

Follow-up Survey of Graduates of the University of Wisconsin-Stout

Marriage and Family Therapy

Program

by

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ABSTRACT

A follow-up study was conducted using data collected from graduates of the Marriage and Family Therapy Program at the University of Wisconsin-Stout. A survey was sent to former students who graduated the program between the years 1996 and 2006. The purpose of the survey was to gauge the effectiveness of the MFT program at UW-Stout as a part of COAMFTE accreditation requirements. The University of Wisconsin Stout Marriage and Family Therapy Program graduates reported significantly positive responses for all survey items measuring AAMFT core competency proficiency and additional program specific components. For example, in regard to licensure, 100% of UW-Stout MFT graduates who have attempted the National Exam have passed the National Exam.

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## Chapter I: Introduction

In 1979, an article by Craig Everett addressed what was then the quite recent emergence of the clinical Marriage and Family Therapy (MFT) graduate education. Everett noted that as the field of MFT would continue to grow and develop, the structure of the field would be impacted by the way in which master's degree programs in MFT developed. The University of Wisconsin-Stout Marriage and Family Therapy Program was established in 1974, accredited in 1977, and consequently has been at the forefront of the MFT education. Following Everett's argument, the program at Stout has been one of the programs that have shaped the MFT field of today.

The UW-Stout MFT program has maintained consistent accreditation through the accrediting body of the American Association of Marriage and Family Therapy (AAMFT), the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE), giving Stout's MFT program the record for the second longest continuous accreditation of any MFT program. This is a significant achievement that has occurred in no small part because of regular program evaluations that have been conducted by UW-Stout MFT students. While these program evaluations have been performed in an effort to conform to the accrediting standards of COAMFTE, they have also served an essential purpose in maintaining the viability and health of the program as a whole.

When addressing the issue of program evaluation, Aultschuld and Austin (2006) point out that while program evaluation may at first blush seem out of place when considering research in the social sciences, it is really quite at home in the field. These authors go on to provide a definition for evaluation as "a process or set of procedures for providing information for judging decision alternatives or for determining the merit and worth of a process, product, or program."

This is a definition that fits well when considering the evaluation process of UW-Stout's MFT program, particularly when it comes to determining the merit and worth of a program. However, UW-Stout's program evaluations are taken a step beyond this limited definition of evaluation to the extent that, not only is the program's worth taken into account, but as will be seen, also important are the topics that graduates point to as areas of improvement and growth.

#### *Statement of the Problem*

It is now common for university programs to take periodic surveys of their graduates to assess levels of employment, satisfaction with the program and the university as a whole, and issues related to improvement and growth (McDavid and Hawthorn, 2006). These surveys provide information for use in conducting program evaluations, as well as strategic planning that can be used to guide and shape the programs to serve all stakeholders.

In the case of UW-Stout's MFT program, the stakeholders are not only the current students and faculty, but also the past graduates who are part of a tradition of excellence. In the most recent UW-Stout MFT program graduates survey (White, 1996), the author made three recommendations as part of his conclusion. Essentially, his recommendations were to conduct program evaluations every five years, balance the ratio of female/male supervisors on the faculty supervision team, and provide a course that would deal with managed care/reimbursement issues.

Ten years later, it can be said that Stout's MFT program has been mostly responsive to these recommendations; while it has been ten years since the last evaluation, there are currently two male and two female supervisors on the supervision team, and MFT Procedures (including insurance/reimbursement issues) has been worked into the curriculum. The changes that have taken place over the last ten years demonstrate a willingness on the part of the program

administration to be sensitive to information that is gathered through program evaluation, and receptive to the criticisms and conclusions of past graduates.

There is a final set of stakeholders that are not often mentioned in program evaluations, but nonetheless deserve special consideration. This is the clients of the future who receive the services that are provided by graduates of the UW-Stout MFT program. In a follow-up survey of graduates from a variety of accredited MFT programs, Hines (1996) discovered that, in general, graduates from accredited degree-granting programs felt prepared to provide competent therapy for individuals, couples, and families. This is an important piece of information when considering the real-world application of the learning that is done in the UW-Stout MFT program. Ensuring that graduates are trained to provide skillful, competent therapy upon graduation is the impetus behind COAMFTE's accreditation standards. Conducting a systematic program evaluation is the UW-Stout MFT program's way of certifying that the program outputs are complying with COAMFTE's standards and consequently producing graduates who are qualified to provide the highest standards of care for their clients.

#### *Purpose of the Study*

Maintaining the high standards that are part and parcel of the UW-Stout MFT program reputation also means maintaining COAMFTE accreditation. In the most recent version of the COAMFTE accreditation standards (COAMFTE, 2005), the commission moved to an outcome-based accreditation system, which gives programs more leeway in their design, as long as the outcome-based standards are achieved. In the past, COAMFTE had an "input" driven system, which assumed that as long as programs were providing a basic level of input for their students (e.g. course design and content, required practicum hours), students would be achieving a minimum level of competency upon graduation. As the MFT field has moved towards outcome-



driven evaluation of therapy (Miller, Duncan, & Hubble, 2004), it makes sense that COAMFTE would experience a similar shift in perspective.

Given this shift to outcome driven results, MFT programs are now required to assess the competency of their students upon completion of the program. COAMFTE (2005) points out that this can be done in a variety of unique ways. For example, a program could adhere to past educational requirements or could use the recently developed *Professional Marriage and Family Therapy Principles*. UW-Stout's program has chosen to move forward by aligning itself with the principles. These principles include AAMFT core competencies and code of ethics, the AMFTRB (Association of Marriage and Family Therapy Regulatory Board) exam domains, and state regulations. This program evaluation is specifically tailored towards evaluating the outcome of the UW-Stout Marriage and Family Therapy Program in regard to graduates meeting and exceeding all standards set by COAMFTE.

In addition to evaluating the program in regard to COAMFTE standards, the study is also intended to measure students' overall feelings of satisfaction towards their education, and the phenomenological experience of students in the UW-Stout MFT program.

#### *Assumptions of the Study*

A basic assumption that underlies this study is that if graduates gain employment and secure state licensing then graduates are competent, skillful therapists. There is, in fact, no actual outcome measure of therapy skillfulness in this study. It is assumed that employment, licensure and graduate self-report of proficiency in regard to AAMFT core competencies is a valid assessment of therapist competence. A survey of employers will also be undertaken as part of the program's assessment process, however it is not included as part of this study.

## Chapter II: Literature Review

### *Marriage and Family Therapy as a Field*

Marriage and Family Therapy was born out of resistance to the status quo idea that was prevalent in early psychotherapy that therapists should not see the patient's family. Prior to the mid-twentieth century, it was unheard of for a therapist to see the entire family in the therapy room. The thinking went that if a therapist brought the family into the room, it would undermine the sacred psychoanalytic relationship between client and therapist, diminish therapist objectivity and diminish the ability of the client to work through the wounds of childhood (Nichols & Schwartz, 2004).

Beginning the 1950's, however, a small group of therapists started to notice that there seemed to be a relationship between the clients' mental health and functioning, and the health and functioning of the family. Therapists began to see that, for some families, the dysfunctional member played an important role, and as that member would get better, another member would begin to get worse (Nichols, et al., 2004).

Gradually the field progressed from being heavily involved in researching schizophrenia and the role of the family, into examining the role of the family in other aspects of therapy through the influences of major names like Bowen, Whitaker, Satir, and Minuchin, who truly launched the family therapy movement (Nichols, et al., 2004).

As the field has grown, it has seen a shift from top-down, therapist as expert, models of family therapy like Structural Family Therapy, Intergenerational Family Therapy, and Experiential Family Therapy towards the inclusion of more collaborative approaches such as Narrative and Solution-Focused Therapy. The field has experienced, weathered, and grown from challenges that came from feminist and multi-cultural thinkers who held the assumptions of

earlier therapists up to the light of scrutiny. It also shifted from a modernist, positivistic philosophy of science, to a post-modernist, constructionist philosophy. As MFT has grown as a field, it has moved from a collection of schools of thought, which occasionally experienced some in fighting, towards a cohesive, integrated field with a strong sense of professional and theoretical identity (Nichols, et al., 2004).

Students learning about MFT today have the benefit of a rich history that informs the work that they are being trained to perform. The theories that have been developed over the last 50 years provide a solid base from which to conduct therapy. Research on treatment techniques has demonstrated that, as a field, MFT has a strong claim of therapy effectiveness. Family therapy techniques have been used in the successful treatment of nearly every identified disorder, across age groups and gender (Liddle & Rowe, 2004; Pinsof & Wynn, 1995, Sprenkle, 2003; Ward & McCollum, 2005). In some cases, MFT has been demonstrated to be more effective than other treatment techniques; particularly in the areas of childhood behavioral problems, family and marital functioning, and substance abuse interventions (Liddle, et al., 2004).

Given these successes, it is essential that the training programs that instruct the next generation of Marriage and Family Therapists incorporates the highest standards of the field.

*Marriage and Family Therapy Training Standards: COAMFTE*

Everett (1979) noted early on in the development of Marriage and Family Therapy education, that more professional settings and mental health service agencies were seeing the tremendous benefit of systems thinking and of hiring MFT practitioners. Everett goes on to caution that the field would continue to experience this kind of success only if it continued to expand it's ability to graduate well trained, thoroughly educated MFT clinicians. The article

concludes by reinforcing the claim that graduates of MFT programs must be thoroughly grounded in theory and socialized to maintain an MFT professional orientation.

While the Commission on Accreditation in Marriage and Family Therapy Education (COAMFTE) had been established well before Everett's article was published, its primary mission is to ensure that MFT graduate programs fulfill just what Everett was recommending.

COAMFTE was established in an effort to provide accreditation for master's, post-master's, and doctoral degree granting programs in Marriage and Family Therapy. As recognized by the United States Department of Education (USDE), COAMFTE has been the official MFT accrediting body since 1978. An additional, non-governmental organization, the Council for Higher Education Accreditation (CHEA) works to support the action of accrediting bodies in American higher education to facilitate high quality education. CHEA also recognizes COAMFTE as the official accrediting body of MFT. Both CHEA and the USDE regularly review the standards and policies of COAMFTE to ensure that it is fulfilling its stated intent (COAMFTE, 2005).

The benefits of COAMFTE accreditation serve a variety of functions. Accreditation lets students know that the program that they are entering into is systematically reviewed, and meets or exceeds the stated goals of the program and of the profession that the program serves (COAMFTE, 2005). Students can further be assured that the education that they will receive fits well with the professional orientation that the program is associated with; in other words, students in accredited programs will receive an education that will fully prepare them to be a member of their chosen field. Further, employers can recognize that graduates from COAMFTE accredited programs are well prepared to undertake their chosen MFT career. The public benefits by the education and training that graduates of COAMFTE accredited programs receive,

ensuring that future generations of MFT clinicians are ready to serve their clients in the best ways possible.

Everett (1979) states unequivocally that the primary function of the master's degree in Marriage and Family Therapy should be to provide the structure to integrate theory into practice. The master's degree is considered the primary method of entering the profession as a therapist. The optimal basic structure of the MFT master's degree is a clearly organized and systematic sequence of coursework followed by clinical practicum experience (Everett, 1979; Hines, 1996; O'Sullivan & Gilbert, 1989). While this is minimally required by COAMFTE, the accrediting body sets additional standards. In the most recent version (V 11.0) of the Accreditation Standards, COAMFTE lays out four core standards and gives examples of the key elements of the standards in action, as well as types of evidence that a program can produce to demonstrate that it is complying with these standards.

The four standards as outlined by COAMFTE are Program Quality: Mission and Philosophy, Program Quality: Organizational Alignment and Support, Program Quality: Curriculum and Teaching/Learning Practices, and Program Effectiveness: Student Performance and Faculty Accomplishments. The first standard which is assessing for mission and philosophy holds that a program should hold students to standards set by their larger institution (e.g. parent university), which will be rigorously assessed throughout students progress in the program. This standard also specifies that students should be socialized to the philosophy of the program, institution, and MFT profession, and that student learning outcomes should reflect this mission and philosophy. Importantly, this standard also includes language about the importance of cultural/ethnic diversity and respect, and sets this as a core component of the philosophy of the profession.

The second standard involves organizational alignment and support; essentially meaning that COAMFTE programs must provide adequate support to their students, both academically and professionally. COAMFTE sets that this is primarily done through ensuring that faculty are appropriately trained for their content area, and that students work with AAMFT approved supervisors

The third standard sets out that the program curriculum must be congruent with MFT theories, and provide adequate coursework to give students a clear understanding of systems theory, theories of family development and life cycle, and a full variety of traditional MFT theories. This standard is intended to be a place where the program incorporates the *Professional Marriage and Family Therapy Principles*, and demonstrates that the curriculum complies with these principles- including the AAMFT Core Competencies.

The fourth and final standard provides that the program demonstrate that it is effective in educational outcomes and faculty achievements. This is principally done through regular and systematic program evaluations to measure program performance and effectiveness in educating students according to the principles and core competencies set out above. Ongoing evaluation is also done by regular assessments of rates of graduation versus program admission and the number graduates who pass the National Exam required for licensure in most states.

It is in this way that COAMFTE ensures that MFT remains a viable profession and effective means of providing safe, effective therapy.

#### *Gender, Ethnicity, and Cultural Competence in MFT Programs*

COAMFTE specifically sets out in its educational standards that accredited MFT programs incorporate cultural competence as a core philosophy, as well as a specific area of study. This fits well with the recommendations that appeared in an article in *Family Therapy*

Magazine. In this article, Hastings (2002) interviews a number of MFT clinicians and researchers across ethnicities in an effort to gain their perspective on what exactly is cultural competence. The importance of both academic and clinical exposure is stressed, including a call for MFT programs to actively recruit more minority students and faculty.

The recognition that incorporating diversity issues continues to be a challenge for accredited MFT programs is raised in the literature (Inman, Meza, Brown, & Hargrove, 2004). In a 1987 study that was included in an article published in 1999, the authors had intended to study the adequacy of an evaluation device when assessing MFT programs. The 1999 study included previously unpublished information from a follow-up study in which students were asked to nominate areas in which they felt they needed more training. The results of this poll found that students identified a need for greater training in gender and culture (Nelson & Johnson, 1999).

Despite the difficulty that is posed when programs attempt to integrate cultural competence into their curricula, Inman and colleagues (2004) demonstrated a “significant and positive relationship” between perceived levels of cultural competence and the number of courses taken in the subject.

In regard to the inclusion of gender specific curricula in MFT programs, while COAMFTE sets out that that this content must be included, it leaves it up to the discretion of the program as to the mode of integration. Programs have the choice of including the topic of gender in the foundational construction of the program (i.e. gender related content is pervasive across all course work) or they may chose to include a specific gender course. While research on which of these two options provide the more effective education on gender issues, what emerges is that incorporating gender into MFT education is an integral piece of graduates’ understanding of gender issues (Brown Filkowski, Storm, York, & Brandon, 2001).

*The Place of Qualitative Research in MFT Program Evaluation*

A movement towards a greater volume of qualitative research in Marriage and Family Therapy has been recognized in the literature. Hawley and Gonzales (2005) note that between 1999 and 2002, the publication of qualitative research articles in MFT literature doubled from about 17% to 38%. The article points out that this could be for a variety of reasons, including the shift across the field as a whole towards post-modern thinking, and the appealing nature of qualitative research for both MFT researchers and consumers of MFT research. It is noted that qualitative research methods allow for a greater amount of attention paid to variability in therapy, instead of the quantitative practice of generalizing across cases. Many researchers believe that a combination of the two approaches provides the best overall approach to research.

This ability to attend to the particulars of a subject in qualitative research may be particularly well suited to program evaluation (Deacon & Piercy, 2000). While quantitative program evaluation allows for a clear view of what is working or not for the program as a whole, qualitative research allows for a richer understanding of the experience of students in a MFT program. Given the shift towards qualitative research in the field, this depth of understanding could prove as a valuable source of information in program evaluation.



### Chapter III: Methodology

The intent of this study was to survey graduates of the University of Wisconsin-Stout Marriage and Family Therapy Program as part of a program evaluation to be used in reaccreditation of the program through COAMFTE. Surveys were sent to all graduates of the UW-Stout MFT program since the last follow-up study was conducted. The survey was developed based on the construction of previous follow-up surveys and current AAMFT core competencies and COAMFTE standards. Data was analyzed for frequency distribution of demographic information, employment and licensure history, and core competencies. Qualitative data was also collected but will not be included in this analysis. Data will be analyzed at a later date.

#### *Participants*

One hundred and eighteen surveys were mailed to graduates of the UW-Stout Marriage and Family Therapy program who entered the program between the years of 1994-2004, and graduated between the years of 1996-2006. The ten-year span was selected because the last alumni survey was ten years old, and because it provided an ample number of respondents who could provide a reasonable current description of how well their training prepared them for practice. The alumni's contact information is kept current through the program's email, phone and written correspondence with them. The MFT program's Clinic Manager is in charge of maintaining this information. She helped print and mail the surveys, as well as collected the returned surveys in the self-addressed, stamped envelopes enclosed with the surveys. Upon collection of the surveys, the Clinic Manager removed the cover page of the survey, which contained the confidential information regarding the identity of the respondent. In this way, the Clinic Manager was able to track survey responses and send reminder emails, while still

protecting the confidential identities of research participants. The Clinic Manager was not responsible for handling any of the response data.

### *Survey Tool Development*

IRB training, application, and approval process was undertaken as part of the research process. The survey tool development took place over the course of approximately 6 months in 2006. As a similar survey had been completed by a previous graduate of the UW-Stout MFT program in 1996, an example of the previous survey was obtained by the author and manually entered into a Windows-based word processing program. After the survey was initially formatted, it was evaluated and consequently updated by the author to reflect current construct and language relevance, as well as ease of use. After the author's initial updates, a copy of the survey was sent via email to the author's thesis advisor (the director of the Marriage and Family Therapy Masters Program) who updated the survey to reflect the current program with particular emphasis on recently revised standards set by the Commission for the Accreditation of Marriage and Family Therapy Education (COAMFTE). The survey was also constructed with UW-Stout program reviews in mind, such as the annual "Assessment in the Major" and the "Program Review Committee" process.

