcement of Round 3, reminders -- were sent. However, as previously mentioned, prior to the data being made available to the student researcher, the system automatically separated the data from their IP address.)

As outlined in Appendix I, the results from Round 2 were displayed in chart form listing the business disciplines/topical areas and their degree of emphasis. The right-hand

column was blank thereby giving the panel of experts the opportunity to make suggestions / comments regarding:

- Recommended readings
- Theoretical/conceptual orientation/model/framework/perspective
- Pedagogical (teaching/learning) approach
- Skills/abilities that should be learned
- Professional affiliations/credentials/training that should be encouraged
- Academic credentials/training that should be encouraged
- Practical/applied experience that should be acquired

The analysis of Round 3 included examining the responses through the lens of Bronfenbrenner's bioecological systems framework (2001).

The Delphi Method: An Assessment

Strengths

The positive attributes of the Delphi method include the following: While debatable, it can be argued that the Delphi method falls within the paradigm of social constructivism in that truth is validated through human experience. In short, it assumes that truth is pragmatic and is connected to the context-dependent nature of the experts' knowledge (Keeney, Hasson, McKenna, 2011).

Yet, the method can potentially make use of both qualitative and quantitative measures (Hasson & Keeney, 2011) although the researcher must be aware of the challenges this presents (Tapio, Paloniemi, Varho, & Vinnari, 2011).

In addition, its process allows for pooled responses, transcends distance and time, promotes participation and motivation, reduces the influences of others, results in equal representation among the experts, and calls for consistent participant contact (Gilmore, 2012).

Limitations

On the other hand, drawbacks of the Delphi method have been noted by its critics. For one, the method lacks standardized and uniform guidelines with respect to the size of the panel, the number of rounds, and the level of consensus (Keeney, Hasson, McKenna, 2011). The variations in the use of this method and its inconsistent use can impact the integrity of the method (Thompson, 2009) which has led to calls for guidelines even among its proponents (Bolger & Bolger, 2011). These guidelines have covered the areas of recruitment and retention, heterogeneity, information exchange, question formulation, and combining the Delphi method with other techniques (Rowe & Wright, 2011).

Additionally, many proponents of the Delphi method reject the positivistic interpretation of reliability and validity and believe that the concept of “trustworthiness” (credibility, dependability, confirmability, and transferability) is more effective and appropriate for the Delphi method (Keeney, Hasson, McKenna, 2011). This, of course, is only a limitation if one does not accept the interpretive paradigm of social constructivism.

Finally, the methodology does not allow – among its participants -- for clarification of issues in that there is not the opportunity to address / resolve areas of disagreement (Gilmore, 2012).

CHAPTER FIVE

THE FINDINGS AND IMPLICATIONS

Introduction

Having covered the research design and methods used in the study, this chapter will largely focus on a presentation of the results and their implications for an MFT doctoral program. To set the stage, this section will provide some background. To begin with, while fifty experts were initially invited to participate in the study, forty-two opted to proceed to Round 1. The end of the study, however, had thirty-three experts who had participated through all three rounds. Their engagement was to assist in ultimately answering the study's two research questions:

- What components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program?
- What training should MFTs have to effectively work in organizational / business settings and with organizational / business issues in the role of clinician, administrator/manager, consultant, coach, and researcher?

Following the presentation of the findings which will follow the flow of the three rounds, summarized responses to the research questions will be given.

Findings

Round 1

The first round consisted of only one question and was stated as follows: What are the business disciplines / topics areas that MFTs should be exposed to so that they may have a knowledge base and skills that would allow them to practice in a variety of organizational settings? (Appendix D). Panelists could list as many disciplines / areas as they wished. In response to this question, panelists identified a total of 155 items that were then reviewed independently by two researchers (per the established protocol) for redundancy / overlaps / affinity. After inter-rater reliability was assured, the end result was fifty-two items that then made their way to Round 2 as they were mentioned by 70% of the panel experts in Round 1.

Round 2

As depicted in Appendix G, the panelists were then asked to rank these items as well as specify the degree of emphasis they felt should be given in the MFT curriculum. As can be seen in Table 2, the result was that thirty-eight disciplines / areas were sanctioned as important enough to be retained. Items with medians of 6.00 or higher and interquartile ranges of 1.50 or lower met the criteria for inclusion based on consensus. The median is a way of measuring central tendency. If all the panelists give an item a high rating, a high median would result. Interquartile range, on the other hand, is a measure of variability. It takes the difference between the 75th percentile and the 25th percentile, thus providing information without being affected by extreme scores. If

Table 2. Business disciplines / topical areas and their recommended degree of emphasis in the MFT curriculum.

Business disciplines / topical areas (38) that MFTs should be exposed to	The degree of emphasis in the MFT curriculum			
	Theme throughout the curriculum (8)	The primary focus of a course (6)	A major component of a course (10)	The primary focus of a class session/module (14)
Change management			X	
Collaborative / integrated continuum of care	X			
Community building				X
Competency-driven perspective	X			
Crisis management				X
Cross-cultural management				X
Entrepreneurship & business development		X		
Evidence-based practice	X			
Financial / budgetary management			X	
General management theory & practice		X		
Governance				X
Health / human / social services industry			X	
Human resources management			X	
Innovation management			X	
Inter- and trans-disciplinary perspective	X			
International management				X
Leadership theory & practice			X	
Learning in organizations			X	
Marketing management				X
MFT as scholar-practitioner, advocate, change agent, leader, innovator	X			
Operations management				X
Organizational & management ethics				X
Organizational / management consulting & coaching				X
Organizational / management development		X		
Organizational assessment				X
Organizational behavior		X		
Organizational research				X
Organizational theory			X	
Paradoxical thinking / mindset	X			
Practical / applied experience		X		
Practice management			X	
Professional socialization	X			
Program planning, implementing, monitoring, & evaluation		X		
Public affairs				X
Social and environmental justice	X			
Strategic management			X	
Sustainable management				X
Systems theories for managers & leaders				X

panelists reach strong consensus on an item, a lower interquartile range would result. This same approach was taken with respect to the degree of emphasis for each of the items.

Again, as can be seen from Table 2, of the thirty-eight disciplines / areas, eight were thought to be themes that should be reflected throughout the curriculum, six were perceived to be of such significance that they should be the primary focus of a course, ten a major component of a course, and fourteen as constituting the primary focus of a class session / module.

Round 3

The aforementioned results constituted Round 3 (Appendix I) with the panelists being asked to make suggestions / comments for each business discipline / topical area. Those responses pertaining to the themes will be presented first, followed by those corresponding to courses, and ending with those of a general nature.

Themes

As previously mentioned, there were eight themes (to be reflected throughout the curriculum) that emerged from the responses. The themes are as follows and where there were comments reflecting a consensus, these have been included in aggregate form.

- Collaborative / integrated continuum of care. Here the call was to acknowledge the intertwined nature of health, human, and social services and their delivery along a continuum of care (from preventive care to continuing care) that involves interprofessional teams and that is delivered in the public, private (for-profit and

nonprofit), and public-private sectors. Similarly, there must be recognition of the social determinants of health – conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. This requires simultaneously addressing the various dimensions of health – psychosocial-spiritual, physical, social, environmental, and ecological.

- Competency-driven perspective. The panelists recommended that all business / organizational courses that ultimately become part of the curriculum reflect selected (i.e., most relevant to MFTs) core competencies that have been validated such as those established by the American College of Healthcare Executives, 2022, Global Consortium for Healthcare Management Professionalization, 2015, and the National Center for Healthcare Leadership, 2019. (Note: the first two organizations have very similar models as they both stem from the work of the former Health Leadership Alliance.)
- Evidence-based practice.
- MFT as scholar-practitioner, advocate, change agent, leader, innovator.
- Inter- and transdisciplinary perspective. In addition to the MFT and business disciplines, this calls for including the social and behavioral sciences (particularly psychology, sociology, social psychology, political science) as well as the humanities.

This means going beyond:

- Unidisciplinary (acquiring knowledge and skills in discipline-specific courses),

- Intradisciplinary (learning from those with expertise in one's own discipline),
- Multidisciplinary (studying a topic in several disciplines at the same time, but in the service of one's own discipline).

And more toward:

- Interdisciplinary (transfer of methods from one discipline to another),
 - Transdisciplinary (simultaneously between, across, and beyond the disciplines).
- Paradoxical thinking / mindset. This calls for the embracing of contradictory concepts / polarities such that there is a “both/and” orientation (note: one respondent mentioned Emerson & Lewis, 2019 as reflecting its applicability to organizations and leadership.)
 - Professional socialization. This entails encouraging students to join a management- / organization-focused association that is compatible with MFT's systemic and relational orientation. Those most mentioned were the
 - American Evaluation Association,
 - Institute of Coaching,
 - International Leadership Association,
 - Organization Development Network, and the
 - Society of Consulting Psychology.
 - Social and environment justice.

Courses

Of the thirty-eight business disciplines / topical areas, eight were themes thereby leaving thirty course-related items with varying degree of emphasis (see Table 2). Table 3, reflects the suggestions made and are outlined in the form of comments, learning activities, and learning resources corresponding to each business discipline. In contrast to the other findings, these suggestions do not reflect a 70% consensus on the part of the panel participants. Rather, a suggestion was incorporated into the table if it was made by at least two experts.

Given the number of specific suggestions made and outlined in the table, I will only comment on those that, from my perspective, were particularly significant.

- “Community based” as not constituting aimed at the community, visiting in the community, provided for the community, nor beneficial to the community.
Instead, it means by the community, of the community, and from the community.
- There was an expansive view of organized entities (e.g., organizations, programs, solo practices, group practices, etc.), ventures (corporate, nonprofit, public, social, and practice), geographical settings (e.g., developing countries), and units/levels of analysis (individual, group, organization, societal, international)
- The references made to the Socratic and case study method, and online resources for instructors.
- The mention of numerous electronic-based learning resources (e.g., online tutorials, software, video series, mapping application and analytical platform, CD-ROM).

Table 3. Suggestions for the business disciplines (30).

