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Employers' Perceptions of Utah State University's Marriage and Family Therapy Program Requirements

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EMPLOYERS' PERCEPTIONS OF UTAH STATE UNIVERSITY'S MARRIAGE

AND FAMILY THERAPY PROGRAM REQUIREMENTS

by

Blake D. Altom

A thesis submitted in partial fulfillment
of the requirements for the degree

of

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in

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(Marriage and Family Therapy)

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UTAH STATE UNIVERSITY
Logan, UT

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ABSTRACT

Employers' Perceptions of Utah State University's Marriage and Family Therapy

Program Requirements

by

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Utah State University, 2008

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Department: Family, Consumer, and Human Development

The purpose of this study was to assess the influence of program requirements on

employability of Utah State University's (USU) marriage and family therapy (MFT)

program graduates, the training and employability of USU MFT graduates, and whether

or not there is anything that sets these graduates apart from graduates of other MFT

programs. Nineteen employers participated in this study. Twelve of these employers

were known to have hired USU MFT graduates as the graduates' first employment post-

graduation, and seven of the participants were considered potential employers: those who

could hire MFTs in the future. Questions were asked to these participants regarding

seven major requirements of USU's MFT program. A six-point Likert scale was

implemented where participants were able to rank the helpfulness of each requirement

and the influence it might have on the hiring process. Participants were given prompts to

provide comments or explanations of each question.

(108 Pages)

ACKNOWLEDGMENTS

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CHAPTER I

INTRODUCTION

It is helpful for any person attempting to gain employment to be aware of and obtain the competence necessary in the particular line of work they are seeking. There are many general skills found in a small body of research that pertain specifically to the helping professions (Bisno & Cox, 1997; Cristiani & Cristiani, 1979; Franklin, Gibson, Merkel-Stoll, Neufelt, & Vergara-Yiu, 1996; Fuller, 1997; Hein, Lustig, & Uruk, 2005; Kai, Spencer, & Woodward, 2001; Koller & Bertel, 2006; Mulholland & Derdall, 2004). These professions can range from marriage and family therapists, to psychologists, school counselors, psychiatrists, and occupational therapists, among many others.

The attempt in this study is to discuss the employability of marriage and family therapists (MFTs) in general. Another aim of this study was to assess how the main requirements of Utah State University's (USU) MFT program influence the employability of their graduates. The requirements of interest in this study are: theory of change project, clinical contact hours, supervision hours, advanced practicum experience, thesis project, group therapy experience, and cultural competence experiences.

The problem is that it is difficult to know exactly what employers are looking for when hiring new counselors or therapists. Little is known, however, about how certain training requirements are actually viewed by employers as helpful to applicants' employability. Two examples are the theory of change and advanced practicum requirements. The theory of change project is aimed to help students articulate their worldviews, perspectives on change, and their preferred ways of delivering treatment (e.g., their preferred therapy models, and so forth). The advanced practicum experience

is required as a way to give opportunities for students to experience therapy in a variety

of settings with different cultural experiences, as well as working with various types of

professionals. Within this realm, the current research will seek to find what is appealing

about MFTs (i.e., what makes them employable), what is different from MFTs and other

helping professionals, and if applicable, what sets USU MFT graduates apart from

graduates of other MFT programs.

More specificity is needed to assess the employability of MFTs in general as well

as the influence of USU program requirements on the hiring process of MFT graduates.

It may be beneficial to prospective employers as well as MFT programs to understand the

importance of these projects in the hiring process as information that may inform

program curricula.

The purpose of this study was to investigate the employability of marriage and

family therapy graduates, and whether the current requirements of USU's MFT program

are providing the skills perceived to be useful to be hired. This project used specific

questions addressing USU's MFT program requirements, and employers who had hired,

or who could potentially hire USU MFT graduates were recruited. Assessing the

employers' awareness regarding USU's MFT graduate program requirements will help

assess their students' employability.

CHAPTER II

REVIEW OF LITERATURE

The literature review in this chapter begins with a brief overview of the research found regarding the development of training standards in MFT. It then documents some specific skills and traits that are perceived according to research to be required in the helping field in general. After this section, suggestions for training future professionals will be reviewed, paying particular attention to the skills and traits that are specifically sought out in marriage and family therapists. This chapter will conclude with a review of the USU requirements for their MFT students (theory of change project, therapy training hours, supervision, advanced practicum experiences, thesis projects, group therapy experiences, and cultural competence experiences).

Development of Training in MFT

There is an increasing demand for graduates in clinical psychology and marriage and family therapy (Franklin et al., 1996). Their research showed increasing numbers of graduate programs in Australia from the years 1945 to 1994. In 1945 there were three programs teaching psychology in universities; by 1993, these psychology courses were being taught at 36 institutions. The authors also reported the growth of the number of courses in those programs. In 1974, there were 72 courses taught and at the beginning of 1994, there were 256. This is substantial growth in programs and courses, which suggests growth in the numbers of professionals entering mental health fields. This is reflected in the United States in the MFT field (American Association for Marriage and Family Therapy [AAMFT] website, n.d.; Broderick & Schrader, 1991). Broderick and

Shrader reported that social work began in 1877, and as early as 1911, social work agencies were specializing in marriage and family treatments and came to form an alliance called Family Service Associations of America. This organization produced the first volume in 1943 devoted solely to marriage counseling, which consisted of substantial training in couples work for social workers. Concurrently, some of the central figures in the early field of marriage counseling were obstetricians and gynecologists. As late as 1950, over a quarter of the members in the American Association of Marriage Counselors (AAMC) were gynecologists and another quarter were in other medical specialties.

In 1963, California made it unlawful for an untrained person to practice as a marriage or family counselor. This paved the way to create a theoretical foundation or body of scholarship (Broderick & Shrader, 1991). In 1975, the Journal of Marital and Family Counseling was created. This journal was renamed to the Journal of Marital and Family Therapy in 1979. Prior to the renaming of this journal, the organization once known as American Association of Marriage Counselors had been renamed to American Association of Marriage Family Counselors, and in 1978 had again been renamed to what it is now: The American Association for Marriage and Family Therapy (Broderick & Shrader).

The birth of family therapy required new training guidelines and standards that would grow with the new field of study. Altering curricula in university programs to meet changing needs and to keep up with new research findings is vital for the effective training of graduate students (Mulholland & Derdall, 2004). Some of these changes are in the course material, while other changes occur in the methods of delivering the training

to students. It is also apparent that MFT and other programs are being called on more

and more to be accountable for what they teach students and how they do so (AAMFT,

2005; Mulholland & Derdall). Not only is this accountability to students, but also to

employers who are seeking necessary skills and attributes in new employees and their

clients (Mulholland & Derdall). There exists responsibility to the clinical community to

be aware of and responsive to employers' needs, and at least attempt to combine these

needs with the recent trends or developments in the field (Mulholland & Derdall).

General Skills and Traits Perceived to Be Required in Helping Professions

There are a number of sources of literature that are specific to marriage and

family therapists that discuss skills or characteristics that they should acquire (AAMFT,

2001; Blow & Sprenkle, 2007; Blow, Sprenkle, & Davis, 2007; Figley & Nelson, 1989;

Nelson et al., 2007; Sexton, 2007). It is somewhat difficult to determine what makes

MFTs employable, or what employers are looking for when hiring MFTs based on the

current literature. A larger body of literature relates to psychologists, occupational

therapists, business managers, rehabilitation specialists, counselors, school professionals,

and so forth (Bisno & Cox, 1997; Cristiani & Cristiani, 1979; Franklin et al., 1996;

Fuller, 1997; Hein et al., 2005; Kai et al., 2001; Koller & Bertel, 2006; Mulholland &

Derdall, 2004). Examples of skills and attributes in this literature include listening skills,

respectfulness to clients, non-discrimination, establishing a working alliance, and being

able to ask open-ended questions (Bisno & Cox; Cristiani & Cristiani; Franklin et al.;

Fuller; Hein et al.; Mulholland & Derdall). Other skills mentioned that have particular

importance for the current study include working collaboratively with other helping

professions and developing multicultural competence (Cristiani & Cristiani; Kai et al.; Koller & Bertel).

Marriage and Family Therapy

The development of MFT came in response to family problems that were not effectively addressed in individual therapy. Although the previously mentioned skills and training are also used in marriage and family therapy, there are significant differences between how they are taught in MFT versus other clinical professions in the training of new therapists according to comments from participants in this study (see Appendix C for comments).   MFT training requirements generally are not based in research; it is not known if new graduates are helped or hindered by some of the requirements. Where available, research supporting the various requirements will be reviewed. For other requirements, there is no research but a rationale can be derived from the literature. The purpose of this project is to do a preliminary assessment of the attitudes of employers toward the various requirements of the MFT program at Utah State University; therefore, the requirements for that specific program will be reviewed. To provide a context for this review, trends toward outcome-based education including a general review of basic MFT competencies will be provided.

MFT Appeal

Broderick and Shrader (1991) explained much of the history of how MFT came to be a profession, and how interest in the profession was continuous. Not long after AAMFT was established in 1978, Gladding (1984) discussed the increasing interest in family therapy among counselors at that time. There was an associated call for

counselors to become better acquainted with the skills of family therapists. Gladding

noted that one of the concerns at the time was the importance of addressing the training

of family therapy skills before becoming too enthusiastic about offering programs in

family therapy. Gladding suggested that teaching family therapy skills is possible, and

that during the time of the article, this was very important because the field of family

therapy was "rapidly maturing" (Gladding, p. 104).

Although the field was maturing in 1984, this process has continued since then

(AAMFT, n.d.). One evidence of this maturation according to AAMFT is that MFTs are

licensed and/or certified in 48 states and Washington D.C. They are recognized as a

distinct mental health discipline by the federal government. AAMFT reported that there

were 237 members in 1960, and in 2000, there were 23,000 MFTs. Today, AAMFT

reports more than 24,000 MFTs. These numbers suggest that the demand for MFTs has

increased, and most likely will continue to increase. AAMFT claims that the profession's

presence in the mental health field has increased due to its family-centered approach,

solution-focused treatment, and demonstrated effectiveness (AAMFT). AAMFT also

reported that 62% of managed health care providers and 52% of employee assistance

programs (EAPs) employ MFTs as staff members or contracted providers. AAMFT also

claims that 91% of the graduates from the Commission on Accreditation for Marriage

and Family Therapy Education (COAMFTE) accredited programs found jobs soon after

they graduated (AAMFT). Clearly, the field of marriage and family therapy is continuing

to grow in numbers and influence.