Several revisions were completed based on feedback from both the author's thesis advisor and other professors in the UW-Stout MFT program. The final survey is included in the Appendix section. After the survey tool was constructed, the author of the survey, along with the thesis advisor, met with The Statistical Consultant at UW-Stout to tailor the survey to facilitate later data analysis using SPSS. Prior to the mailing of the survey tool, the UW-Stout MFT program director (who was also the author's thesis advisor) sent a letter to the program graduates who were to be receiving the survey to alert them to the coming survey in an effort boost

response levels. A letter of greeting, also written by the MFT program director, was sent with the survey, along with preaddressed, stamped envelopes in which the respondents could return the survey. A month after the initial surveys were sent, a reminder letter was sent to the program graduates who had not yet returned the survey. Data entry began roughly two-weeks after the final reminder letter was sent. Examples of these documents are also included in the Appendix.

#### *Data Collection Procedures*

After the full complement of surveys had been received, the data was inputted into a Windows-based data spreadsheet and partial calculations were completed. Later, the same data spreadsheet was used to conduct a second round of calculations. These two rounds of analyses were performed for the MFT program director's annual report and for use in the revised program brochure, respectively. Finally, the complete survey data was inputted into the Statistical Program for Social Sciences, version 15.0, (SPSS, 2006) for full analyses. Both the author and the UW-Stout Statistical Consultant performed this action and conducted separate analyses. The two analyses were conducted because the Statistical Consultant routinely produces a statistical output as part of her consulting role, and the researcher was interested in establishing a MFT program database that could be used in future program evaluations. Frequencies were compiled analyzed using SPSS and have been used in the preparation of this report.

#### *Instrumentation and Data Analysis*

The completed survey tool was comprised of three sections. Section 1 was constructed to gather in-depth demographic information and determine graduates' work and professional trends. The frequencies generated from Section 1 data analysis were used to gauge the level of diversity of survey respondents. This section also gauged the desire and ability for program graduates to secure employment in the MFT field post graduation. Finally, Section 1 also surveyed the nature

of the work being performed in the MFT field by UW-Stout graduates, and their ability to gain licensure, if they so choose.

Section 2 of the survey tool addressed the American Association for Marriage and Family Therapy (AAMFT) core competencies and related program components that are the base of UW-Stout's MFT program. Survey respondents were asked to rate their ability to perform a range of essential MFT functions based on the knowledge and skill that they had derived from the UW-Stout MFT program. Survey respondents were also asked to rate how UW-Stout's MFT program fared on a broad range of attributes including accessibility and usability of facilities, approachability and skill of professors and supervisors, relevance of classroom material, appropriate cultural sensitivity training, and overall satisfaction with program design. Section 2 was comprised of 48 questions related to the above material. Survey responses were measured on a 5-point Likert Scale, and were unidirectional in regards to response type (i.e. Strongly Agree responses were always positive, Strongly Disagree responses were always negative.) Survey respondents were also asked to rate UW-Stout's MFT program on a scale of 1 to 10, with 10 being the highest possible rating.

Section 3 gave UW-Stout MFT graduates space to give their written personal testimony regarding their experience of the program. Respondents were encouraged to address any needs that the program might have for improvement, as well as any areas that are particular strengths of the program. The qualitative data from Section 3 are not included in this paper and will be analyzed at a later time in an effort to understand the phenomenological experience of UW-Stout Marriage and Family Therapy program graduates.

*Proposed Qualitative Analysis*

Section 3 results will be used in a future qualitative phenomenological study. This research will be done in an effort to understand the essential experience of UW-Stout program graduates. Section 3 results have been compiled into a word processing document and will be analyzed using a phenomenological approach to get at the educational experience for graduates. The responses will be read through to get a general feel for the participants' response content and in an effort to identify themes. As themes are identified, clustering of themes and patterns will be done in an effort to further explore the essential experience. Relating the themes of the text back to the whole of the experience is a critical piece of the phenomenological interpretation process (Pollio, Graves, & Arfken, 2006). As a current UW-Stout marriage and family therapy program student, the researcher is in a unique position to interpret the results of the personal testimony of past graduates.

## Chapter IV: Results

All statistical frequencies reported in this paper were calculated using the SPSS statistical software package.

### *Section One: Demographics, Employment History and Licensure*

#### Demographics

Of 118 surveys, 79 were returned, for a response rate of 67%. Participants' ages ranged between 24 and 61, with a mean age of 41.57. Of the respondents, 73.4 % (N= 58) were women and 26.6% (N=21) were men. 88.6% (N= 70) of respondents identified their ethnicity as White/Caucasian (non-Hispanic), while 3.8% (N=3) identified as Asian/Pacific Islander, and each of the three categories defined as African-American (non-Hispanic), Multi-Racial, and "Other" garnered 2.5% (N=2) respondents each. Over 70% of respondents (N=54) reported being in a couple relationship, and 46.1% (N=35) of respondents, irrespective of couple status reported having children living at home, either biological, adopted, step, or foster. Over 38% (N=30) reported having adult children of any type living outside the home.

Additionally, while five of 79 respondents chose not to answer a question regarding sexual orientation, 3.8% (N=3) of respondents reported a bisexual orientation, and 2.5% (N=2) of respondents reported a homosexual orientation. The remaining 87% (N=69) of respondents reported a heterosexual orientation. While sexual orientation results were fairly homogenous, religious affiliation results were a bit more varied. Fully 20% (N=16) of respondents either chose not to answer or reported no religious affiliation. Those reporting as non-denominational or Christian (N=23) accounted for the largest percent of the sample at 29%, while those identifying as Protestant (N=21) made up 27% of reported affiliation. Catholic affiliation ran to 13 % (N=10) of the sample and those who did not identify a religious affiliation but did self-report as

“spiritual” accounted for another 5% (N=4). Also represented in the sample were Buddhist, Jewish, Later-Day Saints, and Quaker affiliations.

Roughly 14% (N=11) of respondents reported some sort of disability, either in regards to themselves, or a child that they care for. The most representative (3.8%, N=3) identified disability was ADD/ADHD.

### Employment History and Licensure

In terms of graduates' rate of employment, over 87% (N=69) report working in the field of MFT. For those who reported working in the field, nearly 84% (N=56) were able to find a job either prior to graduation, or within 6 months of graduating from UW-Stout. For those who had secured employment in the field of MFT, when asked about their work in the field before holding a full license, 77% (N=52) reported working full-time, with the remainder working part-time. The majority (N=39) of UW-Stout MFT program graduates reported working in an urban setting versus rural. Interestingly, 7.5% (N=5) reported that their pre-licensure work was both urban and rural.

When responding to a question regarding licensure status, a substantial portion (21.5%, N=17) abstained from answering the question. For those who did respond, nearly 65% (N=40) reported full LMFT licensure, with the remaining 35% reporting pre-licensure status. For those with full LMFT licensure (N=42), 90.5% reported that the most representative work performed was mostly full time versus part-time, with the identical rural/urban frequency pattern as reported for pre-licensure work.

The salary range for work in the MFT field performed pre-licensure was \$10,000-\$50,000, including both part-time and full-time work. When asked to identify the salary graduates deemed most representative of the work that they had performed post-licensure,

answers ranged from \$26,000-\$65,000. When those currently working in the field were asked for their current salary, however, a range of \$10,000-\$91,000 was reported; this number represents graduates working in the field, licensed or unlicensed, full or part-time. The mean of each salary category was pre-licensure: \$30,342, post-licensure: \$41,128, and current: \$41,566.

When asked to assign percentage scores to account for the nature of the work performed, graduates reported that, on average, 27% of their time is spent doing individual therapy.

Graduates reported their time as nearly evenly split between couple and family therapy, 12.63% and 12.97% respectively. Graduates also reported an average of nearly 5% of time spent in doing group therapy, 16% of time spent doing in-home family therapy, 4% devoted to consultation, 9.5% performing administrative duties, 3% toward supervision (either as a supervisor or supervisee), and 4% of their time teaching. Graduates were given a chance to respond to this question with an "other-fill in the blank" option. An average of nearly 6% of time was designated into this category with responses mainly falling into more specific variations of the "supervision" or "administrative" categories.

While the percentage of time spent doing each activity is reported above, the frequency of graduates performing each type of therapy was also calculated.. Of UW-Stout MFT program graduates, over 68% (N=54) report doing individual therapy for some portion of their work, while 57% (N=45) and 53% (N=42) report doing couple and family therapy respectively, for some portion of their daily work.

Program graduates were also asked about whether or not they have sat for the National MFT Licensing Exam. All participants responded to this item, with 65% (N=51) reporting that they have sat for the National Exam. Of those who have sat for the National Exam, 100% (N=51) have passed the exam. Of those graduates who have taken the National Exam, 92% (N=45)



reported passing the first time that they took the exam. No graduate of UW-Stout's MFT program who responded to the program evaluation survey took the National Exam more than 3 times.