Business Disciplines	Comments	Learning Activities	Learning Resources
Change management	<p>Include change at the individual, team, and organizational level.</p> <p>Use Socratic Method with cases.</p> <p>Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i>. Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .</p>	Case study analysis	<p>Hodges, J. (2021). <i>Managing and leading people through organizational change: The theory and practice of sustaining change through people</i>. New York, NY: Kogan Page Publishers.</p> <p>Holman, P., Devane, T., & Cady, S. (2007). <i>The change handbook: Group methods for shaping the future</i>. San Francisco, CA: Berrett-Koehler Publishers.</p> <p>Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTM-ENG .</p>
Community building	<p>Emphasis on community-based which does not mean aimed at the community, visiting in the community, provided for the community, nor beneficial to the community; rather, community-based means by the community, of the community, and from the community.</p>		<p>Alemanno, A. (2017). <i>Lobbying for change: Find your voice to create a better society</i>. London, UK: Icon Books.</p> <p>Brown, M. J. (2006). <i>Building powerful community organizations: A personal guide to creating groups that can solve problems and change the world</i>. Arlington, MA: Long Haul.</p> <p>Center for Community Health and Development. (2022). <i>The community toolbox</i> [Online resource]. Lawrence, KS: University of Kansas. Accessible at https://ctb.ku.edu/en .</p> <p>Green, G. P., & Haines, A. (2016). <i>Asset building & community development</i>. Thousand Oaks, CA: Sage Publications, Inc.</p>
Crisis management			<p>Crandall, W. R., Parnell, J. A., & Spillan, J. E. (2021). <i>Crisis management: Leading in the new strategy landscape</i>. Thousand Oaks: Sage Publications, Inc.</p>
Cross-cultural management			<p>Thomas, D. C., & Peterson, M. F. (2018). <i>Cross-cultural management: Essential concepts</i>. Thousand Oaks, CA: Sage Publications, Inc.</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
<p>Entrepreneurship & business development (primary focus)</p>	<p>Include the following types of entrepreneurships: corporate, nonprofit, public, social, and practice. Also include financial & budgeting management, business development software, Geographic Information System (GIS) software, public affairs.</p> <p>Use Socratic method with cases.</p> <p>Resource for teaching entrepreneurship: Babson College (2022). <i>Entrepreneurship educator resources and tips</i>. Access at https://www.babson.edu/professional/entrepreneurship-education/what-is-babson-academy/resources-and-tips/ .</p> <p>Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i>. Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .</p>	<p>Case study analysis</p> <p>Develop a business plan</p>	<p>Barringer, B. R. & Ireland, F. D. (2019). <i>Entrepreneurship: Successfully launching new ventures</i>. New York, NY: Pearson.</p> <p>Baumgarten, H. (2017). <i>Private practice essentials: Business tools for mental health professionals</i>. Eau Claire, WI: PESI Publishing & Media.</p> <p>Grodzki, L. (2015). <i>Building your ideal private practice: A guide for therapists and other healing professionals</i>. New York: W. W. Norton & Company.</p> <p>Neck, H. M., Neck, C. P., & Murray, E. L. (2021). <i>Entrepreneurship: The practice and mindset</i>. Thousand Oaks, CA: Sage Publications, Inc.</p> <p>Hisrich, R. D., Peters, M. P., & Shepherd, D. A. (2020). <i>Entrepreneurship</i>. New York, NY: McGraw-Hill Education.</p> <p>Palo Alto Software (2022). <i>LivePlan</i> [Online software]. https://www.paloalto.com/solutions/academic.</p> <p>Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTML-ENG .</p> <p>Society for Health Care Strategy and Market Development (2022). <i>Futurescan 2022-2027: Health care trends and implications</i>. Chicago, IL: Health Administration Press.</p> <p>Sørensen, H. E. (2012). <i>Business Development: A market-oriented perspective</i>. West Sussex, UK: John Wiley & Sons Ltd.</p>
<p>Financial / budgetary management</p>			<p>Sussman, E. (2015). <i>Critical business skills for success: Finance and accounting</i> [Video series]. Chantilly, VA: The Company.</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
General management theory & practice (primary focus)	<p>Cover all functions per management process model (see Mackenzie, 1969 for a concise overview)</p> <p>Include programs, organizations, and private practices.</p> <p>Use Socratic method with cases.</p> <p>Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i>. Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .</p>	Case study analysis	<p>Bolman, L. G., & Deal, T. E. (2021). <i>Reframing organizations: Artistry, choice, and leadership</i>. Hoboken, NJ: John Wiley & Sons.</p> <p>Brody, R., & Nair, M. (2014). <i>Effectively managing and leading human service organizations</i>. Thousand Oaks, CA: SAGE Publications, Inc.</p> <p>Lewis, J. A., Packard, T. R., & Lewis, M. D. (2012). <i>Management of human service programs</i>. Belmont, CA: Brooks/Cole Cengage Learning.</p> <p>National Institute of Standards and Technology (2021). <i>2021-2022 Baldrige excellence framework (health care): Leadership and management practices for high performance</i>. Gaithersburg, MD: U.S. Department of Commerce.</p> <p>Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTML-ENG .</p>
Governance			<p>Larcker, D., & Tayan, B. (2021). <i>Corporate governance matters: A closer look at organizational choices and their consequences</i>. New York, NY: Pearson Education, Inc.</p> <p>Leblanc, R. (Ed.). (2020). <i>The handbook of board governance: A comprehensive guide for public, private, and not-for-profit board members</i>. Hoboken, NJ: John Wiley & Sons, Inc.</p>
Health / human / social services industry			Shi, L., & Singh, D. A. (2023). <i>Essentials of the U.S. health care system</i> . Burlington, MA: Jones & Bartlett Learning.
Human resources management	Include justice, equity, diversity, inclusion, and belonging.		Valentine, S. R., Meglich, P., Mathis, R. L., & Jackson, J. H. (2020). <i>Human resource management</i> . Boston, MA: Cengage Learning.
Innovation management	Include design thinking; and deductive, inductive, abductive, & retroductive reasoning		<p>Goffin, K., & Mitchell, R. (2017). <i>Innovation management: Effective strategy and implementation</i>. London, UK: Palgrave Macmillan.</p> <p>IDEO.org (2022). <i>Introduction to human-centered design</i> [online tutorial]. https://acumenacademy.org/course/design-kit-human-centered-design/ .</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
International management			Luthans, F., & Doh, J. P. (2021). <i>International management: Culture, strategy, and behavior</i> . New York, NY: McGraw-Hill Education.
Leadership theory & practice	Use Socratic method with cases. Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i> . Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .	Case study analysis Development of a personal leadership philosophy	Northouse, P. G. (2021). <i>Introduction to leadership: Concepts and practice</i> . Thousand Oaks: Sage Publications, Inc. Northouse, P. G. (2022). <i>Leadership: Theory and practice</i> (9th ed.). Thousand Oaks, CA: Sage Publications, Inc. Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTM-ENG .
Learning in organizations			Ford, J. K. (2021). <i>Learning in organizations: An evidence-based approach</i> . New York, NY: Routledge. Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). <i>A practical guide to needs assessment</i> . John Wiley & Sons and American Society for Training and Development.
Marketing management	Include Geographic Information System (GIS) software		PolicyMap (2022). <i>PolicyMap</i> [Mapping application and analytical platform]. https://www.policymap.com/ .
Operations management	Include quality-, risk-, program-, project-, information systems-, & process-management; and accreditation		Institute for Healthcare Improvement. (2022). <i>Quality improvement</i> [online tutorials]. https://www.ihl.org/education/ihl-open-school/Pages/Curriculum.aspx .
Organizational & management ethics			Johnson, C. E. (2021). <i>Organizational ethics: A practical approach</i> . Thousand Oaks, CA: SAGE Publications, Inc.

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
Organizational / management consulting & coaching			<p>Peltier, B. (2010). <i>The psychology of executive coaching: Theory and application</i> (2nd ed.). New York, NY: Taylor & Francis Group.</p> <p>Scott, B., & Barnes, B. K. (2011). <i>Consulting on the inside: A practical guide for internal consultants</i>. Alexandria, VA: American Society for Training and Development.</p> <p>Sears, R. W., Rudisill, J., & Mason-Sears, C. (2006). <i>Consultation skills for mental health professionals</i>. Hoboken, NJ: John Wiley & Sons.</p> <p>Verlander, E. G. (2012). <i>The practice of professional consulting</i>. San Francisco, CA: John Wiley & Sons.</p>
Organizational / management development (primary focus)	<p>Cover both diagnostic and dialogic approaches</p> <p>Include justice, equity, diversity, inclusion, and belonging.</p> <p>Use Socratic method with cases.</p> <p>Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i>. Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .</p>	Case study analysis	<p>Anderson, D. L. (2020). <i>Organization development: The process of leading organizational change</i>. Thousand Oaks, CA: SAGE Publications, Inc.</p> <p>Cummings, T. G., & Worley, C. G. (2018). <i>Organization development and change</i>. Stamford, CT: Cengage Learning.</p> <p>Hammond, S. A. (2013). <i>The thin book of appreciative inquiry</i> (3rd ed.). Bend, OR: Thin Book Publishing Co.</p> <p>Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTM-ENG .</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
Organizational assessment			<p>Fields, D. L. (2013). <i>Taking the measure of work: A guide to validated scales for organizational research and diagnosis</i>. Charlotte, NC: Information Age Publishing Inc.</p> <p>Martin, L. L., & Kettner, P. M. (2010). <i>Measuring the performance of human service programs</i>. Thousand Oaks, CA: Sage Publications, Inc.</p> <p>Passmore, J. (Ed.). (2012). <i>Psychometrics in coaching: Using psychological and psychometric tools for development</i>. Philadelphia, PA: Kogan Page Publishers.</p> <p>Seiler, H. (2021). <i>Using client feedback in executive coaching: Improving reflective practice</i>. London, UK: Open University Press.</p> <p>Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). <i>A practical guide to needs assessment</i>. John Wiley & Sons and American Society for Training and Development.</p>
Organizational behavior (primary focus)	<p>Include the following units / levels of analysis: individual, groups, and organization.</p> <p>Include justice, equity, diversity, inclusion, & belonging.</p> <p>Use Socratic method with cases.</p> <p>Resource for teaching through cases: Harvard Business Publishing Education (2022). <i>Teaching resources: Case method</i>. Accessed at https://hbsp.harvard.edu/teaching-resources/?icid=top_nav .</p>	Case study analysis	<p>Robbins, S. P. & Judge, T. A. (2023). <i>Organizational behavior</i>. New York, NY: Pearson.</p> <p>Roberto, M. A. (2022). <i>Case companion</i> [Online tutorial]. https://hbsp.harvard.edu/product/7886-HTM-ENG .</p>
Organizational research			<p>Crossman, J., & Bordia, S. (Eds.). (2021). <i>Handbook of qualitative research methodologies in workplace contexts</i>. Northampton, MA: Edward Elgar Publishing, Inc.</p>
Organizational theory			<p>Morgan, G. (2006). <i>Images of organization</i>. Thousand Oaks, CA: Sage Publications, Inc.</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
Practical / applied experience (primary focus)	Is in a setting where the student can meet the four core competencies established by the Interprofessional Education Collaborative (2016).		Weiss, D. F., Tilin, F. J., & Morgan, M. J. (2018). <i>The interprofessional health care team: Leadership and development</i> . Burlington, MA: Jones & Bartlett Publishers.
	Includes an assignment that is reflective of Boyer's scholarship of engagement where the student connects / applies knowledge and skills to the understanding and solving of a community's or organization's pressing problems.		
	The assignment goes beyond andragogy (self-directed) and is more reflective of heutagogy (self-determined, self-managed learning where learners identify, plan, and monitor their own learning and engage in reflection and self-evaluation). As two respondents pointed out, this movement toward heutagogy is consistent with that of the World Health Organization Academy's learning strategy (Gamhewage, 2022).	Sample assignments and corresponding resources (in column to the right):	
		Apply and test a management or organization theory	Miles, J. A. (2012). <i>Management and organization theory: A Jossey-Bass reader</i> . San Francisco, CA: John Wiley & Sons.
		Develop a change management plan	Hodges, J. (2021). <i>Managing and leading people through organizational change: The theory and practice of sustaining change through people</i> . New York, NY: Kogan Page Publishers. Holman, P., Devane, T., & Cady, S. (2007). <i>The change handbook: Group methods for shaping the future</i> . San Francisco, CA: Berrett-Koehler Publishers.
		Develop a policy brief for an organization	Bardach, E., & Patashnik, E. M. (2020). <i>A practical guide for policy analysis: The eightfold path to more effective problem solving</i> . Thousand Oaks, CA: Sage Publications, Inc. Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). <i>Health policy and analysis</i> . New York, NY: Springer Publishing Company.
		Develop a lobbying campaign / strategy on a specific issue for an organization	Libby, P. (2021). <i>The lobbying strategy handbook: 10 steps to advancing any cause effectively</i> . New York, NY: Oxford University Press.
		Develop a strategic plan (for a health / human / social services organization) based on extensive use of analytical tools	Wayland, M. S., McDonald, W. G. (2021). <i>Strategic analysis for healthcare: Concepts and practical applications</i> . Chicago, IL: Health Administration Press.

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
		Develop a consulting report for an internal or external client	<p>Peltier, B. (2010). <i>The psychology of executive coaching: Theory and application</i> (2nd ed.). New York, NY: Taylor & Francis Group.</p> <p>Scott, B., & Barnes, B. K. (2011). <i>Consulting on the inside: A practical guide for internal consultants</i>. Alexandria, VA: American Society for Training and Development.</p> <p>Sears, R. W., Rudisill, J., & Mason-Sears, C. (2006). <i>Consultation skills for mental health professionals</i>. Hoboken, NJ: John Wiley & Sons.</p> <p>Verlander, E. G. (2012). <i>The practice of professional consulting</i>. San Francisco, CA: John Wiley & Sons.</p>
		Conduct an organizational assessment for a developing country-based organization	Lusthaus, C., Adrien, M., Anderson, G., Carden, F., & Montalvan, G. P. (2002). <i>Organizational assessment: A framework for improving performance</i> . International Development Research Centre and Inter-American Development Bank.
		Perform a needs assessment for a development project / program in a developing country	Watkins, R., Meiers, M. W., & Visser, Y. L. (2012). <i>A guide to assessing needs: Essential tools for collecting information, making decisions, and achieving development results</i> . Washington, DC: World Bank Publications.
		Develop a crisis management plan for an organization	Crandall, W. R., Parnell, J. A., & Spillan, J. E. (2021). <i>Crisis management: Leading in the new strategy landscape</i> . Thousand Oaks: Sage Publications, Inc.
		Conduct a training needs assessment	Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). <i>A practical guide to needs assessment</i> . John Wiley & Sons and American Society for Training and Development.
		Design a training program	Ford, J. K. (2021). <i>Learning in organizations: An evidence-based approach</i> . New York, NY: Routledge.
		Conduct a leadership style assessment for an organization using a standardized instrument	Northouse, P. G. (2022). <i>Leadership: Theory and practice</i> (9th ed.). Thousand Oaks, CA: Sage Publications, Inc.
		Develop a sustainability plan	Combe, C. (2022). <i>Introduction to global sustainable management</i> . Thousand Oaks, CA: SAGE Publications, Inc.

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
		Engage and document the initiation / development of a community-based project / program / campaign	<p>Alemanno, A. (2017). <i>Lobbying for change: Find your voice to create a better society</i>. London, UK: Icon Books.</p> <p>Brown, M. J. (2006). <i>Building powerful community organizations: A personal guide to creating groups that can solve problems and change the world</i>. Arlington, MA: Long Haul.</p> <p>Center for Community Health and Development. (2022). <i>The community toolbox</i> [Online resource]. Lawrence, KS: University of Kansas. Accessible at https://ctb.ku.edu/en.</p> <p>Green, G. P., & Haines, A. (2016). <i>Asset building & community development</i>. Thousand Oaks, CA: Sage Publications, Inc.</p>
Practice Management	Include solo and group practice		Baumgarten, H. (2017). <i>Private practice essentials: Business tools for mental health professionals</i> . Eau Claire, WI: PESI Publishing & Media.
Program planning, implementing, & evaluation (primary focus)	Include health theories, program development and project management software, Geographic Information System (GIS) software, finance / budgeting management, public affairs, marketing.		<p>Calley, N. G. (2010). <i>Program development in the 21st century: An evidence-based approach to design, implementation, and evaluation</i>. Thousand Oaks: Sage Publications, Inc.</p> <p>Centers for Disease Control and Prevention. (2006). <i>CDCynergy social marketing edition, version 2.0: Your guide to audience-based program planning</i> [CD-ROM]. Atlanta, GA: Centers for Disease Control and Prevention.</p> <p>Center for Community Health and Development. (2022). <i>The community toolbox</i> [Online resource]. Lawrence, KS: University of Kansas. Accessible at https://ctb.ku.edu/en.</p> <p>National Cancer Institute (2005). <i>Theory at a glance: A guide for health promotion practice</i>. Bethesda, MD: National Cancer Institute.</p> <p>PolicyMap (2022). <i>PolicyMap</i> [Mapping application and analytical platform]. https://www.policymap.com/.</p>

Table 3 (continued).

Business Disciplines	Comments	Learning Activities	Learning Resources
Public affairs			<p>Bardach, E., & Patashnik, E. M. (2020). <i>A practical guide for policy analysis: The eightfold path to more effective problem solving</i>. Thousand Oaks, CA: Sage Publications, Inc.</p> <p>Libby, P. (2021). <i>The lobbying strategy handbook: 10 steps to advancing any cause effectively</i>. New York, NY: Oxford University Press.</p> <p>PolicyMap (2022). <i>PolicyMap</i> [Mapping application and analytical platform]. https://www.policymap.com/.</p> <p>Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). <i>Health policy and analysis</i>. New York, NY: Springer Publishing Company.</p>
Strategic management	<p>Cover both the SWOT- and SOAR-based models.</p> <p>Include Geographic Information System (GIS) software.</p>		<p>Ginter, P. M., Duncan, W. J., & Swayne, L. E. (2018). <i>The strategic management of health care organizations</i>. Hoboken, NJ: John Wiley & Sons.</p> <p>PolicyMap (2022). <i>PolicyMap</i> [Mapping application and analytical platform]. https://www.policymap.com/.</p> <p>Stavros, J. M., & Hinrichs, G. (2021). <i>Learning to SOAR: Creating strategy that inspires innovation and engagement</i>. SOAR Institute.</p>
Sustainable management			<p>Combe, C. (2022). <i>Introduction to global sustainable management</i>. Thousand Oaks, CA: SAGE Publications, Inc.</p>
Systems theories for managers & leaders			<p>Lawrence, P. (2021). <i>Coaching systemically: Five ways of thinking about systems</i>. New York, NY: Routledge.</p>

- The increased number of suggestions made regarding “Practical / applied experience” including that it be in a setting that meets the four core Interprofessional Collaboration Competencies and Domains. Additionally, mention was made that the assignment be reflective of Boyer’s (1990) scholarship of engagement where the student connects / applies knowledge and skills to the understanding and solving of a community’s or organization’s pressing problems. And finally, that the assignment venture beyond andragogy (self-directed) learning and be more reflective of heutagogy (self-determined, self-managed learning where learners identify, plan, and monitor their own learning, and engage in reflection and self-evaluation).

Other / General Suggestions

This section of the research findings includes four suggestions that fall outside of the themes and courses:

1. Establish a joint degree program or encourage students to acquire an accredited administration-focused degree on their own:
 - Master of Business Administration (MBA) accredited by the Association to Advance Collegiate Schools of Business (AACSB)
 - Master of Health Administration (MHA) accredited by the Commission on Accreditation of Healthcare Management Education (CAHME)
 - Master of Public Administration (MPA) accredited by the National Association of Schools of Public Affairs and Administration (NASPAA)

- Master of Public Health (MPH) or Doctor of Public Health (DrPH) in health administration accredited by the Council on Education for Public Health (CEPH)
2. For those in, or wishing to enter academic administration, encourage students to complete an academic leadership development program offered by one of the following:
- Academic Impressions
 - American Association of Backs in Higher Education Leadership and Mentoring Institute
 - American Association of Hispanics in Higher Education
 - American Association of State Colleges and Universities
 - American Council on Education
 - Arizona State University Academy for Innovative Higher Education Leadership
 - Council of Independent Colleges
 - Harvard Graduate School of Education
 - HERS Institute for Women in Higher Education
3. Have course learning activities that qualify as authentic assignments. Two of the respondents shared the following definition from their university: “An authentic assignment is one that requires application of what students have learned to a new situation, and that demands judgment to determine what information and skills are relevant and how they should be used. Authentic assignments focus on messy, complex, real-world situations and their accompanying constraints; they involve a

real-world audience of stakeholders or ‘client’ as well.” (Indiana University Bloomington, 2022)

4. Ensure that each course addresses theory, research, and practice / application, and utilizes a mixture of learning modalities such as lecturette, seminar, laboratory.

Summarized Responses to the Research Questions

Research Question 1

What components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program?

As outlined in Table 2, thirty-eight business disciplines / topical areas were suggested by the panel of experts of which eight were perceived as themes that should run throughout the curriculum thereby leaving thirty business disciplines. Of these thirty, six were perceived as being the primary focus of a course, ten as constituting a major component of a course, and fourteen as the primary focus of a class session / module.

Figure 1 displays the remaining thirty areas under the theoretical framework adopted for this study, i.e., Bronfenbrenner’s biological systems theory of human development. Here Bronfenbrenner’s theory is applied to the MFT in the environments of business and their corresponding disciplines. With the MFT at the center of the figure and moving outwards, the microsystem can be equated to the management environment, the mesosystem being akin to the organizational environment, the exosystem consisting of the external environment, and the macrosystem which extends globally to include the ecological planetary sphere. The macrosystem is therefore reflective of an environment

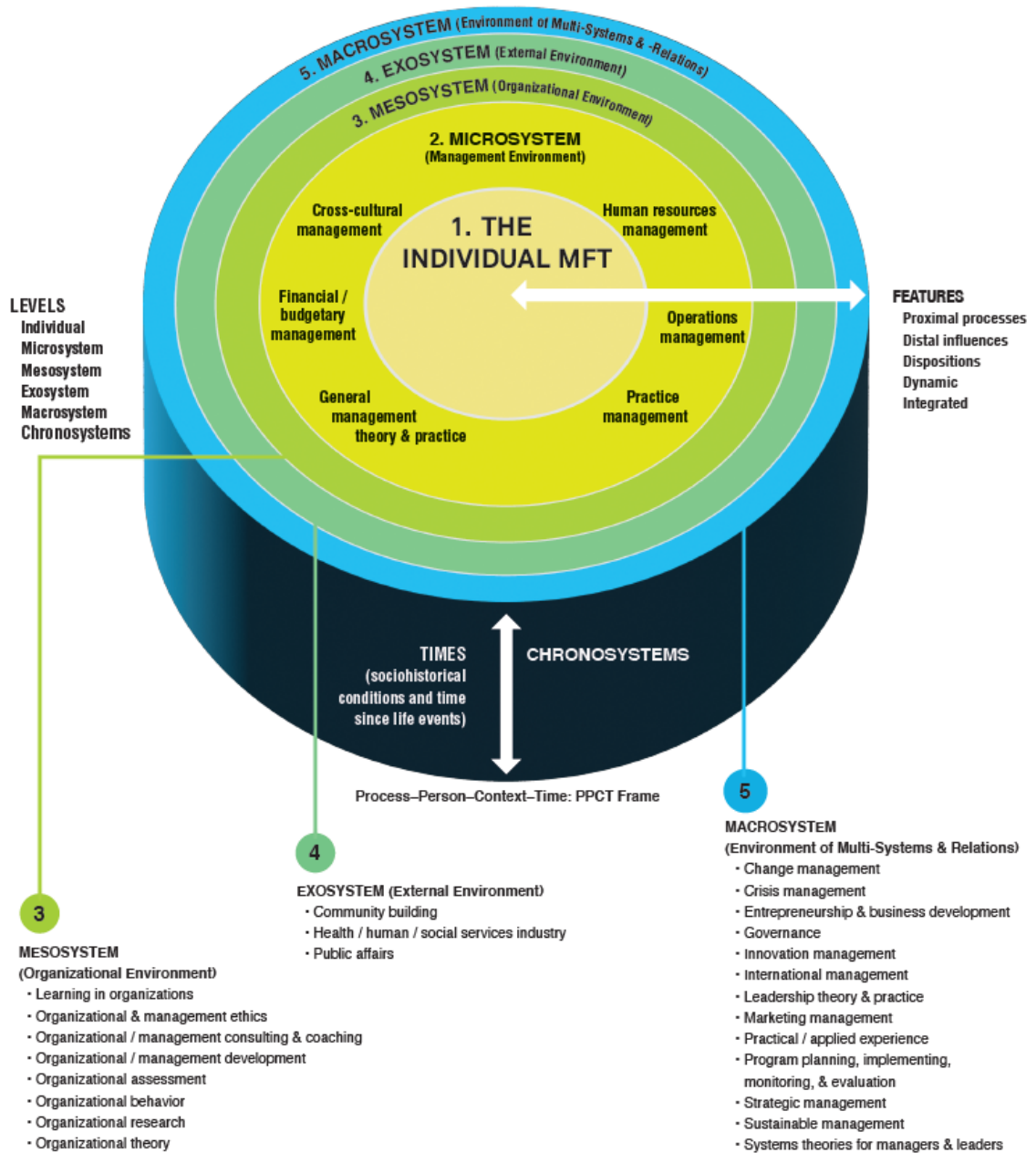


Figure 1. Bronfenbrenner’s bioecological systems theory of human development applied to the MFT in environments of business and their corresponding disciplines.

of multi-systems and multi-relations. However, all these systems / environments can potentially interact / are impacted by each other (as depicted by the arrow in the figure).