Outcome-Based Education

Although the main purpose of this project is to determine the employability of MFTs in general, a portion is to assess the employability of MFT graduates directly post-graduation. Nelson and Smock (2005) discussed the transition of marriage and family therapy education (MFTE) toward outcome-based education (OBE). OBE requires "understanding that just because we provide students with a variety of educational material doesn't mean that they will actually learn the material" (Nelson & Smock, p. 356). OBE focuses less on what is taught, and more on what is learned as well as documenting that learning has occurred. Nelson and Smock discussed the gradual call to accountability for practicing MFT, which has created a shift in educational principles. Rather than purely an input-based approach to teaching, the shift has moved to outcome-based. This suggests that just because a student is presented with certain material related to a certain profession does not mean the student learned the material. As students complete graduate programs, it is important to show that they are competent in their fields of study. As this shift occurs, there has been pressure to identify and create ways to measure these outcomes (Nelson and Smock).

In response to the move toward outcome-based education, AAMFT created a taskforce to develop competencies for the field (AAMFT, n.d.). Nelson et al. (2007) discussed the development of the AAMFT Core Competencies (CC). The authors introduced the CC by explaining the necessity for them. Nelson et al. also suggested there has been a recent push on the national level for mental and behavioral health practitioners to create a list of CC for each of their professions. The AAMFT core competencies are basically a list of skills that marriage and family therapists should have

mastered to some degree before they are licensed. The authors explained that these CC

should be measurable in order to document effective performance (Nelson et al.).

The AAMFT CC include 6 domains, along with five subdomains under each

domain. The six domains are (a) admission to treatment; (b) clinical assessment and

diagnosis; (c) treatment planning and care management; (d) therapeutic interventions; (e)

legal issues, ethics, and standards; and (f) research and program evaluation. The five

subdomains of skills found within or under each of the domains are (a) conceptual; (b)

perceptual; (c) executive; (d) evaluative; and (e) professional (AAMFT, n.d.; Nelson et

al., 2007). The list of CC can be found in the appendix of the article, as well as on the

AAMFT website (www.aamft.org). The CC are perhaps the most comprehensive list of

the minimum skills needed as family therapists at the time of licensure according to

Nelson et al. Most of them must be introduced and some mastered in graduate-level

training. Because they provide the impetus for assessing all levels of graduate and

postgraduate training, it is important to consider them for the purposes of this project.

General MFT Comprehension

An important precursor to outcome-based education was an attempt to identify the

most important skills for a marriage and family therapist. An important article to start

this conversation was written by Figley and Nelson (1989), in which they reported the

100 generic skills most mentioned by MFT supervisors as important for beginning

marriage and family therapists. Although the study asked participants to name generic

skills rather than personal skills, it was found that approximately one half of the listed

skills were personal traits or attributes rather than teachable skills. Within the top 25

generic skills, only five consisted of skills that might be considered teachable. These

skills are (a) basic interviewing skills, (b) establishing rapport, (c) giving credit for positive changes, (d) having the ability to distinguish content from process, and (e) setting reachable goals. The authors stated that even these top five skills could be argued as personal traits. Either way, these skills or traits, however labeled, seemed to be the consensus at the time the article was written of opinions or perceptions of important aspects of beginning marriage and family therapists, and thus what employers should be looking for in their prospective employees.

Figley and Nelson's (1989) article was followed by several others documenting the most important beginning skills at a variety of points in time. For example there is research on recent graduates of MFT programs as well as recently licensed professionals (Cornille, McWey, Nelson, & West, 2003; Nelson & Figley, 1990; Nelson & Palmer, 2001).

A debate has gone on for several years within the field of MFT consisting of determining whether or not the person delivering the therapy is more important to effective outcomes than the model or type of therapy being delivered (e.g., Blow & Sprenkle, 2007; Blow, Sprenkle, & Davis, 2007). The debate includes questions regarding common factors (discussed below) of effective therapy, as well as whether or not fidelity to a preferred model that matches one's worldview (one's perception of people, perspective of reality, ideas about change, ideas about how therapy helps people change) helps the therapist to be effective (Sexton, 2007).

Blow et al. (2007) suggested that the self of the therapist has a greater impact on effective therapy than therapy models. They argued that when someone refers a friend or

relative to a therapist they prefer, it usually has to do with the therapist's competence

and effectiveness as a therapist rather than their theoretical approach.

On the other hand, Sexton (2007) argued that a therapist's commitment to his or

her worldview as it applies to a theoretical approach may be a more important factor than

the self of the therapist. He suggested "common factors are 'necessary' in some

situations, but often 'not sufficient' with other specific types of problems or with specific

clients. Specific models are 'necessary' but 'not sufficient'" (p. 104). It appears that

Sexton gives more credit to the models than do the previous authors (Blow et al., 2007).

However, Sexton also attempted to explain why a therapist needs skills related to

common factors in addition to a strong worldview, a strong commitment to a model, and

more specifically, a strong commitment to the model that best fits with his or her

worldview (Sexton).

Blow et al. (2007) identified some skills in the self of the therapist that are

necessary, according to literature and research, for effective therapy. The authors stated

early on "as common factors researchers, we believe that MFT works largely because of

common elements found in effective models of therapy and the process of therapy itself,

rather than specific ingredients found in models" (Blow et al., p. 298). Blow et al.

admitted that models may provide a structure to help guide therapy and decisions, but

stated "no model is or ever will be capable of telling a therapist what to do and how to do

it in every clinical situation" (p. 309).

After suggesting that there needs to be a shift in the focus of training, Blow et al.

(2007) listed five areas of competency that would be beneficial in order for therapists to

be effective: (a) therapists' training should be grounded in common factors, meaning

therapists seek good outcomes based on alliance building, hope and expectancy generation, client engagement, changing meanings, matching to clients' worldview, relational conceptualization of problems, and the like; (b) therapists should be knowledgeable of empirically supported models of treatment as well as the traditional models they are based on; (c) therapists should have a "thorough grasp of theory and research related to topics of human development, culture, gender, aging, relationships, family studies, spirituality, human communication, and the like" (p. 311); (d) rather than focusing too much on intellectual criteria such as Graduate Record Examination scores, grade point average, and writing skills, focus more on how proficient the therapist is inside the therapy room by finding ways to identify and recruit those with inherent talent; (e) resolution of self of therapist issues, that is, that the therapist becomes aware of unresolved issues and biases that might contribute to ineffectiveness with clients, as well as the therapist's strengths and resources that may help him or her be more effective.

In a different article, Blow and Sprenkle (2007) expressed concerns about the lack of research for specific therapist characteristics in the whole field of psychotherapy, including MFT. Although much research has been performed for specific interventions and models, and how effective they are or are not, there is too little research on therapist variables that help interventions be more effective. The authors made a comparison to the medical model that MFT has become more about which treatment works better rather than who is giving the treatment. A pill for high cholesterol may work without questioning the competence of the person who prescribed it. On the other hand, regardless of what model or interventions a therapist is using, a client may ask himself or herself how competent the therapist is as well as whether or not there is an alliance

between the client and therapist. Blow and Sprenkle suggested that thus far, the lack

of research to find specific traits and characteristics of therapists has led the field further

into the medical model, and has ignored what clients may be seeking in therapists.

Although many of the emphases in Blow and Sprenkle (2007) are similar to the

emphases in their previous article with Davis (Blow et al., 2007), Blow and Sprenkle

suggested other interesting points that an effective therapist needs to take into

consideration. For example, when therapists have clients who are more introspective and

self-reflective, they are more likely to benefit from using insight-oriented methods.

Clients who are more impulsive and aggressive may benefit more from skill building and

symptom-focused treatments. Further, when the client tends to be resistant, the therapist

may need to diminish the directiveness in treatment, and when resistance becomes low,

increase the level of directiveness. The point is further made that adhering strictly to any

one worldview or model may restrict a therapist who does so, and the therapist should

make necessary adaptations or changes in therapy case-by-case. Clearly Blow and

Sprenkle and Blow et al. believe that well-rounded education and training for therapists

in many traditional models and worldviews of therapy as well as the newer models

derived from the traditional models will help programs train students effectively and gain

the skills necessary to adapt to many clients who have accrued problems in many

different areas.

USU MFT Program Requirements

The USU MFT program was reinstituted in the 1991-92 school year due to a

generous financial donation. One of the requirements for the ongoing donation was that

the program become accredited in a timely manner. During the 1991-92 academic year, two faculty were hired to complement the one clinical faculty member who was already part of the department.

A number of MFT programs incorporate certain requirements into the curriculum they feel will best meet the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accreditation standards. Because part of this project's aim is to attempt to determine the employability of USU's MFT program's graduates, several requirements of USU's MFT program will be reviewed. These are the requirements USU's MFT program has chosen to assess regarding their influence on the employability of a graduate student after graduation.

Theory of Change Requirement

Theory of change projects are a popular idea among different professions, and have been around for a number of years (Liddle & Saba, 1982). These projects are meant for students and professionals to articulate in written documents regarding how they guide themselves in their respective positions, how change occurs, preferred ways of helping others change, and their general worldviews (Nelson & Prior, 2003). Much of the research found on theories of change projects are in regard to child psychology, other child care, psychology, school psychology, and social programs in general (Atkin, 2007; Hernandez & Hodges, 2006; Kratochwill, 2005; Mackenzie & Blamey, 2005; Stacey, 2006).

Although the research and literature on general skills is scarce, the research determining whether or not a theory of change paper specific to MFT programs is a factor in the hiring process for marriage and family therapists is sparse, with only two sources

found: Prior (1999) and Nelson and Prior (2003). The first resource was Prior's thesis

project questioning whether or not the theory of change projects required by different

marriage and family therapy programs (MFT) actually promoted the development of

more effective therapists and comparing content required in these projects across

different programs. Out of 46 respondents who reported their opinions, Prior and Nelson

did not find any reports that the theory of change project helped significantly in the

training of more effective therapists, as well as no consensus as to what the projects

entailed. Further, the authors suggested that more research is necessary on theory of

change projects for finding whether or not they are worthwhile projects. Nelson and

Prior also attempted to identify similarities across MFT programs regarding theory of

change projects. They reported that 41% of responding programs (46) did not require a

theory of change project.

Student Therapy/Supervision Hours Requirement

Graduate students in COAMFTE-accredited marriage and family therapy

programs are required to complete 500 hours of face-to-face therapy prior to graduation

as well as 100 hours of supervision of these therapy sessions (AAMFT, 2005). Little is

known about how 500 was the number of hours chosen for therapy.