For those who did pass the National Exam, 88% (N=45) ranked the response "UW-Stout MFT program provided the foundation to pass" as either their #1, #2, or #3 responses, with 55% (N=28) of respondents ranking the statement as their #1 choice for why they passed the National Exam. Other high-ranking responses included "Took Exam soon after graduation" (N=20, 39%), and "Studied for exam without prep course" (N=33, 65%). These responses indicate that the UW-Stout MFT program had prepared graduates to study for the exam without extra assistance and graduates felt ready to take the exam right out of school. It is worth noting that zero UW-Stout graduates selected the response "The UW-Stout MFT program did not provide the foundation to pass."

Of UW-Stout MFT program graduates, the majority of respondents (69.6%, N=55) identified AAMFT as at least some part of their primary professional affiliation. Among survey respondents, 6.3% (N=5) reported that their primary professional affiliation was one other than AAMFT or their State Chapter of AAMT (WAMFT, MAMFT). 14% of respondents (N=11) did not identify a primary professional affiliation, AAMFT or otherwise. Other professional affiliations represented included AACC, AAFP, NASW, SHRM, and WAODDA.

### *Section Two: AAMFT Core Competencies and MFT Program Standards*

Full frequency SPSS output for Section 2, complete with labels, is included in appendix. Further statistics were calculated using the data from Section 2, including chi-square, linear regression, and correlation analyses. While there were some interesting correlations among some of the questions in Section 2 when controlling for the year graduated, none of the additional

statistics yielded anything significant to report in this study. This is not surprising given that the responses were highly uniform throughout the data set, with “Strongly Agree” and “Agree” responses to all questions being predominant.

There were no questions in Section 2 with significant portions of the responses “Disagree” or “Strongly Disagree”. Out of all 48 questions in Section 2 of the survey, only 2 (4%) of the questions had response rates where “Disagree” or “Strongly Disagree” made up for 6% (N=5) or more of the total responses. There were zero (N=0) questions in Section 2 where the responses “Disagree” or “Strongly Disagree” made up more than 11% (N=9) of the total responses. Further, 36% (N=17) of all questions had zero responses of “Strongly Disagree” or “Disagree”. There were only 7 total “Strongly Disagree” responses for all possible answers in Section 2 of the survey. Multiplying 79 respondents by 48 questions equals 3792 total responses in the survey making the 7 total “Strongly Disagree” responses accountable for 0.18% of all survey responses in Section 2.

On the other hand, for nearly 73% (N=35) of all questions in Section 2, the answer “Strongly Agree” garnered 50% or more of all responses. This means that for a strong majority of questions in Section 2, the majority of responses were rated the highest possible. For all questions on Section 2, 100% of questions had response rates where “Strongly Agree” and “Agree” accounted for at least 70% of responses, meaning that for all questions on Section 2, a strong majority of responses were positive.

For those questions that received a notable (i.e. greater than 2) number of negative responses, the subject content of the questions mainly related to diagnosis and paperwork matters. For example, for question #6, “By the time I graduated, the program trained me to conduct a systematic analysis of therapeutic effectiveness”, the few “Disagree” responses were

generated from more recent graduating classes. Because the majority of responses for this question (77%, N=61) were positive, the few “Disagree” responses could be a result of individual differences in level of interest or learning style. This could be said of all questions that received “Disagree” responses, because the negative response rate was so low.

A similar pattern of greater frequency of negative responses in more recent graduating classes was also noticed for question 5 “By the time I graduated, the program trained me to understand statutes, regulations, principles, values, and ethics of MFTs”. Also for question 14 “By the time I graduated the program trained me to manage clinical paperwork (e.g.: case notes, etc.)” and question 19 “Having a MS degree in MFT has helped me gain employment”. One implication of these findings could be that more recent graduates are more sensitive to their feelings of struggling with these complicated tasks of managing clinical paperwork and securing employment, whereas more experienced therapists (i.e. graduates from less recent years), are simply more comfortable and practiced with the concepts.

Question 35 “I received appropriate academic and career advising” was in direct contrast to the previously noted pattern in that it saw negative responses for earlier graduating classes. This could imply an improvement in the services provided by the program in recent years.

Most significantly, question 13 “By the time I graduated, the program trained me to conduct entry level DSM assessment” saw “Disagree” responses occur in almost every graduating class. This is an interesting finding as DSM diagnosis is clearly an area of struggle for many clinicians throughout the MFT field.

Some of the strongest responses positive responses in the core competencies section were to questions like question 1 “By the time I graduated, the program trained me to interact effectively with clients in order to establish a therapeutic contract”, where 100% of the answers

were positive, and over 73% (N=58) reported “Strongly Agree”. Question 7 “By the time I graduated, the program trained me to form a conceptual understanding of MFT” nearly 72% (N=56) of responses given as “Strongly Agree”. A similar finding for questions 8, with “interpret clinical data through an MFT lens”, 65% (N=51) and question 15 “consult with peers and supervisors as part of professional practice”, 76% (N=60), getting “Strongly Agree” responses.

In regard to program specific requirement questions that were asked in Section 2, items that addressed the quality of coursework, level of instruction/supervision, and physical facilities, the overwhelming majority of these responses were positive, with the majority of responses for all questions in this section being “Strongly Agree”.

In regard to questions relating to cultural issues, diversity, and respect, responses trended strongly towards the positive end of the spectrum. For example, question 28 “I felt respected and included in the program, regardless of my cultural diversity (i.e.: race, ethnicity, gender, sexual orientation, age, physical ability, social class, spirituality, etc.) saw 67% (N=53) of graduates responding “Strongly Agree” and 29% (N=23) of graduates responding “Agree”. There was, however, one response apiece given to the “Undecided”, “Disagree”, and “Strongly Disagree” options for question 28. While the program would strive to have zero responses in these categories, because the negative response rate is so low, it is not possible to interpret the findings in relationship to the program because they might be a result of individual differences.

In response to question 29, “the MFT program provided a sound understanding of cultural diversity”, there were no negative responses, and 66% (N=52) gave the program the highest possible mark. Similarly, in question 30, when asked if graduates are more likely to address issues of power and privilege in therapy because of the program, 63% (N=50) responded “Strongly Agree”.

When asked about issues related to supervision and teaching by UW-Stout MFT program faculty, a strong majority of responses were positive. For example, question 30 stated "The supervision process improved my therapy skills" and received a "Strongly Agree" response rate of nearly 79% (N=62). When responding to question 33's statement of "Classroom instructors were well trained in their content areas", again nearly 79% (N=62) respondents answered "Strongly Agree".

There was one item in the MFT Program Specific Components portion of Section 2 of the survey that related to research. Graduates responded to question 27 "The MFT program provided an understanding of research methodology" with a majority of responses (94%, N=74) on the positive end of the spectrum. These result were less strong, however, than many of the other result in the survey, with more survey respondents answering "Agree" than "Strongly Agree", 55% (N=43) versus 40% (N=31) respectively.

Graduates overall responses to the program were positive. When asked in question 32 about the competency of the program to train graduates in systemic/relational theory, all responses were positive, and nearly 80% (N=62) gave this statement the highest possible rating. Similarly, question 34 stated "the program provided sound training in MFT techniques" and had a "Strongly Agree" response rate of over 72% (N=57). And when asked in question 48 if they would recommend the Stout MFT program to others, 98.7% (N=77) of graduates responded positively.

Finally, when asked to rate the program overall on a scale of 1-10, with 10 being highest, no graduate rated the program lower than a 7, only 3 graduates rated the program below a 8, and the mean score was 9.16. Over 74% of graduates rated the program as 9 and above, and 38.5% (N=30) rated the UW-Stout Marriage and Family Therapy Program a perfect 10.

## Chapter V: Discussion

This follow-up study was conducted in coordination with the COAMFTE accreditation process for the University of Wisconsin-Stout Marriage and Family Therapy Program. As part of the study, a review of relevant literature was conducted, including a brief overview of MFT as a profession, the history and components of COAMFTE approved curriculum, the importance of cultural competence in MFT education, and the role of qualitative research in program evaluation. Additionally, an overview of the methodology of the current and future study was outlined, and a summary of the results of Sections 1 and 2 was provided.

### *Conclusions*

Section 1 of the survey examined a thorough review of graduates' demographics, employment history and licensure status. One of the major findings in the demographic section is in regards to the relative ethnic homogeneity of the UW-Stout MFT program graduates. While this is in concordance with the existing literature (Hines, 1996; Inman, Meza, Brown, & Hargrove, 2004;) which finds that ethnic homogeneity is prevalent throughout both training programs and the MFT field in general, there is a call for more active work to be done in the recruitment of a broader and deeper range of ethnicity. There are additional factors that could be at work when considering the relative lack of ethnic diversity in the UW-Stout MFT program. For example, UW-Stout is located in Dunn County Wisconsin. While a specific breakdown of county ethnic diversity is not included in this survey, it is safe to say that the region is fairly homogenous in its racial/ethnic composition. While Menomonie is a fairly large town, it is by no means an urban center where a greater diversity of ethnicity is more likely to be found. Located some distance from the nearest urban center (Minneapolis/St. Paul MN is roughly 65 miles from Menomonie), attracting a wider diversity of students may pose a more significant challenge for the UW-Stout

program than for other accredited programs that are located in or around an urban center. While the program should consider active recruiting of both ethnic minority students and staff, the possibility remains that there is nothing specific about UW-Stout's MFT program that is discouraging ethnic minorities from entering the program, other than its location.