The figure also includes Bronfenbrenner's Process-Person-Context-Time (PPCT) components which acknowledges the influence of different systems / environments and their temporal dimension. In sum, all the foregoing, and their corresponding business disciplines, should be considered in the development of the MFT as an actor in business / organizational settings.

Research Question 2

What training should MFTs have to effectively work in organizational / business settings and with organizational / business issues in the role of clinician, administrator/manager, consultant, coach, and researcher?

- Training with certain themes throughout the curriculum
 - Collaborative / integrated continuum of care
 - Competency-driven perspective
 - Evidence-based practice
 - MFT as scholar-practitioner, advocate, change agent, leader, innovator
 - Inter- and trans-disciplinary perspective
 - Paradoxical thinking / mindset
 - Professional socialization
 - Social and environmental justice
- Training in five key areas
 - Entrepreneurship and business development

- General management theory and practice
- Organizational / management development
- Organizational behavior
- Program planning, implementation, monitoring, and evaluation.
- Practical / applied experience that involves interprofessional collaboration, scholarship of engagement, and is reflective of heutagogy
- Additional degree / leadership development program
- Training with authentic assignments
- Training with courses addressing theory, research, practice, and a mixture of learning modalities

Discussion

Having reviewed the findings of this Delphi study, this next section will attempt to relate some selected results to the literature. Specifically, four of the themes and four of the business disciplines will be discussed in light of relatively recent related research addressing these areas.

Themes

MFT as Scholar-Practitioner, Advocate, Change Agent, Leader, Innovator, and Social and Environmental Justice

In the last few years, there has been a body of research that has emerged primarily that has focused on professional doctorates (in English-speaking countries) which can be

defined as “...research degrees for advanced practitioners that are grounded in professional practice” (Costley & Boud, 2021, p. 223). (As noted by Jones, 2018, these professional doctorates are also known as applied doctorates, practitioner doctorates, and clinical doctorates.) The results of this body of research reinforces some of the thematic responses made in this Delphi study. Jones (2018), for example, argues that the professional doctorate can serve “...as the vehicle supreme for creating connections for innovation and research...” and its holders can “...be the key to unlocking future opportunities due to their industry-centric perspective and their abilities to bridge professional networks...” between the realms of ideas and practical affairs (p. 822). Jones contends that knowledge and innovation requires a better connection between the two realms.

Costley and Boud (2021), on the other hand, view ...” practitioner-researchers as agents of social action and change through the production of knowledge that could lead to increased impact and achievement of social justice and contribute to the development of organizations, professions, and community” (p. 226). In sum, there is a need to link professionals’ practice and research thereby creating a scholar-practitioner (Armsby, Costley, & Cranfield, 2018).

Inter- and Trans-Disciplinary Perspective

Much of the realm of practical affairs involves problems of uncertain solution and a variety of stakeholders which requires a transdisciplinary perspective (Costley & Pizzolato, 2018). This is a position that was also reflected in the themes that emerged from the Delphi study. This calls for knowledge production that goes beyond

disciplinary and occupational boundaries and involves a complex interplay of utilitarian and communitarian discourses to satisfy as many people as possible and to care for the community (Armsby, Costley, & Cranfield, 2018). This requires breaking with the idea of discipline-based methodologies (Costley & Pizzolato, 2018). Furthermore, inter- and trans-disciplinarity allows the practitioner to go beyond an epistemological stance and adopt an ontological stance with enriched capacities to know how to be, know how to do, and know how to become (Pasquier & Nicolescu, 2019).

Professional Socialization

Here again, this theme that emerged from the Delphi study is consistent with Jones' (2018) view that ... "socialization and communities of practice are integral components of the learning journey and the doctoral experience" for students pursuing a professional doctorate (p. 819).

Business Disciplines

The expansive view taken by the panel of experts is clearly consistent with the results of AAMFT's Marriage and Family Therapist Workforce Study 2022 (American Association for Marriage and Family Therapy, 2022). The workforce study reported that 46% described their primary work setting as "individual practice," 16% reported "group practice," 16% listed "agency/community mental health center," 10% reported "school/college/university," 2% mentioned "hospital," and 9% other. This expanded view was particularly reflected in the following four business disciplines.

Entrepreneurship and Business Development

While there is largely an absence in the literature pertaining to entrepreneurship for psychotherapists whose majority (like MFTs) go into private practice (individual or group), Reese, Young, & Hutchinson (2013) discuss their experience in creating and conducting an “Entrepreneurship in Clinical Settings” course for counselors. The assignments focus on the development of an individualized business plan. As for the teaching entrepreneurship, Menzies (2011) has developed a model that builds on Bronfenbrenner’s developmental theory that takes into consideration: the self, the context of the learner, cognitive interaction with the environment, and interaction between the self and others.

The respondents of the Delphi study, on the other hand, went further in suggesting that doctoral students not only be exposed to practice entrepreneurship and the development of a private practice, but that they also be familiar with corporate, nonprofit, public, and social entrepreneurship.

General Management Theory and Practice

Similarly, there is limited literature pertaining to the establishment of a course in the management of a private practice. One exception is the American Psychological Association’s (2008) model course syllabus for “Business Issues in Professional Psychology” for clinicians (Novotney, 2009). The recommended topics include: legal / ethical issues, the business of practice, marketing strategies, career opportunities, and personal/professional issues.

In contrast, the Delphi study respondents suggested that MFT doctoral students be familiar with management theory and practice and its application to private practices, programs, and organizations in general.

Organizational Behavior

Again, the recommendation on the part of the Delphi study participants is consistent with the literature. Dellve and Eriksson (2017), for example, also used Bronfenbrenner's socio-bio-ecologic model in their study in that it acknowledges the interconnectedness between individuals, the workplace, and organizational and societal conditions. Among their conclusions was the need for high-quality leadership with knowledge of health-promoting interventions that lead toward improving workers' well-being and engagement, and that understands the interactions between individuals, groups, and organization factors – essentially the focus of the organizational behavior discipline.

Practical / Applied Experience Involving

Interprofessional Collaboration

This recommendation on the part of the panel experts is consistent with Costley & Pizzolato's (2018) view that "TD (transdisciplinary) teams (a practice that is growing particularly in the fields of environmental sustainability, medical / health, education, policy, and social research) integrates researchers coming from different professional cultures and disciplinary subfields" (p. 33). Or as stated by Jones (2018, p. 817), "New generation models are starting to emerge, where the professional doctorate relies on

partnerships and interdependencies with professional bodies and organizations... These new generation models incorporate a portfolio approach, more industry-relevant deliverables, and a greater emphasis on applied research. The focus of this model of the professional doctorate is to create knowledge for the workplace” and community.

Scholarship of Engagement

With respect to this component suggested by the Delphi panel, Costley & Pizzolato (2018) reminds us that Boyer’s call for a scholarship in which knowledge is applied to problems should be one of the hallmarks of practice doctorates.

Reflective of Heutagogy

Combining the Delphi panel’s view with the view of Costley and Boud (2018), we can state that professional doctoral education involves self-determined learning that demonstrates practice as research.

Limitations and Future Research

Because of the limitations inherent in Delphi studies, several areas of future exploration and research exist. First, the responses to these questionnaires are not representative of all persons who are experts in this area and signify only the ideas and opinions of these particular panelists. Secondly, because of the diversity in the training and backgrounds of the panelists, there are possible biases that have affected this study. Thirdly, a Delphi study is limited in its scope of examination in that it provides expansive recommendations rather specific teaching and learning interventions.

But aside from these limitations which suggest further study, there is also the need to provide evidence as to the value of professional doctorates. As Hawkes & Yerrabati's (2018) systematic literature review reveals, there is a need to move beyond individual case studies of practice and move toward developing principles of practice for professional doctorates as a whole. This would call for academics to be able to measure the impacts and outcomes of their professional doctoral programs – which would require having the tools, frameworks, benchmarks, and guidelines to be able to do so (McSherry et al., 2019). Then there is also the need to evaluate the impact of programs such that it goes beyond individual practitioners and their own professional lives, and instead investigates the impact on the workplace itself and on practice in its field of application (Boud, Fillery-Travis, Pizzolato, & Sutton, 2018). However, research involving business and organizational environments – which is the setting of this Delphi study -- presents additional challenges (Creaton & Anderson, 2021). Investigating the impact of the professional doctorate on managers' professional practice is a complex undertaking as it involves the following components and their interplay: personal dimensions, professional influencers, and construction processes.

Implications and Recommendations

This final section of the chapter will address the implications stemming from the findings of the Delphi study to the MFT doctoral program at University X. The program is already an established one and has been for a number of years. Hence, an attempt was made on my part to honor the current curricular structure while simultaneously honoring the spirit of the experts' suggestions.

As previously discussed, six business disciplines were recommended by the Delphi panel -- each to be the primary focus of a course. Currently, University X's MFT program already has courses in four of the business disciplines. This leaves two business disciplines unaddressed (Organizational Behavior, and Entrepreneurship and Business Development). But in order not to increase the current number of total credits in the current curriculum and still add these two business disciplines, one possible solution might be to combine the research methods courses into one course (with the possible course title of "Qualitative and Quantitative Research Methods), as well as combine the two program-focused courses into one course (with the possible title of "Program Development, Design, Evaluation, and Monitoring").

Table 4 reflects the foregoing as well as assigns the other business disciplines that were deemed to only be part of a course to one of the six business disciplines judged to be the primary focus of a course.

Table 4. Connecting business disciplinary areas (29) to courses specific to an MFT doctoral program at university X.

Business Areas / Courses	Foundations of Systems Thinking	Teaching & Learning in Higher Education and Organizations	MFT Administration	MFT & Organizational Assessment	Organizational Development & Change	Program Development, Design, Evaluation, & Monitoring (two courses combined)	Qualitative & Quantitative Research Methods (two courses combined)	Organizational Behavior (new course)	Entrepreneurship and Business Development (new course)	Professional Internship
Microsystem (Management Environment)										
Cross-cultural management			X		X	X		X	X	
Financial / budgetary management			X			X			X	
General management theory & practice (primary focus)			X							
Human resources management			X		X			X		
Operations management			X			X			X	
Practice management			X						X	
Mesosystem (Organizational Environment)										
Learning in organizations		X								
Organizational & management ethics			X		X			X	X	
Organizational / management consulting & coaching					X					

Table 4 (continued).

Business Areas / Courses	Foundations of Systems Thinking	Teaching & Learning in Higher Education and Organizations	MFT Administration	MFT & Organizational Assessment	Organizational Development & Change	Program Development, Design, Evaluation, & Monitoring (two courses combined)	Qualitative & Quantitative Research Methods (two courses combined)	Organizational Behavior (new course)	Entrepreneurship and Business Development (new course)	Professional Internship
Organizational / management development (primary focus)					X					
Organizational assessment				X						
Organizational behavior (primary focus)								X		
Organizational research							X			
Organizational theory								X		
Exosystem (External Environment)										
Community building					X	X			X	
Health / human / social services industry									X	
Public affairs						X			X	
Macrosystem (Environment of Multi-Systems & -Relations)										
Change management					X					

Table 4 (continued).