> When education and experience criteria for accredited programs were first
> developed, those charged with their development decided that 500 face-to-face
> clinical hours and 100 supervision hours were needed to adequately learn
> systemic therapy. These numbers were arbitrary but honored until recently when
> the accreditation standards changed from input-based criteria (a certain number of
> hours) to outcome-based (what a student learns). Programs typically are using the
> criteria of the older standards while we work on ways to assess student learning
> for systemic therapy. (T. Nelson, personal communication, March 11, 2008)

Nelson further stated:

> In addition, the same people decided that supervision needed to be intensive and based on raw data. It was at the start of the times of having one-way mirrors for observation, but at the same time, people had not been trained primarily in systems work, including the supervisors. They decided that supervision needed to be intensive with a high ratio of one hour of supervision for five hours of therapy, and that it needed to be based on direct access to therapy dynamics through live observation or video/audio review. (T. Nelson, personal communication, March 18, 2008)

Regardless of their origin, these supervision requirements have been included in Utah's state law, where the exact rules of supervision and clinical experience listed above are present in Utah Division of Occupational and Professional Licensing (DOPL, Requirements for MFT Licensure). Although there is no empirical evidence for the number of hours of experience or supervision, the above quoted numbers have been widely used for years with no evidence that they are important to future employers.

Cultural Competence Requirement

The cultural competence requirement in USU's MFT program requires students to attend events or activities once per semester that are cultural in nature. These activities should be places or events that the student would not normally attend. The student is to type a one-page paper on what s/he learned about the experience and how it could help them broaden their knowledge on multi-cultural issues.

Kai et al. (2001) expressed and emphasized the importance of being competent in multi-cultural issues in training new therapists. These authors expressed the need to tackle these issues in the education setting to help better prepare students to be competent in therapy. They discussed the idea that perhaps the problem, or lack of diversity, originates from students as well as in educators' curricula. Students may have a small

desire to know about cultural differences and would rather not address attitudes

towards diversity. However, Kai and colleagues suggested that this attitude might be

influenced by the curricula being taught. The current curricula in many programs seems

to emphasize differences rather than similarities. One of the concerns expressed by Kai

and colleagues is that there is confusion in knowing how to teach the subject effectively

(Kai et al.).

There is also an increasing call for therapists in training to develop cultural

competence (Kai et al., 2001; Murphy, Park, & Lonsdale, 2006; Odell, Shelling, Young,

Hewitt, & L'Abate, 1994). Attention to diversity is a requirement for MFT programs

accredited by the COAMFTE (AAMFT, 2005; Murphy et al.). Murphy et al. surveyed 12

graduate students enrolled in a graduate level diversity class. They found that the 12

students significantly increased their multicultural awareness, skills, and knowledge by

the end of the course. Some of their implications for training in this area suggested that a

single course in diversity can increase competency in this area, and that further attention

to sociocultural factors is necessary to reinforce skills and knowledge. They also

suggested increasing the ratio of multicultural representation among faculty and students,

as well as conducting more research on diversity (Murphy et al.).

Odell et al. (1994) began to differentiate some skills needed for work with

multicultural families from skills needed to work with mainstream Anglo-American

families. The authors stated, "There is no question that part of the clinical and technical

preparation of present and future family therapists should and will include an important

multicultural component" (pp. 145-146). They explored the structural and relationship

skills necessary to be effective in practicing multicultural family therapy (MCFT). The

skills listed come in two sets: "empathy, warmth, and regard in relating to clients…

[and] how therapy is to be structured to deal with referral problems" (p. 146). Some of

the issues mentioned in the article relating to family diversity and their implications for

MCFT include

> 1) demographic changes will increase the extent of family diversity; 2) definitions
> of family have important implications and are inextricably intertwined with
> values; 3) different types of families are themselves heterogeneous; 4)
> understanding family diversity requires attention to similarities as well as
> differences among families; 5) social institutions experience difficulties in
> becoming sensitive to different types of families; 6) appreciation of diverse types
> of families illuminates how families can adapt to adversity; 7) empirical findings
> are needed to test professionals' theories and popular speculation; 8)
> understanding of family diversity is enhanced by attending to multiple generations
> within families; 9) teaching individuals to appreciate family diversity is a
> challenging endeavor; 10) understanding family diversity requires attention to
> processes that occur within families; 11) concepts and techniques used with white,
> English-speaking American families may not be applicable to other types of
> families; 12) knowledge of diverse families is facilitated by understanding family
> members' perceptions of their experiences. (p. 146)

One tip that Odell et al. (1994) suggested is that of avoiding stereotyping. It is

important for therapists to gather information about each family's values and how they

are different or similar to the values in the country-of-origin as well as the U.S. (Odell et

al.). In an attempt to add experience to the didactic training in diversity, USU MFT

graduate students are required to find one experience per semester that broadens their

awareness of diversity. The students are then required to write a one-page paper on how

that experience could influence their therapy. It is not known, however, if this

requirement influences the employability of the graduates.

Advanced Practicum Requirement

The literature regarding the benefit of off-campus advanced practicum therapy

sites is scarce. This requirement is not mandated by COAMFTE, but rather is based on

the idea from professors of programs that it is a good experience in diversity for the

students (Seibold, 1999; T. Nelson, personal communication, March 24, 2008). This idea

is correlated, however, with earlier research cited about collaboration among

professionals (Fuller, 1997; Quealy-Berge & Caldwell, 2004). In addition, Nelson

explained in the same personal communication that she and other faculty at USU

believed that their onsite clinic would not have enough diversity experience to train and

expose the students to multicultural issues (i.e., the clinic was too small and in a

predominantly Caucasian community). In addition, she also explained that the clinic

simply does not have the capacity or resources for students to be able to complete all of

the required hours of therapy, necessitating supplementing the hours in the clinic with

hours at off campus sites.

Group Experience Requirement

The USU MFT graduate program includes group therapy as a required part of

students' experience (USU MFT Policies and Procedures Manual, 2008). Group therapy

is offered in many therapy agencies and is understood to be a difficult situation for new

therapists who may lack experience working with groups (Saayman, Saayman, & Wiens,

2006). Although previous authors briefly described the importance, challenges, and

benefits of group therapy in general, they were more focused on a certain model of

approaching group therapy, as were other authors (McLendon & McLendon, 2005). No

evidence was found to strengthen the need for group therapy as a requirement for MFT

programs.

Thesis Requirement

Not all MFT graduate programs require a thesis. A review of requirements revealed that only 7 of 65 masters programs required a thesis. Five of the programs that require a thesis are land grant universities (Auburn, Colorado State, USU, Virginia Tech, and North Dakota). The other two are longstanding family research universities (Brigham Young University and Purdue University Calumet). For those that do have the thesis project requirement, it is believed to be a method of helping students do their own research projects, to practice their writing skills, and to better understand reading and conducting research (Gelso, 2006). Some sources attempt to explain the benefits of doing research in training programs, and some suggest that there is no evidence that it is part of good training (Gelso; Hertlein & Lambert-Shute, 2007; McWey et al., 2002). No evidence was found as to why theses are requirements in some programs and not in others.

Although not particular to MFT, the most compelling argument for doing thesis research is called the scientist-practitioner model and has been discussed for about 40 years (Gelso, 2006). The scientist-practitioner model suggests the necessity for graduate students to become well rounded in research as well as clinical practitioners. Many graduate students who enter mental health fields want to become practitioners. The majority of these students will not continue doing research. Gelso suggested that, "greater involvement by more psychologists increases the extent to which our practices will be based on scientific findings and scientifically sound theories" (p. 4). There is evidence that a thesis is an important component in training (Gelso). Some students say a

thesis is helpful, and there is evidence that skills in research are desirable (McWey et al., 2002).

With regard to students seeking MFT graduate programs, Hertlein and Lambert-Shute (2007) discussed some of the aspects of programs that are important and some that are not. Among both doctoral and masters students, the rating of teaching and research in programs was the least important of other aspects of the program. Masters program students tend to be more focused on clinical work and are generally less interested in conducting research (Hertlein & Lambert-Shute). This suggests that potential masters students are not looking for a thesis in a training program. There was no evidence found in the literature that suggests a thesis helps or hinders a student's employability.

Summary of Literature

The research to date identifies many general skills and comprehensions that should be taught in the helping professions, but these skills are often defined in very generic ways and there is little research specific to marriage and family therapists. Examples of these skills that should be taught include listening skills, respectfulness to clients, non-discrimination, acceptance of different races, establishment of a working alliance, using open-ended questions, working collaboratively with other helping professionals, and developing multicultural competence.

When available, research explains the importance and reasoning behind some of the requirements of many MFT programs. However, some research is not available or existent, and some of the requirements were set in place by the faculty of programs based on what they believed would be beneficial training aspects. In order to determine how

the requirements influence a graduate's employability, there are specific research

questions. The research questions were created to answer inquiries about USU's MFT

program. These inquiries were in regards to how USU MFT graduates compared to

graduates of other mental health graduate programs, how the requirements of USU's

MFT program affects employability, and if there is anything that sets USU MFT

graduates apart from graduates of other MFT programs.

Research Questions

For this study, mental health employers were interviewed regarding the following

research questions:

1. According to employers, (A) are graduates of USU's MFT program trained as

well as graduates of other mental health graduate programs, and (B) is there anything that

sets USU MFT graduates apart from graduates of other MFT programs?

2. Do the following requirements of USU's MFT program make graduates more

or less employable than graduates of programs without these requirements?

(a) theory of change project

(b) required therapy hours

(c) supervision

(d) advanced practicum experience

(e) thesis project

(f) group therapy experience

(g) cultural competence experiences

CHAPTER III

METHOD

Design

This study is based on an exploratory design. An exploratory design is the most

appropriate because it answers general questions rather than strengthens a hypothesis

(Littleton, Marsalis, & Bliss, 2004). In this study, the requirements of USU's MFT

program as they relate to students' employability were not known. Thus, the purpose was

to explore these requirements to find whether USU requirements are serving their

intended purposes from the points of view of employers of MFTs. In other words, the

data received from the participants serves to develop hypotheses so that further research

can be proposed (Dooley, 1995). The study's aim is to assess the employability of USU

MFTs and to understand the significance of the requirements of the USU MFT program

in relation to being hired by agencies (i.e., are these projects seen as beneficial training

activities for a competent therapist?).

An exploratory design was determined to be the most appropriate design for this

study because there is no hypothesis to test, and general information is being sought.

Content validity does not need a quantitative coefficient, and the approach is more

subjective and exploratory. In this study, questions asked in the instrument are believed

to be able to give the information necessary to answer the research questions (Dooley,

1995).

Although the questions in this study were not necessarily biased, researcher bias

was present. The interviewer was a USU MFT graduate, and made this know upon

contacting participants. Participants potentially felt pressure to answer questions a certain way, perhaps more positively over the phone with a USU MFT graduate, as well as possibly not feeling comfortable discussing all of their opinions with the interviewer.

Sample

Data was collected from 19 employers who have hired or may potentially hire graduates of the USU MFT program. Through MFT program records 13 employers were identified as hiring graduates of the USU MFT program for their first job. Of these employers, 12 out of those 13 were able to respond to the phone interview. The other employer was called multiple times, but due to scheduling conflicts and time out of office, was not able to participate in the study. It should also be noted that the contact person has only been in his job for a short time, and most of the MFT graduates were hired before he became the clinical director.

There are a number of agencies and service providers along the Wasatch Front (Brigham City to Provo) and Cache Valley who provide family therapy services. In an attempt to have a matched sample of actual potential employers, the agencies and service providers were contacted. The potential employers were located through their advertisements in the Yellow Pages. In the Yellow Pages, agencies under the lists of Counselors– Marriage, Family, Child, and Individual, as well as Psychotherapists were contacted if they advertised themselves as providing family therapy services. The majority of the population in Utah is along the Wasatch front, which comprises Utah, Salt Lake, Davis, Weber, and Cache counties. When the potential employers list was completed (a total of 35 agencies or practices), a random sample of 12 agencies was

drawn to avoid calling the contacts in alphabetical order. Not all of these contacts

answered the phone or returned calls to the interviewer. The contacts that did not initially

respond were called at least two more times. Messages were left with every agency

where contact was not made. After the second call, the interviewer moved to the next

agency on the list. Eventually, all 35 agencies were contacted. After all of these attempts

to contact the employers, a total of seven supervisors agreed to take part in the interview.

It was believed that contacting the supervisors, directors, human resources

personnel, and so forth, who hire new therapists would provide a unique assessment of

the program and its capabilities to effectively train future therapists toward employment.

Inclusion criterion were that the employer had hired or could potentially hire a graduate

of the USU MFT program.

The sample demographics included four items: gender, professional degree, type

of agency, and field of study. Data given are labeled in two groups: hired and potential.

Most of the supervisors/employers were male and approximately one half had degrees in

MFT or training working with families (see Table 1).

<center>Instrument</center>

The interview questionnaire was created to specifically answer the research

questions. In order to gain maximum information, the questions were designed to give

quantitative and qualitative data. Program-specific requirement items were answered

using a Likert rating response scale to assess the employers' perceptions of how helpful

the requirements were viewed toward hiring processes.

Table 1

Demographics: Gender, Professional Degree, Type of Agency, and Field of Study

	Hired (*n* = 12)	Potential (*n* = 7)
Sex		
Male	10	4
Female	2	3
Professional degree		
M.S., MFT	7	--
MSW	2	4
MA, LPC	1	--
Counseling in psychology	1	--
Ph.D., MFT	1	--
Health education	--	1
Nursing	--	1
Ph.D., counselor education	--	1
Type of agency		
Non-profit behavioral health	1	1
Outpatient/private practice	2	2
Non-profit child welfare/adoption	1	1
Residential treatment center	2	1
Inpatient Hospital	--	1
Outpatient/Inpatient Eating Disorders	1	--
Substance abuse center	1	1
Proctor care	1	--
Mental health agency	3	--
Field of study		
Nursing	--	1
Children/families/couples	9	--
Adolescents only	1	--
Eating disorders/sexual abuse	1	--
Social work	--	2
Substance abuse group/addiction	1	2
Domestic violence	--	2
Participants that hired >1 USU graduate	6	--

Research Question 1

In terms of adequacy of training, the respondents were asked, "Do you consider the training of MFTs to be better, worse, or about the same as other mental health disciplines?" The follow-up prompt was, "On what do you base this response?" Also asked was, "Is there anything that sets USU MFT graduates apart from graduates of other programs?" Participants gave comments based on their opinions and experiences in the hiring process.

Research Question 2

Respondents' perceptions of the requirements of USU's MFT program were asked in a similar way. For example, "Prior to hiring the therapist, were you aware of the theory of change project?" It the answer was yes, participants were asked to rank the helpfulness of the particular requirement in helping the therapist perform his or her job (1 being not helpful, 6 being extremely helpful). They were then given a prompt to allow explanation or comments. If the answer was no, the project was explained. The follow-up question was, "If a new therapist has completed this type of project, what influence would this have on your hiring process?" with room provided for comments. A second follow-up question was, "How helpful would this project be in helping a new therapist succeed in your agency?" where the participant rated the potential helpfulness on the same scale, with additional room for comments. The questions for the remainder of the requirements (required therapy hours, supervision, advanced practicum experience, thesis project, group therapy experience, and cultural competence experiences) were asked in the same way.

There are slight differences in the questionnaires used for those who had hired USU graduates than for those employers who could potentially hire in the future. These differences were very small and were future-oriented, such as asking, "would" or "could" instead of "did." See Appendix B for the full interview questionnaires.

Procedures

The MFT program attempts to track and maintain contact with all of their graduates. As such, there are records of where the students got their first job, allowing the researchers to know which employers had hired their graduates.

Prior to the main research procedures being conducted, there was a pilot study. In this pilot study, two employers were called and interviewed, using the questions from the questionnaire. The purpose of the pilot study was to make any needed revisions (e.g., unclear questions, unanticipated responses that may be helpful in other interviews). No revisions were made as a result of the pilot study.

The interviews were delivered through phone calls to agencies that might hire or who had hired graduates from USU's MFT program. The author of this thesis did the interviews. This was to allow for needed changes in the questionnaire to ensure consistency in gathering data, and to allow follow-up prompts where necessary. An additional reason was that the author was nearing graduation and understood both the program requirements and the job-seeking process. The interviewer addressed each respondent, introduced himself, and stated his purpose. If the person who hired the USU graduate no longer worked for the agency, the interviewer inquired whether someone who currently made hiring decisions was available. If the employer that was called had

not hired a USU graduate, the introduction stated that the agency advertises as providing MFT services, and that the interview was for a market survey. The interviewer asked the questions and recorded both the quantitative and additional comments the participant provided. The questionnaires that were used are in Appendix B. The caller was trained in Human Subjects Research and also had graduate training in confidentiality. The phone calls took no longer than 20 minutes, with most being about 15 minutes. This study was approved by the Internal Review Board of USU to assure compliance with requirements related to human subjects protection (see Appendix A).

Informed consent for the respondents was given over the phone. In phone interviews the informed consent is given orally. The interviewer kept a list of agencies that had hired or thought to potentially hire , and when contact was made, the agency was identified by a code and then crossed off the list. No identifying information was attached to the questionnaire. All responses were kept in a locked cabinet, in a locked storage room, in a locked building on USU's campus. See Appendix B for informed consent.

CHAPTER IV

RESULTS

Data Analysis

The nature of this study was exploratory with both qualitative and quantitative data, using information given from the frequencies of answers, as well as comments given by hiring personnel. Data input was created using the frequencies of answers, as well as frequencies of similar types of comments made by participants.

Question 1: According to employers, (A) are graduates of USU's MFT program trained as well as graduates of other mental health graduate programs; and (B) is there anything that sets USU MFT graduates apart from graduates of other MFT programs? This question was answered using yes or no answers, as well as comments given from participants.

Question 2: Do the following requirements of USU's MFT program make graduates more or less employable than graduates from programs without these requirements: (a) theory of change project, (b) required therapy hours, (c) supervision, (d) advanced practicum experience, (e) thesis project, (f) group therapy experience, and (g) cultural competence experiences? Frequencies of whether or not the supervisor was aware of each requirement are reported in tables for each requirement, along with descriptive statistics for the scales of helpfulness for each item. After each table, exemplar comments of participants are given in text.

In this section, some direct quotes of comments are included in the paragraphs.

All comments from all of the questions where comments were applicable are included in

Appendix C.

Research Questions

Research Question 1 (A)

According to employers, are graduates of USU's MFT program trained as well as graduates of other mental health graduate programs? Table 2 provides a summary of respondents' answers to the question comparing MFTs with other mental health professionals. Participants from the potential employers list were not included, as none of them had experience to give valid answers.

Among the group who had hired (HG) MFTs, positive explanations and comments were based on the employers' perceptions that USU MFT graduates have a better theoretical orientation than graduates from other mental health disciplines, more practical therapy experience, better writing skills, and a good work ethic. For example, one participant stated, "The graduates from USU have a better theoretical orientation and understanding of the therapy models." Another stated, "They hit the ground running. They know how to interview. They have practical, hands-on experience and are very willing to do audio and video supervision. They are used to being scrutinized." Similar comments were made using slightly different wording. Many of the employers commented on MFTs' clinical experience, supervision, and face-to-face therapy training.

Of the 3 participants who stated that the training was the same as other mental health disciplines, one stated, "They are trained better than social workers, but they are

Table 2

MFT Training Compared to That of Other Mental Health Disciplines

Variable	Hired ($n = 12$)
Better	9
Worse	--
Same	3
No response/didn't know	--

equal to other counseling programs." Another stated, "Mental health has a lot of different areas. They all have different strengths."

All of the participants said their responses were based on experience. All had hired a number of mental health professionals from a range of disciplines such as social workers, MFTs, counseling professionals, psychologists, and so forth, and were able to compare employees through their years as employers.

Among the potential employer group (PG), none had experience working with USU graduates based on their reports. Therefore, no data are reported from this group.

Thus, the answer to Research Question One is that graduates are viewed very favorably. Nine of the 12 employers reported that the USU graduates were better trained than those from other clinical training programs. The other three employers identified that the USU graduates had the same level of expertise as those who came from other programs or disciplines.

Research Question 1 (B)

Anything that sets USU graduates apart from other graduates. Participants were asked if there was anything that sets USU MFT graduates apart from graduates of other MFT programs. Seven participants in the HG thought there were significant differences that set USU MFT graduates apart from graduates of other MFT programs. The remaining five thought there were not any aspects of their training that set them apart (see Table 3).

The participants who thought there were differences stated, "MFT graduates in general are better at walking into the setting because of intensive systemic training. They are not lone rangers. USU graduates are good at networking. They are typically better prepared to learn and teach. USU is exceptionally good"; "USU is above average as far as rigor. Every program has its strengths, but USU is above average"; "Seemed better trained, cream of the crop, more qualified"; "Training up there (USU) is excellent besides thesis. They come in with good work ethic, well trained, open to learning to work with the agency. They come prepared and open"; "It is comparable to other programs. Scot Allgood is a notch above": "Exceptionally high training quality, good clinical skills, work ethic, solid knowledge of models and a developed personal theory of change." One participant had much more to say in response to this item:

> They have hands-on experience. There are only 6 students and 3 professors who looked through the glass and scrutinized. That sets them apart. They are better trained. They have a more family value-based system. They bring in the whole family. Social work is not comfortable doing that [family work]. Small, supervised groups. They are always watched, reviewed, and trained.

Participants' comments with the opinion that nothing set USU graduates apart included:

Table 3

Anything That Sets USU Grads Apart from Other MFT Grads?

	Hired ($n = 12$)		(Potential ($n = 7$)	
Yes/No	Y ($n = 7$)	N ($n = 5$)	Y ($n = 0$)	N ($n = 7$)

"No, there doesn't seem to be any advantage"; "We've got them from everywhere, and all are similar"; "Not that I'm aware of. I like them all"; "I don't have experience with other MFT programs, so, no"; "Not that I know of."

Participants in the potential group apparently were not aware of any differences that might set USU MFT graduates apart from other MFT program graduates. All gave a lack of knowledge or experience with the program as the reason for being unaware of anything that sets USU MFT graduates apart. Three comments of interest include, "There are many outstanding programs," "I don't have enough experience, but the theory of change project seems really helpful," and, "I don't have anything to compare it to." See Table 3 for details.

Research Question 2

Do the requirements of USU's MFT program make graduates more or less employable than graduates from programs without these requirements? Each requirement is addressed in two ways. The first is to report the helpfulness of the requirements in table format. The second is a summary of the responses from the open-ended prompts.

Theory of change. For the participants in the HG who were aware of the theory of change project, most scaled the helpfulness of the project 4, 5, or 6, with only one scaling it a 3 (see Table 4).

The comments from the employers who had hired USU graduates were that it was a project that helped new therapists to be more articulate in speaking about therapy in general, and that in their experience, graduates from other programs were not as articulate. They reported that it helps to have a theory of change for the individual to do therapy. As one participant stated, "The employment candidates were able to articulate their current model[s], which helps assess their fit into the program culture. Other graduates could not explain their model of therapy to make a good assessment for hiring." For the hired/not aware group, given the explanation of the project, most scaled it a 4 or above. One person scaled it 1. This person stated, "I don't know how the project would make them a better clinician. I am more interested in the person (meaning the prospective new therapist)." Other than this single employer, the rest of the comments were positive with this group. One person stated, "This project would be helpful for everybody, both employers and therapists."

Among the PG, none were aware of the theory of change project. All but two of them rated it a 4 or above after being informed of what the project entails. There were some positive comments about the prospect of a new therapist having completed the theory of change project. Some of these comments include, "This would have a strong influence, knowing how therapists do therapy. Factoring in other things, this project sounds great and very important"; "This project would influence hiring over those who have not completed one, in a good way."

Table 4

Theory of Change Responses

Aware of requirement		Hired (*n* = 12)		(Potential (*n* = 7)	
		Y (*n* = 7)	N (*n* = 5)	Y (*n* = 0)	N (*n* = 7)
Helpfulness					
not helpful	1	--	1	--	--
	2	--	--	--	--
	3	1	--	--	2
	4	2	1	--	1
	5	3	2	--	--
extremely helpful	6	1	1	--	4

Some of the neutral or slightly less positive comments were, "It might have some beneficial impact," and "I don't know, depending on the model." All of the comments are reported in Appendix C.

Therapy hours. Among the HG, all but one participant was aware of this requirement. None of the participants rated this project lower than a 4 on the helpfulness scale (see Table 5). They discussed how helpful it is for students to be getting that amount of practical experience prior to graduating, which leaves them more ready when they enter the field to do therapy in an agency.

Table 5

Required Therapy Hours Responses

	Hired (*n* = 12)		(Potential (*n* = 7)	
Aware of requirement	Y (*n* = 11)	N (*n* = 1)	Y (*n* = 4)	N (*n* = 3)
Helpfulness				
not helpful 1	--	--	--	--
2	--	--	--	--
3	--	--	--	--
4	2	--	2	2
5	4	--	1	1
extremely helpful 6	5	1	1	--

Some examples of comments include, "500 hours of therapy appears to provide candidates enough experience to do their duties as an intermediate therapist without having to resort to training on basic skills"; "That's one reason why they're hired, based on the therapist. Therapy before they get here is very important. Other programs don't have near that amount." As stated, 1 participant was not aware of the specific amount of supervision required for clinical work. However, he was aware that the number was large, and based on that information stated that USU MFT graduates "have much more experience in the real world."

In the PG, 4 were aware of USU's requirement for therapy hours. None of them rated the helpfulness lower than 4 on the scale. Their comments were positive and

emphasized the number of hours as being helpful. As one person stated, "500 hours is definitely an advantage [for hiring]."

Among the PG, 3 were not aware of the requirement. They also did not rate this item lower than 4 on the scale. Their comments were also positive. One statement was, "It would make a big influence and difference. They would be ready to work right after graduation." See Appendix C for all comments.

Supervision hours. All of the participants in the HG were aware of the amount of supervision required at USU's MFT program (see Table 6). All rated this item as 4 or above on the helpfulness scale. Comments were positive about this requirement of the program, specifically mentioning that more supervision creates more qualified and experienced therapists.

Participants from the HG made statements such as, "They've been supervised with various issues. They are just more qualified and experienced"; "Having supervision from professors or other certified trainers is valuable. They have better training."

This item had the same number of potential employers as the previous question that were aware and not aware of the project (four and three, respectively). For those who were aware of the requirement, nobody rated it below 4 on the helpfulness scale. For those not aware, there were also no responses lower than 4. The comments that were given were positive. Examples of those comments include, "A critical part of training is having gone through supervised clinical experience"; "It provides better experience"; "That is much better supervision than social workers"; "It would have an impact on the hiring process, positively." See Appendix C for all comments.

Table 6

Supervision Hours Responses

		Hired (*n* = 12)		(Potential (*n* = 7)	
Aware of requirement		Y (*n* = 12)	N (*n* = 0)	Y (*n* = 4)	N (*n* = 3)
Helpfulness					
not helpful	1	--	--	--	--
	2	--	--	--	--
	3	--	--	--	--
	4	1	--	1	2
	5	3	--	--	1
extremely helpful	6	8	--	3	--

Advanced practicum. All but one of the HG participants were aware of USU's advanced practicum requirement (see Table 7). The reported helpfulness scores were generally high and the comments were mostly positive in the hired/aware group.

One participant rated this item 2 on the scale. The comment from that participant was, "I think the hours are important. The quality of the placement varies. But the [therapy] hours are the most important (meaning therapy hours). The quality control is not enough."

The rest of the comments were positive. Responses related to experience in professional settings, field experience, direct practical application, and being able to work

Table 7

Advanced Practicum Experience Responses

	Hired (*n* = 12)		(Potential (*n* = 7)	
Aware of requirement	Y (*n* = 11)	N (*n* = 1)	Y (*n* = 3)	N (*n* = 4)
Helpfulness				
not helpful 1	--	--	--	--
2	1	--	--	--
3	--	--	--	--
4	1	--	2	1
5	3	--	--	
extremely helpful 6	6	1	1	3

with other disciplines. Some of the comments included, "Having already worked in a

professional setting has helped the therapist be able to work full time in the field";

"Experience is always good, with direct practical application"; "Practical experience is

better than classroom work. They know the demands and have experience."

The participant that was not aware of this requirement rated it a number 6 after

being informed of what the project entails. He said, "It would enhance the employability.

It is one of the strengths of the program."

In the group of potential employers, 3 were aware of the project and 4 were not.

None rated the helpfulness lower than 4. The participants who were aware of the

requirement praised it, stating that it is important to be able to work with other

disciplines, and that some weaknesses that certain disciplines have is their close-mindedness for other models or theories.

PG participants who were not aware of the programs' advanced practicum requirement made positive statements regarding its influence on the hiring process. One stated, "This is very valuable. It would be very helpful, too." Another said, "It would have a fair amount of influence [on hiring]. Real life experience in an agency is good, but the type of agency makes a big difference." See Appendix C for all comments.

Thesis. This was the first question where the majority of the ratings on the helpfulness scale were on the lower end of the numbers (see Table 8). In the HG, most were aware of the requirement and did not believe it helped the employability of the graduates.

One person was not aware of the thesis requirement. After being informed that the thesis was a requirement, the participant rated the helpfulness at a 1. Regarding this requirement, this person stated, "If I found out that they had a screwy thesis title, it would be a negative influence on the hiring process. It's only at a 1 on the scale for me."

Of the 11 participants who were aware of the thesis project's being a requirement, three rated it above 3. Two of them rated it at 4, and one rated it at 5. The most positive comment was, "There is a marked difference in writing skills in those candidates who came from programs that required a thesis, and those who do not."

The rest of the participants in the hired/aware group rated the helpfulness of this requirement as 3 or lower. Among their comments, most stated that the thesis did not hold a lot of importance in helping therapists perform their jobs. Some of these comments included, "For therapists who do further research, it is very helpful. For

Table 8

Thesis Responses

Aware of requirement		Hired (*n* = 12)		(Potential (*n* = 7)	
		Y (*n* = 11)	N (*n* = 1)	Y (*n* = 3)	N (*n* = 4)
Helpfulness					
not helpful	1	2	1	--	1
	2	3	--	--	--
	3	3	--	2	2
	4	2	--	1	1
	5	1	--	--	--
extremely helpful	6	--	--	--	--

therapists who only want to do therapy, it's not as important as other aspects, like clinical hours and supervision"; "I'm not so sure the thesis helps with therapy. Here at our agency we would say it's a 0, but I'll give it a 2"; "Real preparation is face to face experience. A thesis is more of a pain in the neck and stress producer than worrying about therapy skills. For clinicians, its value is a 2 or 3." Other comments reflected similar ideas.

Participants in the PG also weighed in toward the lower end of the ratings. However, this group rated the requirement as overall higher than the hired group. Three people in this group were aware of the requirement. Two of those rated it a 3. They said,

"The thesis is good for research, but it doesn't create a better therapist." The other participant aware of this requirement rated it a 4.

The other 4 participants were not aware of this requirement. One person rated it at a 1, 2 others rated it a 3, and 1 rated it a 4. Most of these participants stated that the thesis does not create better therapists, and that they are more interested in clinical skills. For example, "I am more interested in practical skills. It's not very helpful. Real therapy is a better influence"; "It would have no influence in the hiring. It is not helpful at all." See Appendix C for all comments.

Group therapy. This requirement was met with mixed ratings and comments. Three people in the HG were aware of the group experience requirement. They each rated it a 5 or above, with one rating it a 5, and 2 rating it a 6 on the helpfulness scale (see Table 9).

They commented, "This agency does a lot of group therapy, so those skills are important, since they are different skills"; "The real world expects therapists to do group therapy and to be skilled. But USU trains very well with group"; "In our interviews, we ask about group experience, and discuss the importance to have that training."

The rest of the HG participants were not aware of the group requirement. The ratings ranged from 2 to 6. The participants who rated it 3 or below stated that the group requirement is not essential in their agencies, and that the number of hours required for this project should be more. Some examples were, "Group is not that critical. We figured we could train you ourselves. It's not that important, maybe a 2 or 3. However, if I knew, it would enhance [candidates'] values"; "10 hours doesn't seem like a ton. Group experience is good, but not a deal breaker."

Table 9

Group Therapy Experience Responses

		Hired (*n* = 12)		(Potential (*n* = 7)	
Aware of requirement		Y (*n* = 3)	N (*n* = 9)	Y (*n* = 3)	N (*n* = 4)
Helpfulness					
not helpful	1	--	--	--	--
	2	--	2	--	2
	3	--	2	--	--
	4	--	1	1	1
	5	1	3	--	1
extremely helpful	6	2	1	2	--

The rest of the participants who were not aware, who rated 4 or above, said the requirement would be helpful in some agencies, but that it would not have a lot of influence on the hiring process in other agencies where group therapy is not one of the services offered. For example, "It would be helpful inasmuch as our agency engages in a lot of group therapy. It would be helpful"; "It would not have a lot of influence here, because there are no groups here."

Three participants in the PG were aware of the group therapy requirement. They all rated it a 4 or above on the helpfulness scale. Their comments reflected ideas similar to those of other participants, as did the 4 participants in the potential/non-aware group. Table Appendix C for all comments.

Cultural competence. Two participants in the HG were aware of the cultural

competence requirement. Both rated it a 4 or above in helpfulness toward hiring. One

rated it a 4 and the other a 6 (see Table 10).

Participants commented, "Our community is not a great example of cultural

diversity. However, some experience is good, but it's not at the top of the list of

importance"; "We deal with a whole lot of cultures here. There is a huge influx of

Hispanics. There are various ethnic and religious backgrounds, as well as sexual

orientation."

The rest of the participants in the HG were not aware of this requirement. They

rated the helpfulness in a range from 2 to 6.

The participants who rated it in the lower half of the scale made comments that

reflected their views on Utah's lack of ethnic diversity, and that this type of requirement

is not as necessary as others. They stated that it is important, but not as important as it

might be in places with more diversity. Some stated, "It wouldn't have much influence at

all. We want people to be open to diversity, but it's not a main requirement of hiring";

"Minimal influence, but maybe some. We don't have a lot of cultural diversity here."

Comments from participants in the hired/non-aware group who rated their

answers at a 4 or above differed from those who were aware of the requirements. They

said the cultural competence requirement would be very helpful because they serve

diverse populations. Some cited Spanish as being very helpful to be able to speak.

Interesting comments included, "It would be helpful to the therapist because we work

with a whole bunch of different kinds of people"; "It would have a big influence on

hiring. We serve a diverse population. It would be a step ahead"; "It's

Table 10

Cultural Competence Experience Responses

		Hired (*n* = 12)		(Potential (*n* = 7)	
Aware of requirement		Y (*n* = 2)	N (*n* = 10)	Y (*n* = 2)	N (*n* = 5)
Helpfulness Scale					
not helpful	1	--	--	--	--
	2	--	4	--	1
	3	--	2	--	--
	4	1	2	1	1
	5	--	1	--	3
extremely helpful	6	1	1	1	--

important for hiring. Spanish is important. I prefer a Spanish background. It's very helpful for experience and success here."

Two people in the PG were aware of the requirement. One of them rated it a 4, while the other rated it a 6. They said they expected it to be a part of the training, and that therapists who miss out on cultural diversity training are missing a piece of the puzzle. Another participant stated that it is important but, as with other requirements, it is not the only thing considered in hiring.

One participant in the potential/non-aware group rated it a 2. The follow up comment was, "Not a lot of influence. It would give awareness, but not a lot. Being aware is helpful, but it's not make or break in hiring."

The last 4 rated it a 4 or above and reflected earlier comments based in the importance of cultural competence. Three people rated it a 5, and one person rated it a 4. Some comments included, "It might as well be done. It's helpful, it's important"; "It would have very much influence on hiring. They would be better able to deal with different cultures." See Appendix C for a list of all of the comments.

Requirements affecting employability. Item 10 on the questionnaire was a general question regarding whether or not the requirements affected the graduates' employability. All of the participants in both groups stated that the requirements were helpful to some degree (see Table 11). Their ratings for helpfulness of the requirements toward hiring in general ranged from 4 to 6. In the HG, 8 rated the item as 5, 2 rated it 4, and 2 rated it 6. In the PG, 4 rated it 4, two rated it 5, and 1 rated it 6. They were asked which of the requirements affected employability the most, and whether or not it was a positive influence. All participants stated that the requirements would affect employability positively.

When asked which requirements affected hiring the most, all 19 participants stated that the theory of change, therapy and supervision hours, advanced practicum, and cultural competence are all helpful and important. Two participants stated that group therapy experience affected employability, and one stated that the thesis had some influence.

Some of the PG's comments included, "Supervised field placement (advanced practicum), therapy hours, diversity training (cultural competence)"; "Pre-training therapy, supervision, thesis"; "Close supervision, practicum experiences are awesome";

"All have influence to some degree, but group is the least because it's not a lot of

hours"; "Theory of change and supervision." See Appendix C for all comments.

Table 11

Requirements Affecting Employability Responses

		Hired (*n* = 12)		(Potential (*n* =7)	
Affects employability?		Y (*n* = 12)	N (*n* = 0)	Y (*n* =7)	N (*n* = 0)
Helpfulness scale					
not helpful	1	--	--	--	--
	2	--	--	--	--
	3	--	--	--	--
	4	2	--	4	--
	5	8	--	2	--
extremely helpful	6	2	--	1	--

CHAPTER V

DISCUSSION

The purpose of this study was to assess the impact of major requirements of the

MFT graduate program at USU and the impact of those requirements on the hiring

process (or how it affects the employability of graduates). Further, information was

sought to assess the opinions and experiences of employers regarding the training of USU

MFT graduates. The opinions of employers regarding the overall training, the

importance and helpfulness of program requirements, and characteristics of USU

graduates that set them apart from other graduates are reviewed here.

Research Questions

Research Question 1:
(A) According to employers, are graduates
of USU's MFT program trained as well as
graduates of other mental health graduate
programs, and (B) is there anything that
sets USU MFT graduates apart from
graduates of other MFT programs?

Discussion for part A. The majority of the employers who had already hired a

graduate from USU believed that they were better trained than graduates from other

mental health programs. The other participants believed that USU graduates were trained

about the same as other mental health programs' graduate students. Looking at the

demographic table on page 27, one can see that the majority of the persons in the HG

were trained in marriage and family therapy. Not included in the demographics is the

fact that some of these employers (2) are not only MFTs, but were trained at USU as

well. This obviously biases the HG, primarily because of their affiliation with MFT, and

secondly because many of the participants have an ongoing relationship with USU

MFT faculty through advanced practicum placement options for students at their

agencies. Regardless of this bias, however, earlier literature cited in this project suggests

that MFTs are increasingly appealing (AAMFT, n.d.; Broderick & Shrader, 1991;

Gladding, 1984). Although the responses to these questions may be biased, it is

important to note that the data provide some outcome-based education results (Nelson &

Smock, 2005). Based on employers' responses, the USU graduates have both a

theoretical and applied knowledge of MFT. Thus, the USU MFT faculty have data from

course grades, supervision, and now employers, that the students are learning family

therapy skills.

   Discussion for part B. It makes sense that employers along the Wasatch Front

would have more applicants for their agencies from graduates in programs from Utah.

Hence, it would not be unusual that some of those graduates would come from USU. The

data is limited and it is not known whether or not these employers believe that MFTs in

general are better trained than other mental health disciplines, or if they truly, specifically

think USU graduates are better trained. One comment from this first item was specific to

USU: "The graduates from USU have a better theoretical orientation and understanding

of the therapy models." Perhaps this idea is influenced by USU's MFT program

requiring a theory of change project to specifically address theoretical orientations and

models. It might be noted that Brigham Young University (BYU), the only other

university in the state of Utah that provides an MFT program, does not require such a

project (BYU MFT). Another respondent mentioned the quality of supervision at USU:

"They have practical, hands on experience and are very willing to do audio and video supervision. They are used to being scrutinized."

Through the phone interviews, it was clear that the entire HG held high regard for the training that USU's MFT program provides students. They spoke mainly of the experience they have had with new therapists (six of these employers had hired more than one graduate from USU) from USU who were able to begin working immediately and effectively with clients from the day they arrived in the field. The employers also made positive remarks about the work ethic, supervision, and therapy experience of the USU graduates.

Seven out of the 12 participants in the hired group answered, "yes" to the question of whether or not there is anything that sets USU MFT graduates apart from graduates of other MFT programs. Their opinions suggested that USU graduates were better trained overall, more ready to work in the field right away, had good clinical skills, a good work ethic, and a solid knowledge of therapy models.

The general feeling from the five participants who answered, "no" to this question was that they have worked with people from all disciplines and that they all have positive qualities. Specific to MFT, participants suggested that they have hired MFTs from different programs, that their training had been similar, and that they are just as prepared to work and provide effective therapy as USU graduates.

Research Question 2:
Helpfulness of Requirements
of USU's MFT Program

Research Question 2 was answered using items 2 through 9 in the questionnaire, where participants were able to rate the helpfulness of each requirement on a scale from

1-6, 1 = not helpful, 6 = extremely helpful. Participants also were given prompts to explain their choices of ratings for the requirements. Each requirement will be reviewed here, using some quotes from participants. To see all comments from participants, please refer to Appendix C.

Theory of change. The theory of change project was given high importance by both the employers and potential employers. The majority of the HG were aware of this requirement prior to hiring graduate students from USU. Whether the participant was aware or not, all but two rated the helpfulness of this project a four or above, suggesting that this project is helpful in training new therapists. While the PG was smaller than the HG, the participants still rated this project high in helpfulness upon being given an explanation of what the project consists of. It appears as though the idea of this project to participants who have not hired USU MFT graduates supports the popularity of such projects (Liddle & Saba, 1982). These data provide anecdotal evidence that employers seek therapists who have a clear theoretical background and have the ability to articulate their methods of conducting therapy upon being hired.

Differences between this study and the study conducted by Nelson and Prior (2003) need to be noted. Nelson and Prior did not conduct their research with employers. Further, the number of participants in this study (19) is smaller than those (46) in the study by Nelson and Prior. Still, the suggestion from the current study that this project is very helpful is in contrast with these two authors. Nelson and Prior obtained no data that suggested the theory of change project helped significantly in training new therapists. This might have had to do with the lack of information in their study from both faculty and students who participated in the study regarding the degree to which theory of

change helped train therapists. Using data from the employers provides some evidence

that the project has merit in the training process. It was also clear that for this area, the

theory of change project has influenced employers who have hired, as well as the

potential employers who were given an explanation of the project.

The purpose of assessing this requirement for the current study is to help answer

Research Question 2, which is to determine the degree to which each requirement

influences the hiring process and employability of therapists. The purpose of Nelson and

Prior's (2003) study on the theory of change project was to assess whether or not the

theory of change significantly helped train new therapists from the perspective of

program faculties of MFT programs. Although the current study and that of Nelson and

Prior's both researched the theory of change project, there is no other data similar to the

current study. Nelson and Prior did not seek to find how employable this requirement

made graduate students. Perhaps participants who rated the theory of change project

highly in the current study have had experience with hiring students from USU who had

completed one, suggesting that hiring a USU graduate is part of the whole package in

hiring such a student. This is directly related to the hired group's population who has

hired USU graduates.

These results have potentially significant points of interest in the field of MFT. It

is clear that the theory of change project has an influence in hiring among participants in

this study, especially for people who have already hired USU MFTs. Potential employers

suggested that this project is beneficial and that upon meeting with a potential new

therapist, providing a theory of change might have a positive influence on the hiring

process. Students should be proud when they have passed such a requirement because

they will be able to discuss this requirement with a potential employer when they seek

a new position as a therapist. Further, USU's MFT program should feel confident that

this requirement is a worthwhile project for students to complete, and that the manner in

which they carry out the requirement is beneficial to students. While conducting the

interviews, I was glad to know that I was able to complete this requirement successfully,

and it was nice to know that I can feel more qualified and more competent as a therapist

and applicant as a result.

Required therapy hours/supervision hours. Both the therapy and supervision hour

requirements will be discussed in this section, due to similar explanations for the

requirements' helpfulness. The responses for this requirement were all positive, with

participants rating the helpfulness at a 4 or above on the 6-point Likert Scale. The

majority of the HG were aware of this requirement, possibly due to the majority of them

being MFTs, and the requirements from COAMFTE have been the same for a number of

years.

The responses to these two requirements further strengthen the reasoning for a

requirement of such high numbers. Students are required to have 500 hours of face-to-

face therapy and 100 hours of supervision (or a ratio of one hour of supervision to five

hours of therapy) before they can graduate. According to Thorana Nelson (personal

communication, March 11, 2008), these numbers were set in place because those charged

with developing education and experience criteria for COAMFTE-accredited programs

thought that students needed that many hours to adequately learn systemic therapy. In

addition, those same people charged with creating criteria for accredited programs

decided that supervision needed to be intensive and based on raw data. Employers who

participated in the current study apparently agreed that the numbers of hours are

beneficial and very helpful for training new therapists. The current data provide evidence

that there is merit for maintaining the current hours requirement.

It should be noted that I found participants from the PG to be quite surprised at

the number of therapy and supervision hours (500) required for graduates to obtain their

degree. Further inquiry on other professional requirements finds that according to the

Council on Social Work Education (CSWE, n.d.), students are required to complete 900

practicum hours for a masters degree. These hours include travel time, meetings, social

policy, and so forth, with no mention of required clinical contact hours. The Council for

Accreditation of Counseling and Related Education Programs (CACREP, n.d.) requires

students to have 40 hours of direct service in a practicum and 240 hours in an internship.

All participants stated that if they were aware of the MFT requirement hours prior to

hiring a new therapist, it would definitely influence the hiring process in a positive way

for the graduate. AAMFT and USU's MFT program should feel comfortable in their

decision to have such a high number of clinical therapy hours required prior to graduating

therapists with their Masters degrees. Students should feel confident in the profession

they have chosen, especially because 500 hours far exceeds the clinical requirements of

other mental health professionals in their graduate programs. Further, the data suggest

that this requirement, upon completion, makes a graduate more employable. Graduates

should discuss these requirements in job interviews in order to give the employer a larger

understanding of the rigorous training that graduate received.

Advanced practicum. The HG was mainly aware of the advanced practicum

requirement, probably due, again, to the large number of MFTs in the population. The

majority of MFT programs use this type of requirement in order to expand the

possibilities of having experience with more therapy and supervision hours (Nelson,

personal communication, March 24, 2008). It is also used as an emphasis in the research

cited about collaboration between professionals (Fuller, 1997; Quealy-Berge & Caldwell,

2004). Nelson explained that the program faculty at USU (which she is a part of)

believed that the on-site clinic at USU would not have enough diversity to better train and

expose students to multicultural issues (i.e., the clinic is too small with a predominantly

Caucasian population), as well as it is too small to get all the required hours of therapy.

Compare this to the program at BYU where all clinical hours are performed in a

comprehensive treatment clinic that is on campus with other students and faculty as

mentors and peers (Scot Allgood, personal communication, September 2, 2008).

Once again, the majority (all but one) of the participants rated this requirement's

helpfulness a 4 or above. The majority of the potential group were not aware of this

requirement, but upon explanation of the requirement, gave high numbers to its potential

to positively influence the hiring process. One potential benefit for employers who rank

this item highly is that they may continue to have future access to advanced practicum

students from USU to help with a client workload.

Thesis. The thesis requirement received the lowest scores out of all of the

requirements. The majority of the participants in the current study did not find the thesis

to be a helpful requirement for hiring new therapists. Responses to this item were

interesting when the ratings were 4 or higher, because some of the comments were

negative, regardless of a rating higher than halfway up the scale. If one only looked at

the explanations for this item, it would be impossible to conclude that employers take the

thesis into consideration upon hiring a new therapist. The numbers seem to speak for themselves: employers prefer therapists with clinical skills regardless of whether or not they completed a thesis.

Out of all the comments given for this item, only one participant (who was also a graduate of USU's MFT program) clearly gave it high praise, stating that graduates who come from a program that require a thesis have significantly better writing skills than those who do not. One could argue that writing skills can be gained through other papers or projects during the graduate program, such as the substantive theory of change paper or other papers required during different courses in the program. If the most positive statement regarding the thesis is about its helpfulness with learning writing skills, it still does not speak to its helpfulness in creating effective, competent therapists.

More evidence that the thesis is perhaps not a popular tool for training new therapists is that not all MFT programs require a thesis. As stated in the review of literature, a review revealed that only 7 of 65 programs require a thesis (AAMFT, n.d.). The thesis is meant to help a student conduct his or her own research, practice writing, and to better understand reading and conducting research (Gelso, 2006). There was no explanation found to why some programs require theses and why some do not. Taking into consideration some of the comments, a high number of this study's participants gave the thesis a negative rating because they are more interested in clinical skills than whether or not a student had completed a thesis. Some believed that the thesis project took away from the learning experience in the program and that it distracted students from focusing on what was more important: improving clinical skills. As one participant suggested, "Real preparation is face-to-face supervision. A thesis is more of a pain in the neck and

stress producer than worrying about therapy skills. For clinicians its value is a 3."

Another stated, "For therapists who will do future writing, research is very helpful. For

therapists who only want to do therapy, it's not as important as other aspects like clinical

hours and supervision." Finally, one more comment that can help emphasize why there

was so much negativity to the thesis project was, "The thesis is good for research, but

doesn't create a better therapist. I would weigh it lower than field work."

Hertlein and Lambert-Shute (2007) discussed some aspects of programs (the

authors did not specify the programs as doctoral or masters) that students seek in MFT.

Ratings of teaching and research in programs indicate that these aspects were the least

important. Masters program students may be more focused on clinical work and less

interested in conducting research. Hertlein and Lambert-Shute suggested that potential

masters students are not looking for a thesis in a training program. For the employers in

this study, a thesis is also not important when seeking new therapists.

It should be noted that USU has found a potential benefit that the thesis project

has for future doctorate students. Eight of the graduates from USU who went on for a

Ph.D. all finished their degrees. Anecdotal reports from these former students was that

the thesis was helpful in preparing them for doctoral work and a dissertation (Scot

Allgood, personal communication, September 2, 2008). Further, in my own experience

through completing this requirement, I have found myself with stronger writing skills,

and the dedication and motivation to be able to complete large projects. I have gained a

sense of accomplishment as well as more confidence. Although this project was not

given high ratings or many positive comments, it is assumed that it still would positively

influence the hiring process for a graduate who had completed a thesis over a graduate

who had not completed a thesis. For people who complete a thesis in the mental health field, it is evidence that they have spent time with their writing, have studied mental health issues and have researched these issues. Their knowledge of the topic of their thesis as well as improved writing skills should help them find a job quicker than someone who has not completed a thesis.

    Group therapy experience. Most employers were not aware of this requirement. Generally, most of the responses were in favor of such a project being maintained in the program. However, the range of responses on this item indicated diverse ideas. One conclusion that might be drawn from participants' comments is that group therapy experience is very important for a therapist to have acquired in their training. On the other hand, all three of the participants who worked at residential treatment centers (which provide daily group therapy) suggested that the 10 hours required for group therapy experience while in the program is not adequate, and that new therapists expecting to be hired at agencies such as theirs should have more group experience.

    Overall, this requirement had more ratings 4 or above than below, suggesting that it is a helpful project. However, because this item had more variability ratings than any other item, it might be helpful for the program faculty to examine this requirement. One of the most obvious possibilities is requiring more group therapy hours for all of the students. Alternatively, more group experiences could be encouraged, but not required, to help students when planning for their careers. Those who want to work in residential treatment programs should seek more hours while other students may meet the minimum as it stands. Since many comments suggested it would not be a "deal breaker" for hiring someone, more flexibility may be helpful. On the other hand, many students who are

trying to meet this program requirement end up far exceeding the required amount of hours for the group therapy experience.

Cultural competence. Cultural competence was rated as an important skill among the participants. Only one participant in the entire population of this study suggested it is not a helpful requirement for the hiring process or for the therapist to do better therapy. That person was more interested in the person and not necessarily his or her training background. He commented that a well-trained therapist would naturally be open to diversity and deal with cultural issues on a situational basis. Regardless of whether or not the employers were aware of this requirement, they clearly believe that being culturally competent would help a therapist perform his or her job, and that it would positively influence the hiring process. However, it must be noted that although participants rated the importance and helpfulness of this requirement highly, the comments suggested that it would not have a high impact on the hiring process in general, and that they expect this training to have been done at a masters level.

The only drawback with this requirement is how to teach it. Literature suggests that both students and educators are at fault, and differences have been emphasized more than similarities (Kai et al., 2001). Murphy et al. (2006) suggested increasing the ratio of multicultural representation among faculty and students. Although there is no consensus with COAMFTE of how to teach this requirement, options include requiring a course on multi-cultural diversity (including components of cultural competence through all coursework), increasing numbers of multiculturally diverse faculty and students, and requiring students to have cultural experiences (Murphy et al.).

USU's program implements this last suggestion on how to teach it, and mainstreams the content into the courses and practica. Students are required once per semester to experience an activity from another culture. They then write a paper on what they learned and the clinical implications it might have. This is how this project was explained to participants who were not aware of the requirement, and the results of the questionnaires showed positive reactions regarding the helpfulness for training therapists to be effective, as well as that the diversity requirement would positively affect the hiring process.

Requirements affecting employability. This item was a general overview of whether or not the explained USU requirements influenced the hiring process for study participants. All participants suggested that they affected employability positively. This question seemed difficult for many of the participants to answer, because some of them had rated certain items low on the helpfulness scale, while rating other items high. It was difficult for them to give a general rating of all the items together if they had suggested that some items were not important in the hiring process or helpful for a new therapist to have completed some of the requirements. However, most items were rated with more importance than not, which probably influenced the participants to suggest that the requirements discussed in the questionnaire affect employability positively.

Participants were asked to emphasize which requirements most affected employability. Responses seemed to depend on what type of agency the participant worked at. The overall assessment was that therapy hours, supervision hours, theory of change, advanced practicum, and cultural competence were given the highest regard. Some of the participants' responses included, "The theory of change, quality advanced

practicum, and 500 hours of therapy are the ones that would effect it the most"; "The

required therapy hours affects it the most, then group, and work with other disciplines";

"The hours of clinical supervision and the advanced practicum. Also who the person is;

their personality"; "Cultural competence is extremely important as well as working with

other disciplines"; "Five hundred therapy hours. Supervision by a competent supervisor

and the practicum." It may be helpful to note that some participants believed all of the

requirements to be helpful. Still, the most helpful requirements according to these

participants seemed to be those listed above.

Implications for Practice, Policy, and Research

While reading these implications, the reader needs to take note of the potential

bias that existed in this study. I did these interviews as a student of MFT at USU. Upon

contacting the participants, I let them know this information while I read the letter of

information to them. The participants may have felt pressure to answer questions a

certain way since they were speaking directly to me over the phone, and they also knew

the study was specifically about USU MFT graduates. In order to remove that bias, I

would suggest that a future study send mailers to the participants so that the pressure to

answer positively to a graduate of the USU MFT program regarding the employability of

USU graduates is lessened or eliminated. It may not be possible to remove all bias in this

type of study, however, especially because so many of the participants were MFTs and

some were graduates of USU's MFT program.

This study's aim was to specifically address USU's MFT program requirements,

how these requirements affected USU MFT graduates' employability, and whether or not

the training in the USU MFT program set graduates apart from graduates of other MFT

programs and other mental health professionals. Although the number of participants in

this study was small, several important implications were found for consideration by

USU's MFT program.

The requirements received positive responses with the exception of the thesis.

Among the requirements assessed in this study, the required therapy and supervision

hours, advanced practicum experience, theory of change, and cultural competence

experiences were clearly given high regard in their helpfulness and effectiveness in

training new therapists. All participants suggested that these requirements did (if already

hired) or would (if interviewed in the future) influence the hiring process in a positive

way, suggesting that these requirements are worthwhile to include in the curriculum.

One of the implications that can be drawn from these results is that USU is providing its

MFT students with training that meets the expectations of its students and employers who

have had the opportunity to hire graduates from the program.

Having been in the program myself, I am able to reflect the answers and

comments of the participants in this study. I will not suggest I have received all of the

training necessary to be an effective therapist. However, I can also suggest that the

requirements given the highest rating seem to be the requirements that would help train a

more effective therapist than perhaps some of the other requirements. This, however,

does not suggest there are no benefits to the requirements that received the lowest ratings

and more negative comments, such as the group therapy requirement and thesis.

After seeing the ratings and comments to the thesis requirement, one may

conclude that it is not a worthwhile project. However, looking at the bigger picture of

employability, completing a thesis would suggest that an applicant therapist in an agency would be better qualified having completed the requirement. Having completed a thesis might suggest that the applicant has motivation and determination to complete large projects. It also might suggest that the person has acquired better writing skills than perhaps an applicant who has not completed a thesis. I can say for myself, that having completed this thesis has given me confidence that the program that has trained me has utilized appropriate requirements in the training of new therapists. It is important for the program and current students in the program to take into consideration how much more employable having completed a thesis requirement makes them.

More neutral responses were given for the group therapy requirement. Perhaps this requirement needs to be given more consideration. For example, with group work, the data suggest that it would be worthwhile to require more group therapy hours. However, students in the USU MFT program often get much more than ten hours of group therapy experience once they begin to work with groups. Students often do upwards of 30 hours of group therapy.

Participants appeared to have assumed that the advanced practicum requirement would help students work with therapists and other professionals from other disciplines. Either this requirement should be more specifically defined or eliminated, assuming that the advance practicum requirement would take care of the desires of the program to introduce students to therapists from other disciplines.

Finally, among requirements of USU's MFT program, the thesis was given the poorest ratings. The majority of MFT programs in the United States do not require a

thesis project. It appears that there are questions regarding the effectiveness of a thesis project for training new therapists.

One of the benefits of this study is that it provides data for outcome-based education. Although the overall rating of the requirements is high, responses for individual requirements have much more variability. Using the available data, it is not known how the synergy of all these requirements work together to provide effective training. Modifying the requirements may strengthen one element of the program but reduce its overall effectiveness. Changes, therefore, need to be carefully considered so that the benefit of each requirement is met somewhere else. For example, the noted benefit of a thesis is improved writing skills. If the thesis requirement is changed, writing competency must still be addressed.

Recommendations for future studies would be that similar types of questions be clearly distinct from one another in order for potential employers to differentiate between them. Also, a Likert scale of 1-7 should be implemented so that participants could use a more neutral response option. The interviews should be audio-recorded in order to better be able to transcribe anything that might have been missed. In addition, it would be helpful for a future study to determine what employers mean when they state that regardless of the benefit of all of the requirements of the program, they sometimes are more interested in the self of the therapist. Self of the therapist could mean a number of things, and this type of statement was not followed up upon, so it is difficult to know exactly what the participants meant with such statements.

Limitations of Study

This study did not have a large sample of participants. Contacts of agencies and employers were made along the Wasatch Front, in Northern Utah. The relatively low number of people who participated is a limitation because it does not paint a complete picture of how employers across the state of Utah view training of MFTs. However, this project's aim was to study the USU MFT program and its effectiveness in training new therapists toward employment, taking into consideration where USU graduates are likely to be hired. It makes sense that graduates would apply for jobs in Utah, thus more than likely are hired in Utah immediately follow graduation, or for their first job post-graduation.

Another limitation of this study is that the majority of the participants in the group who had hired USU graduates were MFTs. This introduced obvious bias in their responses. This bias appears to be more in the direction of MFTs in general, and perhaps has little to do with USU's program. At the same time, if one looks at the comments of this group, there is high regard for the training of new therapists specifically from USU.

Finally, one more limitation of the questionnaire is considered: the Likert scale had numbers 1-6. A few of the participants would have liked to give a more neutral number to the importance and helpfulness of certain requirements. They often pondered for a few moments, asking out loud which number they should say if they felt neutral about a certain requirement. They were then told to make their best judgment according to the numbers given to them. Perhaps a more accurate assessment would have been possible with a Likert scale of 1-7, so that 4 could be the neutral point. Still, comments provide a good assessment of the participants' opinions.

Conclusion

I believe that the research questions asked in this study were well answered. Regardless of the limitations, helpful assessments and ideas about the requirements and the training services of USU's MFT program can be derived from the results. It is recommended that future studies not only be conducted specifically for USU's MFT program's requirements, but also conducted to assess the employability of MFTs in general across the United States. Results could greatly benefit the field of MFT.

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APPENDICES

APPENDIX A: IRB Approval Letter

UtahState
UNIVERSITY

INSTITUTIONAL REVIEW BOARD OFFICE
9530 Old Main Hill, Suite 214a
Logan, UT 84322-9530
Telephone: (435) 797-1821
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USU Assurance: FWA#00003308
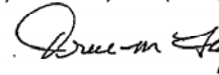
Protocol # 2112

6/25/2008

SPO #:
AES #:UTA00

MEMORANDUM

TO: Scot Allgood
        Blake Altom

FROM: Gretchen G. Peacock, IRB Chair
        True M. Fox, IRB Administrator

SUBJECT: Employer's Perceptions of MFT Program Requirements

Your proposal has been reviewed by the Institutional Review Board and is approved under exemption #2.

X   There is no more than minimal risk to the subjects.
    There is greater than minimal risk to the subjects.

This approval applies only to the proposal currently on file. **Any change in the methods/objectives of the research affecting human subjects must be approved by the IRB prior to implementation.** Injuries or any unanticipated problems involving risk to subjects or to others must be reported immediately to the IRB Office (797-1821).

The research activities listed below are exempt based on the Department of Health and Human Services (DHHS) regulations for the protection of human research subjects, 45 CFR Part 46, as amended to include provisions of the Federal Policy for the Protection of Human Subjects, June 18, 1991.

2.   Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through the identifiers linked to the subjects: and (b) any disclosure of human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

APPENDIX B: Letter of Information and Questionnaires

Letter of Information

Questionnaire I- Participants from HG

My name is Blake Altom and I am a student at USU; Dr. Scot Allgood, a professor in the Marriage and Family Therapy Department is conducting a research study conducted by the Marriage and Family Therapy Program at Utah State University. Your participation is requested as you have been identified as having hired a graduate of the Marriage and Family Therapy program at USU or providing family therapy services.

Your participation is voluntary it would be very helpful to the Marriage and Family Therapy program at USU as we evaluate all parts of the program. The potential benefit is that you may have more qualified applicants in future job openings. To protect your privacy no personal identifiable information will be attached to the questionnaire or to your responses. