

Theories of Change
PC 3083, Fall 2017
Tuesdays 8:30 am – 11:20 pm
Schlegel 120

Ashley Hicks White, Ph.D., LMFT
ahicks@lpts.edu

Course description

This course explores the epistemological foundations for the practice of Marriage and Family Therapy, especially as this is integrated in a theological context. The course is a graduate seminar and heavily focused on reading and class discussion. Course content centers on a deep understanding of how epistemological assumptions guide theory, models, practice, and critical evaluation of traditional and emerging models of family therapy. One primary goal is for students to develop skill in: 1) describing and discussing epistemological and theoretical foundations of primary models of therapy; and 2) describe and discuss a personal theory of change that guides model selection and therapeutic choices in the practice of MFT.

<u>By the end of the semester, students will:</u>	<u>Student learning outcomes (SLO) & MFT Competencies (MFTC)</u>	<u>Assessment Signature Assignments</u>
Articulate an understanding of the main epistemological and theoretical foundations of primary models of marriage and family therapy	SLO 2 SLO 5 MFTC Domain 1 MFTC Domain 3 MFTC Domain 4	Cybernetics Paper Model Presentation Treatment Plans
Demonstrate the ability to describe one's own theory of change to clients, colleagues, supervisors and potential employers.	SLO 4 MFTC Domain 3 MFTC Domain 7	Theory of Change Paper and Presentation
Discuss the dynamic interaction between theoretical foundations in family therapy and key theological understandings of existence, creation, and the human person in a moral and relational ecological context.	SLO 2 SLO 5 MFTC Domain 4 MFTC Domain 8	Theory of Change Paper and Presentation Model Presentation
Demonstrate skill in critically discerning and discussing the epistemological foundations for principal therapeutic schools of thought in Family Systems Theory.	SLO 2 SLO 4 MFTC Domain 1 MFTC Domain 2 MFTC Domain 3 MFTC Domain 4	Model Presentation Theory of Change Paper and Presentation Cybernetic Presentation Treatment Plans

Course Requirements

Assignments and Grading Criteria		
Description	Due Date	Grading Criteria
<p>Course Engagement and Attendance (10%) Review and bring to class meeting a completed outline of change for each theory based on the philosophy of change handout provided on CAMS.</p>	Ongoing	<ul style="list-style-type: none"> • Attend class regularly and on time • Complete required readings • Engage in classroom discussion • Turn in complete assignments on time and in required format
<p>Cybernetic Epistemology Paper (15%) Students will write a 5 page paper reflecting on the Keeney text. You will be provided guidelines for completing this paper by week two of the course.</p>	10/3/17	<ul style="list-style-type: none"> • See Guidelines • Clear and concise writing • Critical thinking about topic • Relates to reading and discussion • Demonstrates systemic thinking and family therapy awareness
<p>Treatment Plans (15%) Students will prepare theory-based treatment plans for 2 of the approaches we study. The preparation of the treatment plans is intended to help facilitate your mastery of the material and help you prepare for the MFT exit exam and the licensing exam. Topics assigned in schedule</p>	Based on dates assigned in the schedule	<ul style="list-style-type: none"> • See Guidelines • Clear and concise writing • Critical thinking about topic • Relates to reading and discussion • Demonstrates systemic thinking and family therapy awareness
<p>MFT Models, Epistemology and Change (30%) Part I Provide a comprehensive overview of assigned therapy model based on class readings and additional resources. Use material from primary sources when possible (original writing of founders) and others who have developed the model in recent years.</p> <ol style="list-style-type: none"> 1. Any relevant factors in how model developed 2. Concepts governing model 3. Epistemological analysis of model (the “belief system” grounding it, use and understanding of knowledge, etc.) 4. How epistemology translates into practice—how it governs what the therapist observes, assessment, treatment planning, outcome expectations and observations 5. Theological connections, meanings or conflicts with model epistemology 6. Summarize the therapy model’s “theory of change” (how do families/individuals change?) 7. Be creative with classroom presentation <p>Part 2 Present a case for class discussion using the therapy model assigned.</p> <ol style="list-style-type: none"> 1. Use concepts from class session 1 2. Demonstrate with case study how epistemology/model influences each dimension of therapy: 		<ul style="list-style-type: none"> • Evidence of research/reading beyond basic texts presented in class • Demonstrates understanding of concepts and epistemology of model • Demonstrates professionally useful understanding of how epistemology of model guides practice • Makes effective connections between therapy model’s epistemology and practice and broader concerns of social meaning, theology, etc. • Case study effectively demonstrates clear understanding of model and epistemology • Case study shows how model/epistemology provides (or fails to provide) a contextual framework for the whole of therapy • Case study demonstrates a clear understanding of how model/epistemology guides therapist observation, action and expectations • Any handouts and/or AV of professional quality <ul style="list-style-type: none"> • Class presentation demonstrates appropriate professionalism • Presentation and case study show