Business Areas / Courses	Foundations of Systems Thinking	Teaching & Learning in Higher Education and Organizations	MFT Administration	MFT & Organizational Assessment	Organizational Development & Change	Program Development, Design, Evaluation, & Monitoring (two courses combined)	Qualitative & Quantitative Research Methods (two courses combined)	Organizational Behavior (new course)	Entrepreneurship and Business Development (new course)	Professional Internship
Crisis management			X					X		
Entrepreneurship & business development (primary focus)									X	
Governance			X							
Innovation management									X	
International management					X			X		
Leadership theory & practice			X							
Marketing management			X			X			X	
Practical / applied experience (primary focus)										X
Program planning, implementing, monitoring, & evaluation (primary focus)						X				
Strategic management			X							
Sustainable management									X	

Table 4 (continued).

Business Areas / Courses	Foundations of Systems Thinking	Teaching & Learning in Higher Education and Organizations	MFT Administration	MFT & Organizational Assessment	Organizational Development & Change	Program Development, Design, Evaluation, & Monitoring (two courses combined)	Qualitative & Quantitative Research Methods (two courses combined)	Organizational Behavior (new course)	Entrepreneurship and Business Development (new course)	Professional Internship
Systems theories for managers & leaders	X									

CHAPTER SIX

THE APPLICATION

Introduction

This chapter is comprised of four course syllabi corresponding to the following: MFT Administration, Organizational Development and Change, Organizational Behavior, and Entrepreneurship and Business Development (note: the DMFT project proposal indicated three, but ultimately, I decided to add one more). For the two courses that currently exist at University X (MFT Administration, and Organizational Development and Change), some changes have been made to the course title and description to more closely reflect the suggestions of the Delphi panel. In these two courses, as well as the two proposed courses (Organizational Behavior, and Entrepreneurship and Business Development), connections are not made to any of the AAMFT core competencies or domains. As stated in Chapter 1, with the exception of program development, the current competencies / domains do not address any business / management / organizational issues.

Marital and Family Therapy Administration

University
School / College
Department
Program

Term / Year
Dates
Day / Time
Modality / Location

Course: Marital and Family Therapy Administration

Instructor

Office
Office Hours
Contact Details

Course Description: Prepares MFT doctoral students to manage and lead human-social-health service programs, organizations, and private practices. Mission-based management and mission-driven leadership frameworks guide students in examining strategic planning as a method for creating organizational change and accountability to stakeholders.

Units: Three

Prerequisite(s): None

Course Objectives and Expected Learning Outcomes. At the conclusion of the course, students will be able to:

1. Analyze the management process of human-social-health programs, organizations, and private practices.
2. Apply management concepts, theories, and methodologies to human-social-health programs, organizations, and private practices.
3. Recognize leadership as a relational / collaborative /collective process rather than a position or individual endeavor.
4. Identify the similarities and differences between various leadership theories.
5. Apply the concepts and principles of various leadership theories to the practice of leadership in the various levels of human-social-health organizations.
6. Develop a personal leadership definition, philosophy, style, and theory.

7. Assess and develop one's leadership and management skills.

Course Format: Lecture and seminar

Learning Resources

Bookstore

Bolman, L. G., & Deal, T. E. (2021). *Reframing organizations: Artistry, choice, and leadership*. Hoboken, NJ: John Wiley & Sons.

Brody, R., & Nair, M. (2014). *Effectively managing and leading human service organizations*. Thousand Oaks, CA: SAGE Publications, Inc.

Lewis, J. A., Packard, T. R., & Lewis, M. D. (2012). *Management of human service programs*. Belmont, CA: Brooks/Cole Cengage Learning.

Northouse, P. G. (2022). *Leadership: Theory and practice* (9th ed.). Thousand Oaks, CA: Sage Publications, Inc.

Course Website

Avolio, B. J. (2005). *Leadership development in balance: Made/born* (p. 195). Mahwah, NJ: Lawrence Erlbaum Associates.

Barends, E., Rousseau, D. M., & Briner, R. B. (2017). Evidence-based management: The basic principles. In A. R. Kovner, & T. A. D'Aunno (Eds.), *Evidence-based management in healthcare: Principles, cases, and perspectives* (pp. 3-20). Chicago, IL: Health Administration Press.

Mackenzie, R. A. (1969). The management process in 3-D. *Harvard Business Review*, November-December.

National Institute of Standards and Technology (2021). *2021-2022 Baldrige excellence framework (health care): Leadership and management practices for high performance*. Gaithersburg, MD: U.S. Department of Commerce.

Stavros, J. M., & Hinrichs, G. (2021). *Learning to SOAR: Creating strategy that inspires innovation and engagement*. SOAR Institute.

Sussman, E. (2015). *Critical business skills for success: Finance and accounting* [Video series]. Chantilly, VA: The Teaching Company.

University Library

PolicyMap (2022). *PolicyMap* [Mapping application and analytical platform]. <https://www.policymap.com/>.

Web

APA Guide at <http://owl.english.purdue.edu/>

Institute for Healthcare Improvement. (2022). *Quality improvement* [online tutorials]. <https://www.ihl.org/education/ihl-open-school/Pages/Curriculum.aspx> .

Course Assignments

1. Attendance and Participation. Students are expected to attend and participate in all class sessions. This entails being present (for the entire session), prepared, and ready to participate. Participation includes such things as demonstrating preparation and familiarity with the readings, offering valuable insights, speaking clearly about complex subjects, synthesizing relevant information, answering questions effectively, posing pertinent questions, as well as listening to other members of the class and building effectively upon their contributions.
2. Application Activities. To increase our administrative skills, we will resort to the competency-building and case activities in the Lewis et al. text. The specific activities and their due dates are listed in the Topical Outline and Schedule section of the syllabus (see below).
3. Case Analysis Tutorial. To orient students to the case study method, each student will be expected to complete an online case tutorial which can be accessed at <https://hbsp.harvard.edu/product/7886-HTM-ENG>.
4. Quality Improvement Tutorials. To complement the textbook readings on the management function of controlling, each student will need to complete a series of five IHI tutorials which can be accessed at <http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx>. The specific tutorials that need to be completed are as follows:
 - a. Introduction to Healthcare Improvement (QI 101)
 - b. How to Improve with the Model for Improvement (QI 102)
 - c. Testing and Measuring Changes with PDSA Cycles (QI 103)
 - d. Interpreting Data: Run Charts, Control Charts, and other Measurement Tools (QI 104)
 - e. Leading Quality Improvement (QI 105)Evidence of completion (in the form of a certificate) will be expected for each of the tutorials.

5. Discussion Facilitation. For the textbook by Northouse, students will take the lead in facilitating the discussion. At our initial class session, we will make assignments for each of the chapters. The discussion facilitator will be expected to provide everyone in the class with an overview of recent research conducted in the human-social-health setting that directly relates to the assigned leadership theory/approach. A typed handout is expected containing an annotated bibliography along with pre-formulated discussion questions to guide and facilitate as well as to make good use of the time allotted for the class discussion.

6. Leadership Theories/Approaches Chart. Using the Northouse text, you will also develop a chart that compares and contrasts each leadership theory/approach against a common set of dimensions. Among the dimensions that you will include are the theory/approach's systemic and relational qualities, its evidence base, its application to the human-social-health services setting and your results and interpretation from the assessment instrument. This chart should prove helpful in preparing your leadership paper.

7. Personal Philosophy of Leadership. This typewritten paper (APA format) will give each student the opportunity to integrate the leadership course material. Included in the paper will be the following two major components:
 - a. Your personal definition of leadership, how leadership relates to management, your theory/approach to leadership, discussion incorporating class readings / resources / presentations / discussions that support or contradict your personal theory/approach, discussion of your personal / professional experiences that have influence your leadership theory/approach, and how your theory/approach is reflective of systemic and relational orientations.

 - b. Based on the leadership questionnaires that you have taken throughout the semester, assess your leadership strengths and weaknesses, identify leadership opportunities, and identify developmental needs and specific actions to help meet those needs in light of your life / career goals. In other words, this section should address the following four questions from a leadership perspective:
 - Who do I want to be?
 - Who am I now?
 - How will I use my strengths to achieve my goals?
 - Who will help me to achieve my goals?

Note: To better understand the relationship and connection between the various components of the paper, please see the handout in the course website entitled "Multi-level view of leadership development."

Weighted Value of Assignments

1. Attendance and Participation (11) %

2. Competency Building Activities (11)	
3. Case Analysis Tutorial	
4. Quality Improvement Tutorials (5)	
5. Discussion Facilitation	
6. Leadership Chart	
7. Leadership Paper	
Total	<hr/> 100%

Policies

Table 5. MFT administration: Topical outline and schedule.

Mod- ule	Date	Topic	To Be Completed Prior To Class					In-Class Activities	
			Readings			Assignments			
			Brody & Nair	Lewis et al.	Bolman & Deal	North- house	Course Website		
1		Introduction						-Review syllabus -Sign-up for discussion facilitations	
		The Need for Management		1					Lecturette 1 & discussion on the readings
		Evidence-Based Management	17				Barends		
		The Management Process					Mackenzie		
		Management versus Leadership	1			1			
2		<i>Application</i>						-Complete Harvard Case Tutorial	Sharing and discussion
								Lewis et al: -Complete Competency Building Activity 1.1 -Prepare to discuss Case Activity 1.1	
		Planning							Lecturette 2
		An Overview of the SWOT- based Model	2						
		Assess the Environment							
		The External Environment		2					
		The Internal Environment		Appen- dix			NIST		
		<i>Trait-Based Leadership</i>				2			Discussion. Facilitator:
	<i>Skills-Based Leadership</i>				3			Discussion. Facilitator:	

Table 5 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class					In-Class Activities		
			Readings			Assignments				
			Brody & Nair	Lewis et al.	Bolman & Deal	North- house	Course Website			
3		<i>Application</i>					Lewis et al: -Complete Competency Building Activity 2.1 -Prepare to discuss Case Activity 2.1	Sharing and discussion		
		Formulate Strategy						Lecture 3		
		Mission Statement								
		Vision Statement								
		Values Statement								
		Goals and Objectives								
		Strategic Alternatives								
		Strategic Analysis								
		Strategic Choice								
		Making Sense of Organizations			1-2				Discussion	
		<i>Behavioral-Based Leadership</i>						4	Discussion. Facilitator:	
		<i>Situational Leadership</i>							5	Discussion. Facilitator
4		<i>Application</i>					Lewis et al: -Complete Competency Building Activity 3.1 -Prepare to discuss Case Activity 3.1	Sharing and discussion		
		Implement Strategy						Lecturette 4		
		Programs	3	3						
		Action Plans	4							
		Budgeting and Finance	13-16	8			Sussman			
		Policies and Procedures								
		Information Systems		9						
		An Alternative Approach: SOAR					Stavros		Discussion	
		<i>Path-Goal Leadership</i>							6	Discussion. Facilitator:
		<i>Member Exchange Leadership</i>							7	Discussion. Facilitator:

Table 5 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class					In-Class Activities
			Readings				Assignments	
			Brody & Nair	Lewis et al.	Bolman & Deal	North- house		
5		<i>Application</i>					Lewis et al: -Complete Competency Building Activity 8.1 -Prepare to discuss Case Activity 8.1 -Complete Competency Building Activity 9.1 -Prepare to discuss Case Activity 9.1	Sharing and discussion
		Organizing		4				Lecturette 5
		Structural Types		5				
		Governing Board	12					
		Clinical Staff Arrangements						
		The Structural Frame			3-5			Discussion
		<i>Transformational Leadership</i>				8		Discussion. Facilitator:
		<i>Authentic Leadership</i>				9		Discussion. Facilitator:
6		<i>Application</i>					Lewis et al: -Complete Competency Building Activity 4.1 -Prepare to discuss Case Activity 4.1 -Complete Competency Building Activity 5.1 -Prepare to discuss Case Activity 5.1	Sharing and discussion
		Staffing	5	6				Lecturette 6
		Recruit and Select						
		Orient						
		<i>Servant Leadership</i>				10		Discussion. Facilitator:
		<i>Adaptive Leadership</i>				11		Discussion. Facilitator:

