

Appendix C: Theory of Change Project

To graduate from the Auburn Marriage & Family Therapy Program Non-thesis option, you must complete a theory of change (TOC) project. You must write a ~15-20 page paper (not including references) outlining your integrated theory of change.

This project challenges you to (a) sharpen your awareness of the theoretical pillars underpinning your approach to therapy, (b) identify why it is that your interventions effectively promote change, and (c) consistently apply your theoretical framework across diverse client configurations and presenting problems, while (d) demonstrating high sociocultural attunement and ethical decision-making skills. The faculty expect that your ideas, theoretical inclinations, and clinical abilities will continuously evolve throughout the program as you develop increased knowledge and skill as a therapist. It is normal for students not to begin feeling grounded in their theory of therapy in their first year, which is why you will begin this at the start of the second year in the program. Rather, it is meant to help you begin conceptualizing, practicing, and negotiating the links between theory → intervention → outcome/change. You will revisit your theory of change throughout your career, so do not pressure yourself with burdens of perfection or permanency. You are simply starting a conversation and will be evaluated on thoughtfulness and thoroughness.

TOC Timeline of Drafts (During the 2nd year)

Students will turn in a complete draft of all sections with the following due dates:

Draft 1: 1 week after Friday Finals in December

Draft 2: 1 week after the Friday of Spring Break

Draft 3: Last Friday in June

Remedial Date: The Monday before the AU Thesis Deadline Date.

Incomplete sections will not be reviewed. It must be as complete a draft as possible.

Evaluating the Theory of Change Project

After the fall and spring second-year semesters, the TOC will rotate between faculty members who will review the paper. You will receive the TOC with faculty comments embedded to facilitate product improvement. Each semester, the faculty will adhere to the same guidelines for the TOC:

- * Pass with minor revisions (*Satisfactory*)
- * Pass with major revisions (*Satisfactory*)
- * Fail (*Unsatisfactory*)

The final theory of change project will be scored by MFT faculty using the theory of change paper rubric (see Appendix B.4) near the end of the second summer.

A *Satisfactory* evaluation of at least **40 points** by the final summer semester is necessary for students to be endorsed by the program for graduation. After completing all academic and clinical program requirements, the student is approved to schedule their Theory of Change Presentation.

A student who receives an *Unsatisfactory/Failure* evaluation by the final summer semester must promptly schedule a meeting with the MFT Faculty to gather the information necessary to develop a Remediation Plan. Details of a Remediation Plan will be developed based on the specific TOC deficiency areas identified by the MFT Faculty feedback and may include additional stipulations.

Theory of Change Paper (~15-20 pages, excluding references)

Goal of the Paper: The Theory of Change paper allows you to integrate your understanding of 2-3 MFT theories into a personal clinical model that reflects and informs how you do therapy. Your model should be theory-driven.

As an emerging Marriage and Family Therapist, it is essential that you reflect on and write about your worldview and general philosophies regarding relationships and interpersonal dynamics – e.g., how you think about the nature of being human, the purpose of relationships, the difficulties that bring people to therapy; as well as how your worldview and philosophies affect the way you practice therapy (i.e., change mechanisms and interventions).

We introduce you to many therapy models throughout the program, mostly in broad strokes. For this project, you will identify the 2-3 models that inform your theory of change. You are expected to demonstrate in-depth familiarity with these foundational model(s) through independent reading beyond that assigned in class. The model summaries in your HDFS 7600 textbooks are insufficient sources for this project. However, you can use their reference lists as a guide to identify original and secondary sources acceptable for this project. You can also find a list of original texts authored by the lead model developers in our field in Appendix D.

Below are the instructions outlining the requirements for the paper and presentation. Please use the first person when referring to yourself (thoughts, behaviors, feelings, etc.). When referring to clients, use the same initials you use throughout your paperwork. It is expected that your paper will follow APA guidelines and that you will use headings liberally. The structure of the theory of change paper should match the outline provided, and, in particular, headings should mirror the topics specified. Note: It should be evident in the paper how you apply your model to different treatment configurations (i.e., individuals, families with children, couples, etc.).

1. Self-of-the-Therapist (2 pages)

Self of the Therapist: Describe how the following experiences/characteristics influence who you are today and your present worldview. In this section, we are looking for the groundwork or underpinnings of what informs your model selection/development and clinical practice. This includes your beliefs about human nature (e.g., common struggles or experiences of being human and having relationships), overarching ideologies (e.g., political, cultural, societal, religious, etc.), and your values. In some cases, it may also be appropriate to discuss significant changes in these beliefs when relevant to your chosen theory of change. Reflect on the following to help guide this section:

- A. Family of origin experiences
- B. Spiritual/religious experiences
- C. Other key life experiences

2. Integration of MFT Models to Build a Theory of Change (10-15 pages)

Choose 2-3 models with which you identify strongly. Reflect on why these models appeal to you, what they bring out in you as a therapist, and how they fit together or complement one

another (i.e., What does model A provide, which model B does not – and vice versa?).

In this section, your goal is to respond to the following questions/prompts by demonstrating (a) that you have a detailed understanding of the original models and (b) that you have integrated these models to develop a personal theory of change. In each of the following sections, you should reference multiple sources (at least some of which should be primary sources) for each model included in your theory of therapy.

A. **Theory Description** (approx. 1 paragraph/model)

- i. Provide an overview of each model highlighting the approach's basic theoretical and applied concepts (e.g., model developer and leading figures; philosophical orientation – i.e., modern vs. post-modern; major concepts and definitions; average session number; treatment phases; etc.).
- ii. For each model, write a brief explanation of why it appeals to you.

B. **Healthy Individual and Family Functioning**

- i. What is the optimal role individuals play in families, and how do families contribute to individual development?
- ii. What characteristics, dynamics, processes, structures, and interactional mechanisms (i.e., how they do what they do) typify a well-functioning family?

C. **How Problems Form**

- i. How do problems form? In general, your integrated model should have an overarching philosophy about problem formation that transcends client structure (i.e., individual, couple, family) and presenting problems.
- ii. Once formed, how do problems develop and evolve?
- iii. How are problems maintained in the context of (a) individual and (b) family systems?

D. **Assessment and Diagnosis**

Based on your beliefs about healthy individuals/families and problem formation, as informed by your integrated theory of change, discuss your philosophy and approach to assessment and diagnosis.

- i. What do you look for in assessments over the course of therapy, and why?
- ii. How do you look for your chosen indicators? We are not looking for you to describe an assessment battery and regimen, though discussion of instruments may be relevant depending on your chosen models. Consider the formal (e.g., self-report questionnaires, interviews, staged observations, etc.) and informal (e.g., internal evaluation of indicators for termination) assessment methods you use throughout therapy.
- iii. Why are you searching for your chosen indicators in this particular way? How does information gleaned from assessment inform your treatment process (e.g., suggest readiness to move to next tx phase, warrant changing tx plan, etc.)?
- iv. What are your beliefs about formal diagnosing? What is your approach to diagnosing?

E. **How Change Happens and Goals for Therapy**

This section focuses on change in general. Considering your worldview, life experience, and integrated theory of change, describe how change occurs in individuals, couples, and families.

- i. What are the mechanisms or agents of change (i.e., insight, behavior, beliefs, emotion, experience) in your integrated theory?
 - ii. How do you negotiate differences in change agents between your selected models?
 - iii. Describe the phases/stages of your integrated theory of change and list the overarching goals and sub-goals/objectives for each phase/stage. This section should also include a substantive description of your inner dialogue during model integration. In other words, explain your decision-making process and rationale for choices made while integrating your 2-3 models. For example, did you lean more heavily on one model during a specific treatment phase? If so, why and how did you make this decision?
- F. Role of the Therapist**
- i. According to your integrated theory, what is your role as a therapist? This should reflect the previous section on how change happens, but it is who you are and what you do to affect change. This should not be confused with interventions, which you will address in the following section. Identify when and why you might take on a role or stance in the therapy room – e.g., coach, expert, collaborator, non-knowing, etc.
 - ii. Discuss your role as a therapist from the beginning phase to the end of therapy. How does your role as a therapist evolve throughout the treatment process?
- G. Interventions**
- i. Next, discuss your specific interventions to facilitate change and meet your stated goals. These should draw from each of your models. Provide a clear explanation of the intervention itself, the purpose of the intervention, and the rationale for using the intervention at a specific point in the treatment process. It will be impossible to describe all interventions used in therapy, so focus primarily on those that most clearly illustrate your integrated theory of change in action. Additionally, consider the following questions when describing your interventions: What purpose am I using this intervention to accomplish, and how does it achieve my intended outcome? How do you know when the intervention is working? What conditions do you create for these interventions to be effective?
 - ii. Identify an intervention you use that is not traditionally associated with your selected models and briefly explain how you could use it to achieve one of your treatment goals. This is your opportunity to highlight the depth of your understanding of your theory of change. When clear and confident about where we are going (i.e., treatment goals), we exercise greater creativity and flexibility in the therapy room.
- H. Strengths and Limitations of Integrated Model**
- This section should describe the strengths and limitations of your integrated model. Use the following prompts as a guide:
- i. Identify the populations for which your model is particularly effective and those from which it is limited.
 - ii. Discuss the presenting problems for which your model is particularly effective and those for which it is particularly ineffective.
 - iii. Explain your lack of integration of particular elements of your selected models.

3. Conclusion (1 – 2 pages)

This section should wrap up the paper and drive home the concepts, models, and techniques you discussed above. Please also address:

- A. How your theory of change has developed over time
- B. Personal strengths and weaknesses
- C. What you want and need to continue developing as an MFT