<ol style="list-style-type: none"> a. Therapist observation b. statement of presenting problem c. expected outcomes d. therapist behavior and expectations through therapy process (intake, joining, early therapy, middle stages, termination) 		<p>appropriate awareness of multicultural and contextual issues</p>
<p>Theory of Change Paper and Presentation (30%)</p> <p>Paper Write a 10-15 page double spaced, APA format (no more than 15 pages of text, excluding references—only the first 15 pages will be evaluated) paper describing your personal theory of change that guides your work as a therapist. Your paper should include, but not limited to:</p> <ol style="list-style-type: none"> 1. A general description of your theory and theology of change (that is, what do you believe about how and why clients change in therapy?). 2. Clarity about the epistemological assumptions and commitments that support your theory of change. 3. Description of how your preferred model of therapy connects with your epistemological assumptions and commitments. Does it account for biology, psychology, social/contextual factors, life of the spirit, etc.? How? 4. How do these commitments and beliefs translate into choice of therapy model and inform your in-session decisions of what to do with clients? Be specific. 5. Be sure to consider contextual issues, such as how cultural factors influence your epistemological and theoretical thinking. 6. Address a beginning theological framework for your theory of change. For instance, what place does religion or spirituality play in your theory of change? How do your theological/religious beliefs influence what you expect and what you believe you know about therapy, clients, life, change, etc. <p>Classroom Presentation A presentation demonstrating how you will describe your theory of change to one or more of the following</p> <ol style="list-style-type: none"> 1. A prospective clinical director interviewing you for a job 2. A supervisor deciding whether to accept you as a supervisee 3. A colleague who challenges you on your understanding of change 4. A client who wants to know how you decide 		<ul style="list-style-type: none"> • Theory of change is well grounded in a nuanced, critically analyzed use of MFT theory. • Epistemological assumptions and commitments framing the argument for the student’s theory of change are identified and justified with insight and critical thought. • Student relates theory of change directly to preferred models of therapy in a nuanced, critically evaluated way. Shows clear evidence and examples that demonstrate how theory of change influences and directs therapeutic action. • Demonstrates coherence between concepts, theory of change, practice. • Theory of change demonstrates clear attention to multicultural, multireligious and other contextual factors that frame and influence family therapy. • Paper attends directly to theological and spiritual factors related to theory of change. Good use of theological thought in addressing human change, appropriate use of personal faith tradition and understanding of religious diversity. • Classroom presentation is consistent with written theory • Classroom presentation demonstrates a professional ability to appropriately articulate a theory of change to employers, colleagues and clients

<p>what to do in therapy and how that is expected to help them change</p> <p>5. Be creative—you may speak to the whole class, use a “fishbowl” conversation using a classmate to demonstrate (for instance) a job interview or conversation with client, etc.</p>		
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Required text:

Keeney, B. P. (1983). *Aesthetics of Change*. Guilford Press.

Gehart, D. R., & Tuttle, A. R. (2003). *Theory-based treatment planning for marriage and family therapists: Integrating theory and practice*. Brooks/Cole Publishing Company.

Additional readings on CAMS

Carr, A. (1998). MICHAEL WHITE'S NARRATIVE THERAPY. *Contemporary Family Therapy: An International Journal*, 20(4), 485-503.

Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family process*, 26(4), 405-413.
https://s3.amazonaws.com/academia.edu.documents/50397050/j.1545-5300.1987.00405.x20161118-24230-ew5y78.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1505184228&Signature=XD763WV8e6UYYdS1EvMBbF0QZ0o%3D&response-content-disposition=inline%3B%20filename%3DHypothesizing_circularity_and_neutrality.pdf

Frank, C. (1984). Major constructs of contextual therapy: An interview with Dr. Ivan Boszormenyi-Nagy. *American Journal of Family Therapy*, 12(1), 7-14.

Haley, J. (1973). Strategic therapy when a child is presented as the problem. *Journal of the American Academy of Child Psychiatry*, 12(4), 641-659.
[http://www.jaacap.com/article/S0002-7138\(09\)61273-5/pdf](http://www.jaacap.com/article/S0002-7138(09)61273-5/pdf)

Jackson, D. D. (1967). The myth of normality. *Medical Opinion and Review*, 3(5), 28-33.

Keith, D. V., Connell, G. M. & Whitaker, C. A. (1991). A symbolic-experiential approach to the resolution of therapeutic obstacles in family therapy. *Journal of Family Psychotherapy*, 2, 41-56.

Satir, Stachowiak & Taschman, H. A. (1983). Helping Families to Change. Northvale, N J: Jason Aronson, Inc. pp.37-63, 79-104 (Chs. 2 & 4).

Selvini, M. P., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing—circularity—neutrality: Three guidelines for the conductor of the session. *Family process*, 19(1), 3-12.
[http://www.chironconsulting.org/phdi/p1.nsf/imgpages/1805_Palazolli-et-al-HCN.pdf/\\$file/Palazolli-et-al-HCN.pdf](http://www.chironconsulting.org/phdi/p1.nsf/imgpages/1805_Palazolli-et-al-HCN.pdf/$file/Palazolli-et-al-HCN.pdf)

Sexton, T. L., Ridley, C. R., & Kleiner, A. J. (2004). Beyond Common Factors: Multilevel Process Models of Therapeutic Change in Marriage and Family Therapy. *Journal Of Marital & Family Therapy*, 30(2), 131-149. (available on CAMS).

Minuchin, S., & Nichols, M. P. (1998). Structural family therapy. In F. M. Dattilio (Ed.), *The Guilford family therapy series. Case studies in couple and family therapy: Systemic and cognitive perspectives* (pp. 108-131). New York: Guilford Press.

Supplemental (not required):

Nichols, M. P., & Schwartz, R. C. (2016). *Family therapy: Concepts and methods* (11th ed). Boston, MA: Allyn & Bacon.

Course Schedule 2017 (subject to change)	
Topic	Readings/Assignments
9/12 Introduction to the Course Introduction to Epistemology Understanding Change in MFT	<ul style="list-style-type: none"> • Keeney Ch. 1 • Sexton et al 2004
9/19 Systemic Epistemology: Cybernetic Epistemology	<ul style="list-style-type: none"> • Keeney Chs. 2 and 3
9/26 Systemic Epistemology: Family Therapy and Cybernetics of Change	<ul style="list-style-type: none"> • Keeney Chs. 4,5,6 • Gerhart & Tuttle Ch. 1
10/3 Epistemology and Change: Structural Family Therapy Leader: Brenda Holder	<ul style="list-style-type: none"> • Gerhart & Tuttle Ch. 2 • Minuchin & Nichols (1998) • Cybernetic Epistemology Paper Due
10/10 Epistemology and Change: Strategic Therapy Milan Systemic Approach	<ul style="list-style-type: none"> • Gerhart & Tuttle Chs. 3 & 4 • Haley (1973) • Cecchen (1987) • Selbini et al (1980)
10/16-10/20 Research and Study	
10/24/17 Epistemology and Change: MRI Communications Approach Leader: Nancye Browning	<ul style="list-style-type: none"> • Gerhart & Tuttle Ch. 5 & 6 • Jackson (1967) • Satir (1983)
10/31 Epistemology and Change: Experiential Approaches Leader: Rosalie Guthrie	<ul style="list-style-type: none"> • Gerhart & Tuttle Ch. 7 • Keith, Connel, & Whitaker (1991) • TBD
11/7 Epistemology and Change: Intergenerational and Contextual Family Therapy	<ul style="list-style-type: none"> • Gerhart & Tuttle Ch. 8 • TBD • Frank (1984)
11/14 Epistemology and Change: Narrative Therapy Collaborative Therapies Leader: Phillip Thompson Leader: Kelsey Mitchell	<ul style="list-style-type: none"> • Gerhart & Tuttle Chs. 11 & 12 • Carr (1998) • TBD
11/21 Epistemology and Change: Cognitive Behavioral Therapy Leader: Annie Williams	<ul style="list-style-type: none"> • Gerhart & Tuttle Ch. 9 • TBD
11/28 Theory of Change Presentations	Based on Theory of Change paper. Seven minute, concise summary of your theory of change as you would describe it to a professional or colleague. See assignment description.
12/5 Course Wrap up and Discussion Evaluations	<ul style="list-style-type: none"> • Theory of Change Paper Due
12/11-12/12 Research and Study	

Course Policies

Student responsibility- Class attendance is expected. Read the assigned material prior to each class session and come to class prepared to participate in the discussions. You are responsible for all assignments, material presented in class, as well as in the text. Lectures may supplement, highlight, or bring something entirely different from what is included in the text.

Classroom Behavior - Tardiness and early departures are distracting and not appreciated by me as the instructor, nor your fellow classmates. Please avoid these behaviors unless absolutely necessary. You are expected to adhere to the following principles during class: 1) no text messaging, phone calls, emailing, or surfing the internet; and 2) no side conversations irrelevant to the class.

Issues of Privacy and Confidentiality - Given the potentially sensitive nature of the course topics we need a supportive and respectful environment that allows the ability to share viewpoints, experiences, and thoughts. Please do not discuss anything that people share in class with others outside of the class. In other words, please exercise confidentiality, any discussion in the class should stay in the class

Inclusive/Expansive Language – The practice of using inclusive language is encouraged of all LPTS staff, students, and faculty. In classroom discussions and writing assignments it is important to avoid divisive terms that reinforce stereotypes or are pejorative. Please access the following web page for resources to assist in using non-biased language:

<http://www.lpts.edu/academics/academic-resources/guides-policies-and-handbooks/inclusive-and-expansive-language>

Attendance Policy- According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Students who miss more than 3 classes will receive a failing grade in the course.

Late work – **No make-up work for unexcused absences will be accepted.** Late work will not be accepted unless the instructor is notified within 24 hours of the due date and the student is able to provide written documentation to verify the excuse. Acceptable excused absences include death of an immediate family member, an obligatory school function or illness with a doctor's note. In order for these absences to be excused, students must provide documentation of their absence. If you have an excused absence, you will be allowed to make-up assignments that you missed as a result of your absence. Arrangements for make-up assignments are to be coordinated with the instructor. **Assignments are due at the beginning of class unless otherwise specified.**

Writing guidelines - All assignments should be submitted typed in 12-point font using Times New Roman one-inch margins, and double-spaced. Homework assignments assume a certain level of writing skills, and points will be deducted if your writing assignments are difficult to read due to poor writing. If you need assistance with your writing or formatting, please visit the LPTS online writing lab, <http://lpts.libguides.com/OWL>, or schedule an appointment with the academic support center (ASC).

1. All assignments should be completed using APA format 6th edition. Papers submitted that are not in APA style will be returned to the student as not acceptable. Students will

have 24 hours from the due date and time of the assignment to turn in a correctly formatted assignment for a grade. Returned assignments that are not received within 24 hours will not be graded. A 10% deduction will be taken from the final grade for each assignment that is returned.

2. For additional assistance with APA style please see the following online resources:

American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.

Purdue Online Writing Lab: <http://owl.english.purdue.edu/owl/resource/560/01>

Drop/Withdrawal - If you decide to withdraw from this course, you must follow the Registrar's Office's specified procedures. A student can change course load during the first two weeks of regular semesters with no notation on their transcript. After the first two weeks, the student may withdraw and receive a WP or WF notation. Withdrawal from a course during the last four weeks of class will result in a failing grade; withdrawal for medical reasons may be an exception. Students seeking a withdraw-medical (WM) must file a formal written request with the Dean of the Seminary no later than 5 p.m. of the last day of classes of the term in which the course is taught. In the case of medical causes, a student who receives a withdraw-medical will be required to submit to the Dean of the Seminary certification from the treating physician or therapist of the student's ability to resume academic and professional work before being readmitted to classes in the following term or semester.

Academic Honesty - All work turned in to the instructor is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Multiple occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues relating to academic honesty can find help from the staff in the Academic Support Center. For the Seminary policy, Student Handbook, p. 16.

Special Accommodations - Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester. Anyone who feels they may need an accommodation based on the impact of a disability should contact me to arrange an appointment within the first 3 class sessions. At the appointment we can discuss the course format, anticipate your needs and explore potential accommodations. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

MFT Program Student Learning Outcomes (SLOs)

SLO 1: Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.

SLO 2: Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice.

SLO 3: Graduating students will be able to think ethically and make appropriate clinical ethical decisions.

SLO 4: Graduating students will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.

SLO 5: Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

MFT Core Competency Domains (MFTC Domains)

Competency Domain 1-- Foundations of Treatment: Knowledge of system concepts, skills to establish therapeutic relationships.

Competency Domain 2--Clinical Assessment and Diagnosis: Skills related to activities focused on the identification of the problems and concerns to be addressed in therapy.

Competency Domain 3--Treatment Planning and Case Management: Skills related to treatment planning with client/client family, managing case from intake to termination including referral and safety planning.

Competency Domain 4--Therapeutic Interventions: Skills used to ameliorate clinical problems and help client/client families with desired changes.

Competency Domain 5--Legal Issues, Ethics, and Professional Standards: All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

Competency Domain 6--Research Application: Use of current MFT and behavioral health research to inform evidence-based clinical practice.

Competency Domain 7--Self of Therapist: Awareness and management of personal reactions to clients and treatment process and how these impact observation, intervention and clinical outcomes.

Competency Domain 8--Theological and Spiritual Integration: Attending to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions.

Competency Domain 9--Supervision and Collaboration: Use of supervision and collaboration to improve skills and enhance client care.

Multicultural Therapy Definition: Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) "...can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems." Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)