Table 5 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class					In-Class Activities
			Readings			Assignments		
			Brody & Nair	Lewis et al.	Bolman & Deal	North- house	Course Website	
7		<i>Application</i>					Lewis et al: Complete Competency Building Activity 6.1 AND prepare to discuss Case Activity 6.1	Sharing and discussion
		Train and Develop						Lecturette 7
		Retain						
		The Human Resource Frame			6-8			Discussion
		<i>Inclusive Leadership</i>				12		Discussion. Facilitator:
		<i>Follower Leadership</i>				13		Discussion. Facilitator:
		<i>Gender-Based Leadership</i>				14		Discussion. Facilitator:
		<i>Ethical Leadership</i>				15		Discussion. Facilitator:
8		Directing						Lecturette 8
		Delegate	6					
		Motivate		7				
		Coordinate	8-9, 11					
		The Political Frame			9-11			Discussion
	<i>Team-Based Leadership</i>				16		Discussion. Facilitator:	
9		<i>Application</i>					Lewis et al: Complete Competency Building Activity 7.1 AND prepare to discuss Case Activity 7.1	Sharing and discussion
		Create and Sustain Culture	18, 19					Lecturette 9
		Manage Differences	10					
		Manage Change		11				
		The Symbolic Frame			12-14			Discussion
		<i>Leadership</i>					Leadership Chart	

Table 5 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class					In-Class Activities
			Readings			Assignments		
			Brody & Nair	Lewis et al.	Bolman & Deal	North- house	Course Website	
10		<i>Application</i>					Lewis et al: -Prepare to discuss Case Activity 11.1	Sharing and discussion
		Lead					Personal Leadership Philosophy Paper	Discussion
		Controlling						
		Improve Leadership		15-20				Lecturette 10
11		Monitor Programs		10				
		Monitor Quality					Quality tutorials (QI 101-105) at http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx Be sure to download and submit certificate of completion for each of the tutorials	
		Monitor for Crises						
		Monitor Staff Performance		7				
		<i>Application</i>					Lewis et al: -Complete Competency Building Activity 10.1 -Prepare to discuss Case Activity 10.1	Sharing and discussion
	Integration		12				Lecturette 11	

Organizational Development and Change

University
School / College
Department
Program

Term / Year
Dates
Day / Time
Modality / Location

Course: Organizational Development and Change

Instructor

Office
Office Hours
Contact Details

Course Description: Focus on system consultation and professional relations. Integrates organizational change theories and practice assessments in organizational settings. Assists students in integrating organizational theory, behavior, assessment, and change knowledge in practical settings.

Units: Three

Prerequisite(s): None

Course Objectives and Expected Learning Outcomes. At the conclusion of the course, students will be able to:

1. Apply principles of systems thinking and relevant theories that are foundational to organizational development and change.
2. Apply organizational development principles, concepts, and interventions to specific cases and organizational settings.
3. Apply current research concerning individuals, groups, and organizations to the process of change.
4. Design and plan the implementation of multiple organizational development interventions.
5. Evaluate and assess organizational development and change programs.

Course Format: Seminar. Seminar which is defined as follows: A group of students studying under a professor with each doing research and analysis and all exchanging ideas/reports through critical thinking and dialogue.

Learning Resources

Bookstore

Anderson, D. L. (2020). *Organization development: The process of leading organizational change*. Thousand Oaks, CA: SAGE Publications, Inc.

Hodges, J. (2021). *Managing and leading people through organizational change: The theory and practice of sustaining change through people*. New York, NY: Kogan Page Publishers.

Course Website

Hammond, S. A. (2013). *The thin book of appreciative inquiry* (3rd ed.). Bend, OR: Thin Book Publishing Co.

Web

APA Guide at <http://owl.english.purdue.edu/>

Roberto, M. A. (2022). *Case companion* [Online tutorial]. <https://hbsp.harvard.edu/product/7886-HTM-ENG> . (Note: There is a \$5 fee)

Selected Recommended Resources

Fields, D. L. (2013). *Taking the measure of work: A guide to validated scales for organizational research and diagnosis*. Charlotte, NC: Information Age Publishing Inc.

Ford, J. K. (2021). *Learning in organizations: An evidence-based approach*. New York, NY: Routledge.

Holman, P., Devane, T., & Cady, S. (2007). *The change handbook: Group methods for shaping the future*. San Francisco, CA: Berrett-Koehler Publishers.

Peltier, B. (2010). *The psychology of executive coaching: Theory and application* (2nd ed.). New York, NY: Taylor & Francis Group.

Sears, R. W., Rudisill, J., & Mason-Sears, C. (2006). *Consultation skills for mental health professionals*. Hoboken, NJ: John Wiley & Sons.

Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). *A practical guide to needs assessment*. John Wiley & Sons and American Society for Training and Development.

Course Assignments

1. Attendance and Participation. Students are expected to attend and participate in all class sessions. This entails being present (for the entire session), prepared, and ready to participate. Participation includes such things as demonstrating preparation and familiarity with the readings, offering valuable insights, speaking clearly about complex subjects, synthesizing relevant information, answering questions effectively, posing pertinent questions, as well as listening to other members of the class and building effectively upon their contributions.
2. Case Analysis Tutorial. To orient students to the case study method, each student will be expected to complete an online case tutorial which can be accessed at <https://hbsp.harvard.edu/product/7886-HTM-ENG>.
3. Cases. To assist us in applying the concepts from the textbook chapters and to prepare us for the class discussions, we will each compose responses to the cases that can be found at the end of the chapters (see the schedule below for specifics).
4. Discussion Facilitation. Each of the modules (with each dedicated to a set of topics corresponding to the assigned readings) will be led by a student. At our initial class session, we will make assignments for each of the modules. The discussion facilitator will be expected to provide everyone in the class with an overview of recent research conducted in the human-social-health setting that directly relates to the module's topics. A typed handout is expected containing an annotated bibliography along with preformulated discussion questions to guide and facilitate as well as to make good use of the time allotted for the class discussion.

Weighted Value of Assignments

1. Attendance and Participation	%
2. Case Analysis Tutorial	
3. Cases (11)	
4. Discussion Facilitation	—
Total	100%

Policies

Table 6. OD and change: Topical outline and schedule.

Mod- ule	Date	Topic	To Be Completed Prior To Class		In-Class Activities
			Reading		
			Anderson	Hodges	
1		Introduction			Review syllabus Sign up for discussion facilitation
		What is Organization Development	1	Compose responses to Case 1 (in Anderson)	Discussion of the reading Case discussion
2		History of Organization Development	2		
		Core Values & Ethics of Organization Development	3	Case tutorial Compose responses to Case 2 (in Anderson)	Case discussion
		<i>The Context and Nature of Change</i>		Intro & 1	
					Discussion facilitator:
3		Foundations of Organizational Change	4	Compose responses to Case 3 (in Anderson)	Case discussion
		The Organization Development Practitioner and the OD Process	5	Read Hammond (see course website)	
		<i>The Impact of Organizational Change on Emotions</i>		2	
					Discussion facilitator:
4		Entry and Contracting	6	Compose responses to Ch 6 Exercise in Anderson (p. 144-145)	Discussion of assignment
		<i>Individual Sense-Making Processes Regarding Change</i>		3	
					Discussion facilitator:
5		Data Gathering	7	Compose responses to Case 4 (in Anderson)	Case discussion
		<i>Leading People Through Change</i>		4	
					Discussion facilitator:

Table 6 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class		In-Class Activities	
			Reading			
			Anderson	Hodges		
6		Diagnosis and Feedback	8		Compose responses to Case 5 (in Anderson)	Case discussion
		An Introduction to Interventions	9			
		<i>Fostering Commitment and Ownership of Change</i>		5		
						Discussion facilitator:
7		Individual Interventions	10		Compose responses to Case 6 (in Anderson)	Case discussion
		<i>Engaging People Through Dialogue Regarding Change</i>		6		
						Discussion facilitator
8		Team Interventions	11		Compose responses to Case 7 (in Anderson)	Case discussion
		<i>Changing Elements of the Organization's Culture</i>		7		
						Discussion facilitator:
9		Whole Organization and Multiple Organization Interventions	12		Compose responses to Case 8 (in Anderson)	Case discussion
		<i>Building Capacities for Sustaining Change</i>		8		
						Discussion facilitator:
10		Organization Culture and Design Interventions	13		Compose responses to Case 9 (in Anderson)	Case discussion
		Sustaining Change, Evaluating, and Ending Engagement	14			
		<i>Sustaining Change</i>		9		
						Discussion facilitator:
11		Global Issues in Organization Development	15		Compose response to Case 10 (in Anderson)	Case discussion
		The Future of Organization Development	16			
						Discussion facilitator:

Organizations: Behavior, Structure, Processes

University
School / College
Department
Program

Term / Year
Dates
Day / Time
Modality / Location

Course: Organizations: Behavior, Structure, Processes

Instructor

Office
Office Hours
Contact Details

Course Description: Helps students understand how organizations operate and how different contingency factors can affect the choices managers make. Covers essential theories and concepts of organizational behavior for contemporary management. Treats behavioral processes with reference to organizational structure and design. Larger systems theory and leadership skills.

Units: Three

Prerequisite(s): None

Course Objectives and Expected Learning Outcomes. At the conclusion of the course, students will be able to:

1. Apply organizational behavior concepts and methodologies to organizational settings.
2. Analyze organizations from the perspective of organizational behavior theory.
3. Assess an organization in terms of its structure, processes, and behaviors.
4. Demonstrate critical thinking and problem-solving skills involving the assessment of an organization's environment, identification and analysis of its key organizational issues, development and evaluation of alternative approaches to address its key organizational issues, formation of a recommendation with implementation specifics, and the identification of possible consequences along with contingency actions.

Course Format: Seminar which is defined as follows: A group of students studying under a professor with each doing case study analysis and all exchanging ideas/reports through critical thinking and dialogue.

Learning Resources

Bookstore

Morgan, G. (2006). *Images of organization*. Thousand Oaks, CA: Sage Publications, Inc.

Robbins, S. P. & Judge, T. A. (2023). *Organizational behavior*. New York, NY: Pearson.

Web

APA Guide at <http://owl.english.purdue.edu/>

Roberto, M. A. (2022). *Case companion* [Online tutorial]. <https://hbsp.harvard.edu/product/7886-HTM-ENG> . (Note: There is a \$5 fee)

Recommended

Fields, D. L. (2013). *Taking the measure of work: A guide to validated scales for organizational research and diagnosis*. Charlotte, NC: Information Age Publishing Inc.

Ford, J. K. (2021). *Learning in organizations: An evidence-based approach*. New York, NY: Routledge.

Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). *A practical guide to needs assessment*. John Wiley & Sons and American Society for Training and Development.

Course Assignments

1. Attendance and Participation. Students are expected to attend and participate in all class sessions. This entails being present (for the entire session), prepared, and ready to participate. Participation includes such things as demonstrating preparation and familiarity with the readings, offering valuable insights, speaking clearly about complex subjects, synthesizing relevant information, answering questions effectively, posing pertinent questions, as well as listening to other members of the class and building effectively upon their contributions.
2. Discussion Leadership. Each of the modules (with each dedicated to a particular set of topics from the chapter readings from both texts) will be led by a student. At our initial class session, we will make assignments for each of the chapters. The discussion facilitator will be expected to provide everyone in the class with an overview of recent research conducted in the human-social-health setting that directly

relates to the assigned module's topics. A typed handout is expected containing an annotated bibliography along with preformulated discussion questions to guide and facilitate as well as to make good use of the time allotted for the class discussion.

3. Case Analysis Tutorial. To orient students to the case study method, each student will be expected to complete an online case tutorial which can be accessed at <https://hbsp.harvard.edu/product/7886-HTM-ENG>.
4. Case Incident Discussions. To assist us in applying the concepts from most of the textbook chapters, we will each come prepare to class to discuss the Case Incident that can be found at the end of the chapters.
5. Comprehensive Case Analysis. For five of the chapters, however, we will instead apply the concepts to one of the Comprehensive Cases. For these cases, typed responses to the questions posed at the end of each case will be expected.

Weighted Value of Assignments

1. Attendance and Participation	%
2. Discussion Leadership	
3. Case Analysis Tutorial	
4. Case Incident Discussions (12)	
5. Comprehensive Case Analysis (5)	_____
Total	100 %

Policies

Table 7. Organizations: Topical outline and schedule.

Mod- ule	Date	Topic	Readings		To be Completed Prior To Class		In-Class Activities
			Robbins & Judge	Morgan	Assignments (Refer to Robbins & Judge chapter or case unless otherwise noted)		
1		Introduction: What is Organizational Behavior?	1		Prepare to discuss end-of-chapter Case Incident	Review syllabus Sign-up for discussion facilitation Discussion of Case Incident	
2		The Individual					
		Diversity, Equity, and Inclusion in Organizations	2		Complete Harvard Case Tutorial Prepare to discuss end-of-chapter Case Incident	Case Incident	
		Job Attitudes	3		Prepare to discuss end-of-chapter Case Incident	Case Incident	
		<i>Introduction to Images of Organization</i>		1			
		<i>Organizations as Machines</i>		2			
						Discussion Facilitator:	
3		Emotions and Moods	4		Prepare to discuss end-of-chapter Case Incident	Case Incident	
		Personality and Individual Differences	5		Prepare to discuss end-of-chapter Case Incident	Case Incident	
		<i>Organizations as Organisms</i>		3			
		<i>Organizations as Brains</i>		4			
						Discussion Facilitator:	

Table 7 (continued).

Mod- ule	Date	Topic	To be Completed Prior To Class		In-Class Activities	
			Readings			Assignments (Refer to Robbins & Judge chapter or case unless otherwise noted)
			Robbins & Judge	Morgan		
4		Perception and Individual Decision Making	6		Prepare to discuss end-of-chapter Case Incident	Case Incident
		Motivation Concepts	7		Prepare to discuss end-of-chapter Case Incident	Case Incident
		<i>Organizations as Cultures</i>		5		
						Discussion Facilitator:
5		Motivation: From Concepts to Applications	8		Compose responses to Comprehensive Case 2	Case 2
		<i>Organizations as Political Systems</i>		6		
						Discussion Facilitator:
6		The Group				
		Foundations of Group Behavior	9		Prepare to discuss end-of-chapter Case Incident	Case Incident
		Understanding Work Teams	10		Prepare to discuss end-of-chapter Case Incident	Case Incident
		Communication	11		Prepare to discuss end-of-chapter Case Incident	Case Incident
		<i>Organizations as Psychic Prisons</i>		7		
					Discussion Facilitator:	

Table 7 (continued).

Mod- ule	Date	Topic	To be Completed Prior To Class		In-Class Activities	
			Readings			Assignments (Refer to Robbins & Judge chapter or case unless otherwise noted)
			Robbins & Judge	Morgan		
7		Leadership	12		Prepare to discuss end-of-chapter Case Incident	Case Incident
		Power and Politics	13		Prepare to discuss end-of-chapter Case Incident	Case Incident
		<i>Organizations as Flux and Transformation</i>		8		
						Discussion Facilitator:
8		Conflict and Negotiation	14		Compose responses to Comprehensive Case 3	Case 3
		Foundations of Organization Structure	15			
		<i>Organizations as Domination</i>		9		
						Discussion Facilitator:
9		The Organization System				
		Organizational Culture and Change	16		Compose responses to Comprehensive Case 1	Case 1
		<i>The Challenge of Metaphor</i>		10		
						Discussion Facilitator:
10		Human Resources Systems and Practices	17		Compose responses to Comprehensive Case 4	Case 4
		<i>Reading and Shaping Organizational Life</i>		11		
						Discussion Facilitator:

Table 7 (continued).

Mod- ule	Date	Topic	Readings		To be Completed Prior To Class Assignments (Refer to Robbins & Judge chapter or case unless otherwise noted)	In-Class Activities
			Robbins & Judge	Morgan		
			11		Stress and Health in Organizations	
		<i>Postscript</i>		12		
						Discussion Facilitator:

Entrepreneurship and Business Development

University
School / College
Department
Program

Term / Year
Dates
Day / Time
Modality / Location

Course: Entrepreneurship and Business Development

Instructor

Office
Office Hours
Contact Details

Course Description: Examines core components of innovation-designed business ventures to address psychosocial, health, and developmental needs within the context of individual, family, community, and market systems. Students produce a corporate, nonprofit, public, social, or practice entrepreneurship project reflecting their areas of interest, such as a data- and literature-based business plan.

Units: Three

Prerequisite(s): None

Course Objectives and Expected Learning Outcomes. At the conclusion of the course, students will be able to:

1. Analyze the entrepreneurial ecosystem of the human/social/health sector and assess where the individual MFT best fits within it.
2. Determine resources needed to exploit an opportunity and how to get their use.
3. Recognize, evaluate, and present new business opportunities.
4. Build and work effectively in a design and innovation team.
5. Analyze and conduct primary and secondary research business opportunities to determine their market and financial feasibility.
6. Develop and present a concise, effective business plan for a new business venture.

Course Format: In general, each class session will consist of the following three components:

1. Lecture which will be presented by a guest speaker with expertise in business law or entrepreneur accounting, or with expertise in corporate, nonprofit, public, social, or practice entrepreneurship – all from the human-social-health services sector.
2. Seminar which will consist of discussions on the readings, case, and/or the emerging business plans.
3. Laboratory which will be in the form of a workshop (e.g., PolicyMap, Design and Innovation) and the development of a corporate, nonprofit, public, social, or private practice business plan.

Learning Resources

Required

Palo Alto Software (2022). *LivePlan* [Online software].
<https://www.paloalto.com/solutions/academic>. (Note: There is a \$10 a month fee)

Roberto, M. A. (2022). *Case companion* [Online tutorial].
<https://hbsp.harvard.edu/product/7886-HTM-ENG> . (There is a \$5 fee)

Shi, L., & Singh, D. A. (2023). *Essentials of the U.S. health care system*. Burlington, MA: Jones & Bartlett Learning.

For those planning on developing a business plan for a private practice to fulfill the class assignment

Baumgarten, H. (2017). *Private practice essentials: Business tools for mental health professionals*. Eau Claire, WI: PESI Publishing & Media.

Grodzki, L. (2015). *Building your ideal private practice: A guide for therapists and other healing professionals*. New York: W. W. Norton & Company.

Course Website

Instructor-compiled anthology containing selected material from the following:

Barringer, B. R. & Ireland, F. D. (2019). *Entrepreneurship: Successfully launching new ventures*. New York, NY: Pearson.

Neck, H. M., Neck, C. P., & Murray, E. L. (2021). *Entrepreneurship: The practice and mindset*. Thousand Oaks, CA: Sage Publications, Inc.

Goffin, K., & Mitchell, R. (2017). *Innovation management: Effective strategy and implementation*. London, UK: Palgrave Macmillan.

Hisrich, R. D., Peters, M. P., & Shepherd, D. A. (2020). *Entrepreneurship*. New York, NY: McGraw-Hill Education.

Society for Health Care Strategy and Market Development (2022). *Futurescan 2022-2027: Health care trends and implications*. Chicago, IL: Health Administration Press.

Sørensen, H. E. (2012). *Business Development: A market-oriented perspective*. West Sussex, UK: John Wiley & Sons Ltd.

Sussman, E. (2015). *Critical business skills for success: Finance and accounting* [Video series]. Chantilly, VA: The Company.

University Library

PolicyMap (2022). *PolicyMap* [Mapping application and analytical platform]. <https://www.policymap.com/> .

Web

APA Guide at <http://owl.english.purdue.edu/>

IDEO.org (2022). *Introduction to human-centered design* [online tutorial]. <https://acumenacademy.org/course/design-kit-human-centered-design/> .

Course Assignments

1. Attendance and Participation. Students are expected to attend and participate in all class sessions. This entails being present (for the entire session), prepared, and ready to participate. Participation includes such things as demonstrating preparation and familiarity with the readings, offering valuable insights, speaking clearly about complex subjects, synthesizing relevant information, answering questions effectively, posing pertinent questions, as well as listening to other members of the class and building effectively upon their contributions.
2. Case Analysis Tutorial. To orient students to the case study method, each student will be expected to complete an online case tutorial which can be accessed at <https://hbsp.harvard.edu/product/7886-HTM-ENG>.
3. Class Project. To familiar ourselves with one innovation-generating technique, we will collectively engage in a human-centered design workshop during which will result in a class project.

4. Individual Project. Additionally, each student will develop a written business plan for a corporate, nonprofit, public, social, or private practice venture. The completed plan will be presented orally to the class.

Weighted Value of Assignments

1. Attendance and Participation	%
2. Case Tutorial	
3. Class Project	
4. Business Plan (written & oral presentation)	—
Total	100 %

Policies

Table 8. Entrepreneurship and business development: Topical outline and schedule.

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
1		Introduction to Entrepreneurship and Business Development				Review syllabus
2		Activating an Entrepreneurial / Business Mindset		Sign up for IDEO workshop Acquire access to LivePlan Complete Harvard case tutorial	Prepare to discuss Case 1	Guest speaker Discuss case
		Know your industry: The U.S. health-human-social services industry	Shia & Singh			Discuss readings
		The MFT as entrepreneur / business developer	Part A			
		Corporate, nonprofit, public, social, and practice entrepreneurship	Part B			
						Design & innovation workshop Sharing of business plans Work on business plans

Table 8 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
3		The Entrepreneur / Business Developer's Toolbox	Part C		Prepare to discuss Case 2	Guest speaker
						Discuss readings
		Tools for business development		View Sussman		Discuss case
						PolicyMap workshop
						Sharing of business plans
						Work on business plans
4		From the Idea to the Opportunity	Part D		Prepare to discuss Case 3	Guest speaker
						Discuss readings
						Discuss case
		Creating and recognizing new opportunities				
		Using design thinking for innovation				
		Industry, competitor, community, market analysis				
Protecting the idea and other legal issues						
						-Design & innovation workshop -Sharing of business plans -Work on business plans

Table 8 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
5	From the Opportunity to the Business Plan					
	Creating and starting the venture	Part E		Prepare to discuss Case 4	Guest speaker Discuss readings Discuss case	
	The company summary					
					Design & innovation workshop Sharing of business plans Work on business plans	
6	The service(s) and/or product(s)	Part F		Prepare to discuss Case 5	Guest speaker Discuss reading Discuss case	
	Summaries of industry, competitor, community, and market analyses					
					-Design & innovation workshop -Sharing of business plans -Work on business plans	

Table 8 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
7		The marketing plan	Part G		Prepare to discuss Case 6	Guest speaker
						Discuss reading
		The strategy and implementation summary				Discuss case
						Design & innovation workshop
						Sharing of business plans
						Work on business plans
8		The organizational plan	Part H		Prepare to discuss Case 7	Guest speaker
						Discuss reading
		The financial plan				Discuss case
						Design & innovation workshop
						Sharing of business plans
						Work on business plans

Table 8 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
9		From the Business Plan to Funding the Venture	Part I		Prepare to discuss Case 8	Guest speaker
						Discuss reading
						Discuss case
						Sources of capital
10		From Funding the Venture to Launching, Maintaining, and Growing the New Venture	Part J		Prepare to discuss Case 9	Design & innovation workshop
						Sharing of business plans
						Work on business plans
						Implementing the business plan
		Maintaining the venture				Guest speaker
						Discuss reading
						Discuss case
						Strategies for growth
					Complete class project	-Design & innovation workshop
						-Sharing of business plans
						-Work on business plans

Table 8 (continued).

Mod- ule	Date	Topic	To Be Completed Prior To Class			In-Class Activities
			Readings (in the anthology unless otherwise noted)	Other	Assignments (note: cases can be found in course website)	
11		Presentation of Business Plans			Complete written business plan	Oral presentations

REFERENCES

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APPENDIX A

DELPHI PROJECT PLAN

Preliminaries

1. Develop proposal for the study
2. Acquire approval from Loma Linda University's Institutional Review Board
3. Develop administrative procedures (e.g., coding, tracking, file, and database systems)
4. Pilot test questionnaires
5. Develop website for the three rounds
6. Pilot test website

The Panel of Experts

7. Identify potential informants
8. Email letters of invitation to participate in study / consent form to fifty experts

Round 1

9. Send email announcing Round 1 (five days to submit)
10. Send email reminders if needed (24 hours prior to the 5-day deadline)
11. Conduct analysis and summarize results (within 48 hours)

Round 2

12. Send email announcing Round 2 (five days to submit)
13. Send email reminders if needed (24 hours prior to the 5-day deadline)
14. Conduct analysis and summarize results (within 48 hours)

Round 3

15. Send email announcing Round 3 (five days to submit)
16. Send email reminders if needed (24 hours prior to the 5-day deadline)
17. Conduct analysis (being mindful of Bronfenbrenner's Bioecological Systems Theory) and summarize results (within 48 hours)
18. Send emails to experts expressing appreciation, summarizing preliminary results, and giving an approximate date of when final report could be expected

Finalize Project

19. Use findings to complete DMFT project (including the three syllabi)

APPENDIX B

IRB APPROVAL



LOMA LINDA UNIVERSITY
HEALTH

**INSTITUTIONAL REVIEW BOARD
HUMAN RESEARCH & COMPLIANCE**

24887 Taylor Street • Suite 201 • Loma Linda, CA 92350
(909) 558-4531 (voice) • (909) 558-0131 (fax)

Exempt Notice

IRB# 5210418

To: **Nichola Seaton Ribadu**
Department: **SBH: Counseling and Family Science**
Protocol: **Perceived Business Skills Needs of MFTs: Implications for an MFT Doctoral Program**

Your application for the research protocol indicated above was reviewed administratively on behalf of the IRB. This protocol is determined to be exempt from IRB approval as outlined in federal regulations for protection of human subjects, 45 CFR Part 46.101(b)(2).

Please note the PI's name and the IRB number assigned to this IRB protocol (as indicated above) on any future communications with the IRB. Direct all communications to the IRB c/o Human Research and Compliance.

Although this protocol is exempt from further IRB review as submitted, it is understood that all research conducted under the auspices of Loma Linda University Health will be guided by the highest standards of ethical conduct.

IRB Chair/Designee

12/07/2021

Date

Loma Linda University Health holds Federalwide Assurance (FWA) No. 00006447 with the U.S. Office for Human Research Protections and the IRB registration no. is IORG0000226. This Assurance applies to the following: Loma Linda University, Loma Linda University Medical Center (including Loma Linda University Children's Hospital, LLUMC East Campus Hospital), Loma Linda University Behavioral Medicine, and affiliated medical practices groups.

IRB Chair:
Andrea Ray, MD
Department of Plastic Surgery
(909) 558-4531 • irbchair@llu.edu

Executive Director
Amy L. Casey, MBA
Human Research & Compliance
Ext 14658 • acasey@llu.edu

APPENDIX C

CONSENT TEMPLATE: ANONYMOUS SURVEY

[on Loma Linda University letterhead]

Date

Dear _____ (participant's name)

You are invited to participate in a survey entitled "Perceived Business Skills Needs of MFTs: Implications for an MFT Doctoral Program" because you have been identified as an expert in this area. The purpose of the study is to identify what training in a doctoral program MFTs should receive to effectively work in organizational / business settings and with organizational / business issues. This study will help toward fulfilling the requirements for a Doctor of Marital and Family Therapy degree.

Participation in this study involves answering questions about what components should be included in a model curriculum in the area of organizational / management studies in an MFT doctoral program. The study will involve three separate survey questionnaires over a three-week period, with each week having a web-based questionnaire that will take approximately thirty minutes. Whether or not you participate is entirely voluntary.

There is a minimal risk of breach of confidentiality; however, this risk will be minimized by using software that allows you to complete and submit the survey anonymously. The link below will take you to the first part of the survey. After you finish answering the questions, you will submit the survey electronically. You may stop answering questions at any time or choose not to submit your answers at the end. When we receive the results, no information will link your answers back to you.

Although you will not benefit directly from this study, the information provided will potentially improve the curriculum of an MFT doctoral program.

You may contact an impartial third party not associated with this study regarding any question or complaint by calling 909-558-4647 or e-mailing patientrelations@llu.edu for information and assistance.

Thank you in advance for considering this invitation. If you have any questions, please contact Nichola Ribadu (Primary Investigator) by calling 909-558-4547, extension 47005 or emailing nribadu@llu.edu. Alternatively, you can contact Abel Whittemore (Student Investigator) by calling 951-533-2349 or emailing awhittemore@students.llu.edu.

If you wish to proceed and participate in the survey after reading this letter, please click on the link provided below. By clicking on the link, you are giving your consent to participate.

Sincerely,

Nichola Ribadu, D.M.F.T., LMFT
Primary Investigator
Telephone: 909-558-4547
Email: nribadu@llu.edu

Abel Arvizú Whittemore, D.B.A., LFACHE, BCC, LMFT
Student Investigator
Telephone: 952-533-2349
Email: awhittemore@students.llu.edu

□ Click to go to the Round 1 questionnaire

APPENDIX D

DELPHI ROUND 1

Instructions on how to complete Delphi Round 1

Please complete the Delphi questionnaire as fully as you can and submit it within five days. Submission of the completed Delphi round implies consent to participate.

The first round of this Delphi will ask you a question: What are the business disciplines/topical areas that MFTs should be exposed to so that they may have a knowledge base and skills that would allow them to practice in a variety of organizational settings?

There is unlimited space for you to detail your answers. You can list as many or as few disciplines/areas as you wish. Please be as detailed in your response as possible.

Once you have completed the questionnaire, press the “submit” button that can be found at the end of the questionnaire.

Questionnaire

Please list your answers to the following question. You can list as many answers as you wish, and they do not have to be in any particular order.

Question: What are the business disciplines/topical areas that MFTs should be exposed to so that they may have a knowledge base and skills that would allow them to practice in a variety of organizational settings?

Submit (click when done)

APPENDIX E

EMAIL REMINDER

Once again, thank you for your willingness to participate as an expert in the study focusing on “Perceived Business Skills Needs of MFTs: Implications for an MFT Doctoral Program.”

This is a reminder that in 24 hours the opportunity to submit responses for this week’s questionnaire will end.

If you have already responded, we are most appreciative and there is no need for you to take any action at this point.

If you have not, simply click the link at the bottom of this email as we really would like to receive your perspectives.

Remember that if you wish to discuss any aspect of the study, you can contact me at awhittemore@students.llu.edu or call my personal cell at 951-533-2349.

Sincerely,

Abel Arvizú Whittemore, D.B.A., LFACHE, BCC, LMFT
Student in the Doctor of Marriage and Family Therapy (DMFT) Program
Department of Counseling and Family Sciences
School of Behavioral Health
Loma Linda University
Loma Linda, CA 92350

☐ Click to go to this week’s questionnaire

APPENDIX F

EMAIL ANNOUNCING ROUND 2

Thank you for submitting the first round Delphi questionnaire for the study focusing on “Perceived Business Skills Needs of MFTs: Implications for an MFT Doctoral Program.”

When you are ready to proceed to the second round Delphi questionnaire, simply click on the link at the bottom of this email. Please remember that you need to plan on dedicating at least thirty minutes and that you have five days to submit the completed questionnaire.

If you wish to discuss any aspect of this further, please contact me at awhittemore@students.llu.edu or call my personal cell at 951-533-2349.

Thank you for your continued participation in this study.

Sincerely,

Abel Arvizú Whittemore, D.B.A., LFACHE, BCC, LMFT
Student in the Doctor of Marriage and Family Therapy (DMFT) Program
Department of Counseling and Family Sciences
School of Behavioral Health
Loma Linda University
Loma Linda, CA 92350

☐ Click to go to the Round 2 questionnaire

APPENDIX G

DELPHI ROUND 2

Instructions on how to complete Delphi Round 2

Please complete the Delphi questionnaire as fully as you can and submit it within five days. Submission of the completed Delphi round implies consent to participate.

This questionnaire is completed differently from the first round. This second round lists all the responses from Round 1 that were mentioned by 70% of the panel experts. These responses have been content analyzed and similar responses grouped together to ensure that the questionnaire is not repetitive and can be easily completed.

Questionnaire

Below, in the middle column, you will see the responses listed in alphabetical order. Please rank them in order of importance by placing a number to the left of each (with number 1 being the most important). On the right of each area, you will need to specify the degree of emphasis you feel should be given in the MFT curriculum; the options are: This area needs to be...

- A. A theme that should run throughout the program
- B. The primary focus of a course
- C. A major component of a course
- D. The primary focus of a class session / curriculum module

Priority ranking (1 is most important, followed by 2, then 3, etc.)	Business discipline/topical area that MFTs should be exposed to	Specify the degree of emphasis in the MFT curriculum			
		A	B	C	D
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit (click when done)

APPENDIX H

EMAIL ANNOUNCING ROUND 3

Thank you for submitting the second round Delphi questionnaire for the study focusing on “Perceived Business Skills Needs of MFTs: Implications for an MFT Doctoral Program.”

When you are ready to proceed to the third (and final) round Delphi questionnaire, simply click on the link at the bottom of this email. Please remember that you need to plan on dedicating at least thirty minutes and that you have five days to submit the completed questionnaire.

If you wish to discuss any aspect of this further, please contact me at awhittemore@students.llu.edu or call my personal cell at 951-533-2349.

Thank you for your continued participation in this study.

Sincerely,

Abel Arvizú Whittemore, D.B.A., LFACHE, BCC, LMFT
Student in the Doctor of Marriage and Family Therapy (DMFT) Program
Department of Counseling and Family Sciences
School of Behavioral Health
Loma Linda University
Loma Linda, CA 92350

☐ Click to go to the Round 3 questionnaire

APPENDIX I

DELPHI ROUND 3

Instructions on how to complete Delphi Round 3

Please complete the Delphi questionnaire as fully as you can and submit it within five days. Submission of the completed Delphi round implies consent to participate.

As before, this questionnaire is completed differently from the first and second round questionnaires. This third round lists all the results from Round 2 taking into consideration the responses from our panel experts.

Questionnaire

You will note that the business disciplines/topical areas are listed in alphabetical order and each area also has the degree of emphasis that our panel experts thought should be given. The extreme right-hand column is blank. We would appreciate it if for each discipline/area you would make suggestions / comments regarding:

- Recommended readings
- Theoretical/conceptual orientation/model/framework/perspective
- Pedagogical (teaching/learning) approach
- Skills/abilities that should be learned
- Professional affiliations/credentials/training that should be encouraged
- Academic credentials/training that should be encouraged
- Practical/applied experience that should be acquired

Business discipline/topical area that MFTs should be exposed to	Degree of emphasis in the MFT curriculum	Suggestions / comments

Submit (click when done)