In regard to work history, a large percentage (87%) of graduates reported finding work in the MFT field, and the vast majority (84%) of those had found work before, or within 6 months of graduation. This finding indicates that the program is able to equip those students who wish to find work in the MFT field with the tools necessary to obtain employment. Further, the relatively short time frame in which graduates were able to secure employment may indicate that the program played a significant role in their ability to find work in the MFT field.

The work that is being performed by UW-Stout MFT program graduates is similar to that reported in the literature, both in regard to work type and percentage of time spent doing each type of work (Hines, 1996). While the work was similar to that reported in the literature, the amount of time spent doing individual therapy was slightly higher, and the amount of time spent doing relational therapy somewhat lower for UW-Stout graduates than what was reported in the literature. There is not a clear explanation for the difference in results, but one possibility is related to the time that has passed since the literature cited, and the current survey. Perhaps there is an overall trend towards individual therapy as of late because of the increased influence of managed care. This assertion is supported by the most recent survey of UW-Stout MFT graduates that found a greater percentage performing couple and/or family therapy and a smaller percentage performing individual therapy as part of their daily work (White, 1996). While the answer to this question is beyond the scope of this study, the question merits further review.

In regard to rates of licensure, UW-Stout has an outstanding record. For those graduates who have attempted to take the National Exam, 100% have passed. It is unclear in regard to the literature where the program lands in rates of licensure compared to other programs. It could be assumed, however, that there are instances of individuals taking the National Exam and never gaining a passing score. Being that this survey found zero respondents falling into this category, the UW-Stout program could be above average in the area of licensing and of graduates passing the National Exam. The Wisconsin Department of Regulation and Licensing states that the pass rate for Wisconsin MFTs is 50 percent overall. Thus, UW-Stout graduates are certainly better prepared for the exam than other MFTs in Wisconsin.

While Section 1 of the survey was concerned with demographics, work and licensure, Section 2 of the survey assessed graduates on measures of AAMFT core competencies and other program specific requirements. This portion of the survey directly measures the UW-Stout MFT program output in accordance with COAMFTE requirements.

The results of Section 2 were overwhelmingly positive, with no question in the section receiving a significant portion of negative responses. There was a large portion of questions in this section that received no negative response at all. The results of this section clearly demonstrate that the University of Wisconsin-Stout Marriage and Family Therapy Program is meeting and exceeding COAMFTE expectations in regard to graduate proficiency and outcome.

As discussed in the results section, the response patterns by year graduated was analyzed for those questions that received greater than 2 (2.6%) negative responses, while keeping in mind that no question received more than 9 (11%) negative responses. An interesting pattern was noted in that recent graduates were more likely to give a negative response in regard to questions with content areas of paperwork and employment than were less recent graduates. One



possibility of for this trend is that these are complicated issues that are easier and less anxiety producing with time and practice. A second possibility for this pattern is that paperwork and securing employment has become more complicated over the last several years, and that less recent graduates have simply acclimated to the current climate while in the field. Graduates across class years responded negatively to the question about being prepared to give DSM-IV diagnosis. While this is an area of growth for the program, the wide spread response pattern indicates the difficult nature of the MFT profession's relationship with diagnosis. It should be noted that DSM-IV diagnosis and formal review of paperwork is now a required piece of treatment in the Clinical Services Center (the on-campus training clinic). This new standard has been implemented to directly address this concern.

When UW-Stout MFT program graduates were asked to rate cultural competence, respondents overwhelmingly responded that their training has given them a firm understanding of the issues related to cultural competence. Graduates also reported that, because of the program, they were more likely to address issues related to power and privilege in the therapy room. This fits with the literature that reports that the greater the amount of formal training in cultural competence, the more likely are graduates to have feelings of cultural competence (Inman, et al., 2004).

### *Limitations*

This study was limited in regard to assessment of ethnicity. When gathering demographic information, for example, it would be beneficial to have more than simple "White", "Hispanic", "Asian" categories as these labels do not fit well for all people. A richer definition of ethnicity is needed in order for the program to truly claim cultural competence. This is particularly true because of the ethnic homogamy noted in the *Results* section of this report. While the region may

be on first glance fairly homogenous, perhaps if give a broader look it would appear less so, as would the program. Perhaps defining diversity in regard to the diversity of the region (e.g. German, Swedish, Hmong, Vietnamese) would be more appropriate and accurate.

Another limitation of the study may be that the lack of any statistically significant negative responses. On first inspection, this may suggest that there is not room for improvement on the part of the program. It can be safely stated that all programs have room for some improvement, and UW-Stout is no exception. Perhaps because of the unidirectional orientation of the survey questions in Section 2, respondents may have been less likely to carefully read the statements. Instead, perhaps respondents may have skimmed the question and responded based on their overall feel of the program instead of considering the content of the question.

#### *Recommendations*

While a qualitative phenomenological analysis will be conducted using the survey results, it would be recommended that future program evaluations expand the qualitative portion. This reflects current trends in MFT literature in general (Hawley & Gonzales, 2005) and the emergence of other MFT qualitative program evaluations specifically (Deacon & Piercy, 2000). This may be especially useful given the lack of variability in the quantitative sections. Given the shift in COAMFTE accreditation requirements to outcome-driven results, using a qualitative approach to program evaluation may still produce the necessary results, while getting at a richer description of graduates' experience.

Despite the call for a broader understanding and definition of ethnicity, continued effort to recruit faculty and students of color should be made. While the predominant portion of graduates who responded to this survey indicated that they did not experience discrimination based on any factor (ethnicity, gender, disability, sexual orientation), that there were not any

negative responses to this question could be a result of the seeming lack of diversity in regard to ethnicity. The same statement could be made for sexual orientation, with homosexuality/bisexuality clearly underrepresented in the sample.

Regardless of the type of program evaluation, it would be optimal for the program to be systematically evaluated more often. While program evaluations have occurred every 10 years to date, increasing the frequency to every 5 years may be of value. This was recommended in the last program evaluation, and was the one recommendation that was not met. Perhaps the shift to outcome driven results in COAMFTE accreditation will serve as an impetus for this recommendation. For example, every year new program graduates complete a more detailed and formal "Exit Survey" that contains most of the items of section two, and graduate achievement data (much of section one of this study) is collected annually for every graduating class going back six years.

Lastly, the difficulty with diagnosis that was expressed by graduates needs to be addressed on a variety of fronts. While classwork and clinical practices have recently been implemented to address this issue, familiarizing and socializing students in the act of diagnosis is a necessity. The program should continue to pursue this course of action and provide adequate supervision regarding diagnosis specifically.

### *Summary*

The University of Wisconsin-Stout Marriage and Family Therapy program is clearly doing an excellent job of educating graduates. All COAMFT core competencies and program specific requirement output goals are met and exceeded, as are rates of graduation, employment, and licensure. Further, graduates report feelings of cultural competence in the therapy room.

In his 1979 article, Everett charged the MFT profession with the responsibility of creating programs that would shape and lead the field into the future. The results of this study suggest that the MFT program at UW-Stout has done a superior job of preparing students for success, and its adoption of the most recent accreditation standards demonstrates its commitment to shaping the MFT world of tomorrow.

## References

- Altschuld, J.W. & Austin, J.T. (2006). Program evaluation: Concepts and perspectives. In F.T.L. Leong & J.T. Austin (Eds.), *The Psychology Research Handbook: A Guide for Graduate Students and Research Assistants* (2<sup>nd</sup> Ed., pp. 75-90). Thousand Oaks, CA: SAGE Publications.
- American Association of Marriage and Family Therapy. (2004). *Marriage and Family Therapy Core Competencies*. Alexandria, VA: Author.
- Brown Filkowski, M., Storm, C.L., York, C.D., & Brandon, A.D. (2001). Approaches to the study of gender in marriage and family therapy curricula. *Journal of Marital and Family Therapy, 27*, 117-122.
- Commission on Accreditation for Marriage and Family Therapy Education. (2005). *Accreditation Standards Graduate & Post-Graduate Marriage and Family Therapy Training Programs Manual*. Washington, DC: Author.
- Deacon, S.A. & Piercy, F.P. (2000). Qualitative evaluation of family therapy programs: A participatory approach. *Journal of Marital and Family Therapy, 26*(1), 39-45.
- Everett, C.A. (1979). The master's degree in marriage and family therapy. *Journal of Marital and Family Therapy, 7*-13.
- Hastings, C. (2002). So, how do you become culturally competent? *Family Therapy Magazine, 1*, 18-24.
- Hawley, D.R. & Gonzalez, C. (2005). Publication patterns of faculty in Commission on Accreditation from Marriage and Family Therapy Education Programs. *Journal of Marital and Family Therapy, 31*, 89-98.

- Hines, M. (1996). Follow-up survey of graduates from accredited degree-granting marriage and family therapy training programs. *Journal of Marital and Family Therapy*, 22, 181-194.
- Inman, A.G. Meza, M.M., Brown, A.L., & Hargrove, B.K. (2004). Student-faculty perceptions of multicultural training in accredited marriage and family therapy programs relation to students' self-reported competence. *Journal of Marital and Family Therapy*, 30, 373-388.
- Liddle, H.A. & Rowe, C.L. (2004). Advances in family therapy research. In M.P. Nichols & R.C. Schwartz (Eds.), *Family Therapy: Concepts and Methods* (6<sup>th</sup> ed., pp. 395-435). Boston, MA: Allyn and Bacon.
- McDavid, J.C. & Hawthorn, L.R. (2006). *Program evaluation & performance measurement: An introduction to practice*. Thousand Oaks, CA: SAGE Publications.
- Miller, S.D., Duncan, B.L., & Hubble, M.A. (2004). Beyond integration: The triumph of outcome over process in clinical practice. *Psychotherapy in Australia*, 10(2), 2-19.
- Nichols, M.P. & Schwartz, R.C. (2004). *Family therapy: Concepts and methods*. Boston, MA: Allyn and Bacon.
- Nelson, T.S. & Johnson, L.N. (1999). The basic skills evaluation device. *Journal of Marital and Family Therapy*, 25(1), 15-30.
- O'Sullivan, M.J. & Gilbert, R.K. (1989). Master's degree programs in marital and family therapy an evaluation of admission and program requirements. *Journal of Marital and Family Therapy*, 15(4), 337-347.
- Pinsof, W.M. & Wynne, L.C. (1995). The efficacy of marital and family therapy: An empirical overview, conclusions, and recommendations. *Journal of Marital and Family Therapy*, 21, 585-613.

- Pinsof, W.M. & Wynne, L.C. (2000). Toward progress research: Closing the gap between family therapy practice and research. *Journal of Marital and Family Therapy*, 26, 1-8.
- Pollio, H.R., Graves, T.R., & Arfken, M. (2006). Qualitative Methods. In F.T.L. Leong & J.T. Austin (Eds.), *The Psychology Research Handbook: A Guide for Graduate Students and Research Assistants* (2<sup>nd</sup> Ed., pp. 254-274). Thousand Oaks, CA: SAGE Publications.
- Sprenkle, D.H. (2003). Effectiveness research in marriage and family therapy: Introduction. *Journal of Marital and Family Therapy*, 29, 85-96.
- Ward, D.B. & McCollum, E.E. (2005). Treatment effectiveness and its correlates in a marriage and family therapy training clinic. *The American Journal of Family Therapy*, 33, 207-223.
- White, D.M. (1996). Follow-up study of graduates of the marriage and family therapy program from the University of Wisconsin Stout. *Unpublished Plan B, University of Wisconsin-Stout Thesis Collection*.

## Appendix A: Survey

*06 Survey of UW-Stout Marriage and Family Therapy Program Graduates*

This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

**Section I: Post-Graduate Experience**

Please print or type answers. Be sure to answer each question as appropriate. Your answers will not be associated with your identifying information (name, address, etc.).

**Demographic Information**

1. Gender:     male         female
2. Age:         years old
3. Relationship Status:
  - single without children
  - coupled without children
  - single with children at home – circle type(s): biological    adopted    step    foster
  - coupled with children at home – circle type(s): biological    adopted    step    foster
4. Do you have adult children (biological, adopted, step, foster) living outside of your home?
  - yes
  - no
5. Ethnicity:
  - African-American (non-Hispanic)
  - White/Caucasian (non-Hispanic)
  - Hispanic
  - American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Multi-racial
  - Other (please elaborate) \_\_\_\_\_
6. Sexual Orientation (please specify): \_\_\_\_\_
7. Religious Affiliation (please specify): \_\_\_\_\_
8. Any Diagnosed Disabilities (please specify): \_\_\_\_\_
9. Year you entered the MFT Program:                      September \_\_\_\_\_
10. Month and Year you graduated from the MFT Program     / 
  - (month)    /    (year)





24. Percentage of time you currently spend doing: (NOTE: total should equal 100%.)

- (a) individual therapy \_\_\_\_\_ %  
 (b) couple therapy \_\_\_\_\_ %  
 (c) family therapy \_\_\_\_\_ %  
 (d) group therapy \_\_\_\_\_ %  
 (e) in-home therapy \_\_\_\_\_ %  
 (f) consultation \_\_\_\_\_ %  
 (g) administrative duties \_\_\_\_\_ %  
 (h) supervision \_\_\_\_\_ %  
 (i) teaching \_\_\_\_\_ %  
 (j) other \_\_\_\_\_ % (please elaborate) \_\_\_\_\_

**TOTAL 100 percent**

25. If you **are not** currently working in the field, please select the **best** response why:

- \_\_\_\_\_ Timing not good due to personal reasons  
 \_\_\_\_\_ The jobs do not pay enough  
 \_\_\_\_\_ I can not find a job in the field  
 \_\_\_\_\_ I am pursuing higher education  
 \_\_\_\_\_ I pursued MFT training for a different reason  
 \_\_\_\_\_ I can not get licensed  
 \_\_\_\_\_ Other (please elaborate): \_\_\_\_\_

### National Exam

26. Did you sit for the National MFT Licensing Exam?

- \_\_\_\_\_ yes (**continue with question #27**)  
 \_\_\_\_\_ no (**skip to question #32**)

27. How long after graduation from UW-Stout

did you sit for the National MFT Licensing Exam? \_\_\_\_\_ / \_\_\_\_\_  
 (years) / (months)

28. Have you passed the National MFT Licensing Exam? \_\_\_\_\_ yes \_\_\_\_\_ no

29. How many times have you taken the National MFT Licensing Exam? \_\_\_\_\_ times

30. If you **did not pass** the National MFT Licensing exam on your first attempt, please rank order **ONLY** relevant reasons, with "1" being the most significant reason.

I believe the exam is a poor measure of MFT skills  
 English as a second language  
 I took the exam too soon after graduation  
 I underestimated the difficulty of the exam  
 I took the exam too late after graduation  
 UW-Stout did not offer the necessary knowledge foundation  
 Personal difficulties  
 Other (please elaborate) \_\_\_\_\_

31. If you **have passed** the National MFT Licensing exam, please rank order **ONLY** relevant reasons, with "1" being the most significant reason.

UW-Stout provided the necessary knowledge foundation  
 I took an exam prep course  
 I studied for the exam, but without an exam prep course  
 I took the exam soon after graduation  
 I waited until I had enough work experience to take the exam  
 Other (please elaborate) \_\_\_\_\_

32. If you **have not taken** the National MFT Licensing exam, please indicate the primary reason:

I have not begun the process of obtaining a license  
 I have begun the license process, but am not at the point of taking the exam  
 My state does not require the National MFT Licensing exam, or has its own exam  
 Other (please elaborate): \_\_\_\_\_

### Licensure

33. Please choose the description that best fits your level of state MFT credential (license/certification):

I hold a "State Training License" (WI) "Licensed Associate MFT" (MN), or equivalent  
 I hold a full state MFT License, or equivalent  
 I do not hold a state MFT License on any level

34. If you **do not** hold a state MFT credential as listed in #33, please select the response that **best** describes the reason:

My state does not regulate MFT personnel  
 My job does not require a state MFT credential  
 I hold a state credential in another field (e.g.: psychology, PC, SW, etc.)  
 I have no interest in working in the field  
 I have not yet applied for one, or am waiting for my application to be approved  
 I do not meet the state criteria (please elaborate below)  
 Other (please elaborate): \_\_\_\_\_

35. If you **did not** pass the **state statutes and ethics exam** on your first attempt, please rank order **ONLY** relevant reasons, with "1" being the most significant reason.

- I believe the exam was a poor measure of MFT skills
- English as a second language
- I took the exam too soon after graduation
- I underestimated the difficulty of the exam
- I took the exam too late after graduation
- UW-Stout did not offer the necessary knowledge foundation
- Personal difficulties
- Other (please elaborate) \_\_\_\_\_

36. Please list other related licenses or certifications possessed, and the level (e.g.: AODA/CADC, PC, SW, APA, nursing, etc.)

Name of License/Certificate	Level of Training/Licensure (training license/full license, etc.)	Issuing State or Agency

**Membership in Professional Organizations**

37. Please indicate all professional organizations to which you belong: (check all that apply)

- AAMFT                       NASW
- APA                             NCFR
- ACA                             other (please elaborate) \_\_\_\_\_

38. I have applied for membership in: (check all that apply)

- AAMFT                       NASW
- APA                             NCFR
- ACA                             other (please elaborate) \_\_\_\_\_

39. Which one of the above professional organizations represents your primary professional identity? \_\_\_\_\_

## Section II: Program Evaluation from a Post-Graduate Perspective

Circle the one response that best reflects your opinion regarding the following statements:

SA = Strongly Agree; A = Agree; U = Undecided; D = Disagree; SD = Strongly Disagree  
N/A = Not Applicable

*Please base your answer on the skill/knowledge level you would expect of a new graduate just entering the MFT field.*

**You will have room at the end to comment on individual items.**

### Core Competencies

**By the time I graduated, the program trained me to .... :**

- |  |    |   |   |   |    |
|--|----|---|---|---|----|
| 1. interact effectively with clients in order to establish a therapeutic contract.     | SA | A | U | D | SD |
| 2. identify the relevant issues to be addressed in therapy.                            | SA | A | U | D | SD |
| 3. direct the course of therapy.<br>and attend to any "outside-of-session" activities. | SA | A | U | D | SD |
| 4. make progress on the clinical issues identified.                                    | SA | A | U | D | SD |
| 5. understand statutes, regulations, principles, values,<br>and ethics of MFTs.        | SA | A | U | D | SD |
| 6. conduct a systematic analysis of therapeutic effectiveness.                         | SA | A | U | D | SD |
| 7. form a conceptual understanding of MFT.   | SA | A | U | D | SD |
| 8. interpret clinical data through an MFT lens.  | SA | A | U | D | SD |
| 9. manage the general therapeutic process from first contact<br>to termination.        | SA | A | U | D | SD |
| 10. evaluate and modify the course of therapy as needed.                               | SA | A | U | D | SD |
| 11. conduct therapy using MFT specific procedures                                      | SA | A | U | D | SD |
| 12. conduct entry level systemic assessment.   | SA | A | U | D | SD |
| 13. conduct entry level DSM assessment.  | SA | A | U | D | SD |
| 14. manage clinical paperwork (e.g.: case notes, etc.).                                | SA | A | U | D | SD |
| 15. consult with peers and supervisors as part of<br>professional practice.            | SA | A | U | D | SD |
| 16. make referrals as part of my professional practice.                                | SA | A | U | D | SD |

### Other Program Specific Components

- |  |    |   |   |   |    |
|--|----|---|---|---|----|
| 17. The program helped me develop a professional<br>identity as an MFT.  | SA | A | U | D | SD |
| 18. The MFT program socialized me to be an active member of<br>professional organizations, such as AAMFT<br>and my state's MFT organization. | SA | A | U | D | SD |
| 19. Having a MS degree in MFT has helped me gain employment.   | SA | A | U | D | SD |
| 20. Having a full state license has helped me gain employment.   | SA | A | U | D | SD |
| 21. The MFT program provided an understanding of Lifespan<br>Human Development.  | SA | A | U | D | SD |
| 22. Requiring both on-campus and off-campus clinical placements<br>was a valuable experience.  | SA | A | U | D | SD |

N/A

**Other Program Specific Components (continued)**

- |  |    |   |   |   |    |
|--|----|---|---|---|----|
| 23. UW-Stout's "Mind's On, Hands On" (classroom plus practicum) approach to education benefited my MFT training  | SA | A | U | D | SD |
| 24. The program had appropriate MFT training goals.  | SA | A | U | D | SD |
| 25. The MFT program provided an understanding of ethical and legal issues unique to family therapy.  | SA | A | U | D | SD |
| 26. Mandated reporting, duty to warn/protect, and addressing imminent harm were addressed  | SA | A | U | D | SD |
| 27. The MFT program provided an understanding of research methodology.   | SA | A | U | D | SD |
| 28. I felt respected and included in the program, regardless of my cultural diversity (i.e.: race, ethnicity, gender, sexual orientation, age, physical ability, social class, spirituality, etc). | SA | A | U | D | SD |
| 29. The MFT program provided a sound understanding of cultural diversity.  | SA | A | U | D | SD |
| 30. The program made me more likely to address issues of power and privilege in people's lives.  | SA | A | U | D | SD |
| 31. The supervision process improved my therapy skills.  | SA | A | U | D | SD |
| 32. The program provided training in systemic/relational MFT theory.   | SA | A | U | D | SD |
| 33. Classroom instructors were well trained in their content areas.  | SA | A | U | D | SD |
| 34. The program provided sound training in MFT techniques.   | SA | A | U | D | SD |
| 35. I received appropriate academic and career advising.   | SA | A | U | D | SD |
| 36. The MFT Program Director was approachable and helpful.   | SA | A | U | D | SD |
| 37. The program faculty was approachable and helpful.  | SA | A | U | D | SD |
| 38. The Clinic Office Manager was approachable and helpful.  | SA | A | U | D | SD |
| 39. The overall program curriculum was relevant for the practice of MFT.   | SA | A | U | D | SD |
| 40. The courses covered a wide spectrum of MFT practice.   | SA | A | U | D | SD |
| 41. The video equipment used for supervision was adequate.   | SA | A | U | D | SD |
| 42. Books and other materials provided in the courses, library and clinic were adequate.   | SA | A | U | D | SD |
| 43. Physical facilities for doing therapy were adequate.   | SA | A | U | D | SD |
| 44. On and off campus practicum resulted in opportunities to work with an assortment of family types and problems.   | SA | A | U | D | SD |
| 45. Evaluations of students were fair and appropriate  | SA | A | U | D | SD |
| 46. Students were able to evaluate courses and instructors.  | SA | A | U | D | SD |
| 47. I appreciate receiving the <u>Courier</u> (program newsletter).  | SA | A | U | D | SD |
| 48. I would recommend Stout's MFT Program to others.   | SA | A | U | D | SD |
| 49. Please list any item numbers (between #1 and #48 in Section II), and provide a comment, for any items where your answer was "disagree (D)" or "strongly disagree (SD)".                        |    |   |   |   |    |
| <hr/>  |    |   |   |   |    |
| <hr/>  |    |   |   |   |    |
| <hr/>  |    |   |   |   |    |
| <hr/>  |    |   |   |   |    |

50. On a scale of "1" (awful) to "10" (excellent),  
I would give the MFT program an overall rating of:

Please state why you gave the above rating:

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### **Section III: Personal Testimony**

**Please make any statements you would like concerning the MFT program. For example, what has completing the program meant to you? Also, any comments on the program's strengths or areas in need of improvement (that are not already addressed above) are also welcome. Use as much space as necessary.**

**Thank you for your participation!**

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## Appendix B: Section 2 Frequencies

Questions 1-17 all begin with the statement: "By the time I graduated, the program trained me to..."

**ques01:** interact effectively with clients in order to establish a therapeutic contract.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	58	73.4	73.4	73.4
	Agree	21	26.6	26.6	100.0
	Total	79	100.0	100.0	

**quest02:** identify the relevant issues to be addressed in therapy.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	49	62.0	62.0	62.0
	Agree	29	36.7	36.7	98.7
	Undecided	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest03:** direct the course of therapy and attend to any "outside-of-session" activities.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	39	49.4	49.4	49.4
	Agree	37	46.8	46.8	96.2
	Undecided	2	2.5	2.5	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest04:** make progress on the clinical issues identified.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	38	48.1	48.1	48.1
	Agree	38	48.1	48.1	96.2
	Disagree	3	3.8	3.8	100.0
	Total	79	100.0	100.0	



**quest05:** understand statutes, regulations, principles, values, and ethics of MFTs.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	39	49.4	49.4	49.4
	Agree	35	44.3	44.3	93.7
	Undecided	4	5.1	5.1	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest06:** conduct a systematic analysis of therapeutic effectiveness.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	18	22.8	22.8	22.8
	Agree	43	54.4	54.4	77.2
	Undecided	13	16.5	16.5	93.7
	Disagree	5	6.3	6.3	100.0
	Total	79	100.0	100.0	

**quest07:** form a conceptual understanding of MFT.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	56	70.9	71.8	71.8
	Agree	21	26.6	26.9	98.7
	Undecided	1	1.3	1.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest08:** interpret clinical data through an MFT lens.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	51	64.6	64.6	64.6
	Agree	25	31.6	31.6	96.2
	Undecided	2	2.5	2.5	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest09:** manage the general therapeutic process from first contact to termination.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	36	45.6	45.6	45.6
	Agree	40	50.6	50.6	96.2
	Undecided	1	1.3	1.3	97.5
	Disagree	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest10:** evaluate and modify the course of therapy as needed.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	34	43.0	44.2	44.2
	Agree	39	49.4	50.6	94.8
	Undecided	3	3.8	3.9	98.7
	Disagree	1	1.3	1.3	100.0
	Total	77	97.5	100.0	
Missing	System	2	2.5		
	Total	79	100.0		

**quest11:** conduct therapy using MFT specific procedures

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	42	53.2	53.2	53.2
	Agree	34	43.0	43.0	96.2
	Undecided	2	2.5	2.5	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest12:** conduct entry level systemic assessment.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	38	48.1	48.1	48.1
	Agree	30	38.0	38.0	86.1
	Undecided	8	10.1	10.1	96.2
	Disagree	3	3.8	3.8	100.0
	Total	79	100.0	100.0	

**quest13: conduct entry level DSM assessment.**

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	16	20.3	20.5	20.5
	Agree	41	51.9	52.6	73.1
	Undecided	13	16.5	16.7	89.7
	Disagree	8	10.1	10.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest14: manage clinical paperwork (e.g.: case notes, etc.).**

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	24.1	24.1	24.1
	Agree	44	55.7	55.7	79.7
	Undecided	7	8.9	8.9	88.6
	Disagree	8	10.1	10.1	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest15: consult with peers and supervisors as part of professional practice.**

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	60	75.9	75.9	75.9
	Agree	18	22.8	22.8	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest16: make referrals as part of my professional practice.**

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	28	35.4	35.4	35.4
	Agree	34	43.0	43.0	78.5
	Undecided	15	19.0	19.0	97.5
	Disagree	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest17:** The program helped me develop a professional identity as an MFT.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	54	68.4	68.4	68.4
	Agree	22	27.8	27.8	96.2
	Undecided	2	2.5	2.5	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest18:** The MFT program socialized me to be an active member of professional organizations, such as AAMFT and my state's MFT organization.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	37	46.8	46.8	46.8
	Agree	31	39.2	39.2	86.1
	Undecided	9	11.4	11.4	97.5
	Disagree	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest19:** Having a MS degree in MFT has helped me gain employment.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	40	50.6	50.6	50.6
	Agree	28	35.4	35.4	86.1
	Undecided	5	6.3	6.3	92.4
	Disagree	6	7.6	7.6	100.0
	Total	79	100.0	100.0	

**quest20:** Having a full state license has helped me gain employment.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	NA	12	15.2	19.7	19.7
	Strongly Agree	29	36.7	47.5	67.2
	Agree	14	17.7	23.0	90.2
	Undecided	5	6.3	8.2	98.4
	Disagree	1	1.3	1.6	100.0
	Total	61	77.2	100.0	
Missing	System	18	22.8		
	Total	79	100.0		

**quest21:** The MFT program provided an understanding of Lifespan Human Development.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	40.5	41.0	41.0
	Agree	41	51.9	52.6	93.6
	Undecided	3	3.8	3.8	97.4
	Disagree	1	1.3	1.3	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest22:** Requiring both on-campus and off-campus clinical placements was a valuable experience.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	63	79.7	79.7	79.7
	Agree	15	19.0	19.0	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest23:** UW-Stout's "Mind's On, Hands On" (classroom plus practicum) approach to education benefited my MFT training.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	68	86.1	87.2	87.2
	Agree	8	10.1	10.3	97.4
	Undecided	2	2.5	2.6	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest24:** The program had appropriate MFT training goals.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	55	69.6	69.6	69.6
	Agree	23	29.1	29.1	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest25:** The MFT program provided an understanding of ethical and legal issues unique to family therapy.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	50	63.3	63.3	63.3
	Agree	23	29.1	29.1	92.4
	Undecided	4	5.1	5.1	97.5
	Disagree	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest26:** Mandated reporting, duty to warn/protect, and addressing imminent harm were addressed.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	53	67.1	67.1	67.1
	Agree	24	30.4	30.4	97.5
	Undecided	1	1.3	1.3	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest27:** The MFT program provided an understanding of research methodology.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	31	39.2	39.7	39.7
	Agree	43	54.4	55.1	94.9
	Undecided	3	3.8	3.8	98.7
	Disagree	1	1.3	1.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest28:** I felt respected and included in the program, regardless of my cultural diversity (i.e.: race, ethnicity, gender, sexual orientation, age, physical ability, social class, spirituality, etc).

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	53	67.1	67.1	67.1
	Agree	23	29.1	29.1	96.2
	Undecided	1	1.3	1.3	97.5
	Disagree	1	1.3	1.3	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest29:** The MFT program provided a sound understanding of cultural diversity.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	52	65.8	65.8	65.8
	Agree	24	30.4	30.4	96.2
	Undecided	3	3.8	3.8	100.0
	Total	79	100.0	100.0	

**quest30:** The program made me more likely to address issues of power and privilege in people's lives.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	50	63.3	63.3	63.3
	Agree	27	34.2	34.2	97.5
	Undecided	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest31:** The supervision process improved my therapy skills.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	62	78.5	78.5	78.5
	Agree	17	21.5	21.5	100.0
	Total	79	100.0	100.0	

**quest32:** The program provided training in systemic/relational MFT theory.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	62	78.5	79.5	79.5
	Agree	16	20.3	20.5	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest33:** Classroom instructors were well trained in their content areas.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	62	78.5	78.5	78.5
	Agree	15	19.0	19.0	97.5
	Undecided	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest34:** The program provided sound training in MFT techniques.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	57	72.2	72.2	72.2
	Agree	21	26.6	26.6	98.7
	Undecided	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest35:** I received appropriate academic and career advising.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	34	43.0	43.6	43.6
	Agree	33	41.8	42.3	85.9
	Undecided	8	10.1	10.3	96.2
	Disagree	3	3.8	3.8	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		



**quest36:** The MFT Program Director was approachable and helpful.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	63	79.7	80.8	80.8
	Agree	15	19.0	19.2	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest37:** The program faculty was approachable and helpful.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	66	83.5	83.5	83.5
	Agree	13	16.5	16.5	100.0
	Total	79	100.0	100.0	

**quest38:** The Clinic Office Manager was approachable and helpful.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	47	59.5	61.0	61.0
	Agree	24	30.4	31.2	92.2
	Undecided	3	3.8	3.9	96.1
	Disagree	2	2.5	2.6	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	77	97.5	100.0	
Missing	System	2	2.5		
	Total	79	100.0		

**quest39:** The overall program curriculum was relevant for the practice of MFT.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	59	74.7	75.6	75.6
	Agree	18	22.8	23.1	98.7
	Disagree	1	1.3	1.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest40:** The courses covered a wide spectrum of MFT practice.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	52	65.8	65.8	65.8
	Agree	25	31.6	31.6	97.5
	Undecided	1	1.3	1.3	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest41:** The video equipment used for supervision was adequate.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	44	55.7	55.7	55.7
	Agree	33	41.8	41.8	97.5
	Undecided	2	2.5	2.5	100.0
	Total	79	100.0	100.0	

**quest42:** Books and other materials provided in the courses library and clinic were adequate.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	50	63.3	63.3	63.3
	Agree	25	31.6	31.6	94.9
	Undecided	4	5.1	5.1	100.0
	Total	79	100.0	100.0	

**quest43:** Physical facilities for doing therapy were adequate.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	50	63.3	63.3	63.3
	Agree	23	29.1	29.1	92.4
	Undecided	3	3.8	3.8	96.2
	Disagree	3	3.8	3.8	100.0
	Total	79	100.0	100.0	

**quest44:** On and off campus practicum resulted in opportunities to work with an assortment of family types and problems.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	47	59.5	59.5	59.5
	Agree	28	35.4	35.4	94.9
	Undecided	2	2.5	2.5	97.5
	Disagree	1	1.3	1.3	98.7
	Strongly Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest45:** Evaluations of students were fair and appropriate.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	50	63.3	63.3	63.3
	Agree	28	35.4	35.4	98.7
	Undecided	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest46:** Students were able to evaluate courses and instructors.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	47	59.5	59.5	59.5
	Agree	31	39.2	39.2	98.7
	Disagree	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

**quest47:** I appreciate receiving the Courier (program newsletter).

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	48	60.8	61.5	61.5
	Agree	30	38.0	38.5	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest48:** I would recommend Stout's MFT Program to others.

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	65	82.3	83.3	83.3
	Agree	12	15.2	15.4	98.7
	Undecided	1	1.3	1.3	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

**quest50:** On a scale of "1" (awful) to "10" (excellent), I would give the MFT program an overall rating of:

		Freq.	Percent	Valid Percent	Cumulative Percent
Valid	7.00	2	2.5	2.6	2.6
	7.50	1	1.3	1.3	3.8
	8.00	13	16.5	16.7	20.5
	8.50	4	5.1	5.1	25.6
	9.00	23	29.1	29.5	55.1
	9.50	4	5.1	5.1	60.3
	9.90	1	1.3	1.3	61.5
	10.00	30	38.0	38.5	100.0
	Total	78	98.7	100.0	
Missing	System	1	1.3		
	Total	79	100.0		

## Appendix C: Example of Cover Letter from MFT Program Director

**Greetings from UW-Stout's Marriage and Family Therapy Program!**

I am writing to ask you to take 30 minutes of your time to fill out and return the attached survey. The MFT program is required to produce program evaluation data for a number of UW-Stout, UW-System, regional and national assessors. I'll provide one example. The program is due for reaccreditation by the Commission on the Accreditation of Marriage and Family Therapy Education (COAMFTE). The data you provide will help document the program's overall strength. COAMFTE accreditation assures students that they are getting a state-of-the-art MFT education, and it streamlines the post-graduate licensing process when it comes time to document educational preparation. It also helps recruit top quality students (like you ☺) to the program. As a graduate of this program, your feedback is very important to us. It is essential that we have a high return rate. Your voice counts! Let me "thank you" in advance for your help on this. It will be 30 minutes well spent. *We need a portion of this data compiled by late January, so your prompt return will be appreciated.*

I hope all is well in your life, or if you are experiencing one of life's inevitable "transitions," that it turns out well. Please stay in touch with us.  
Best wishes.

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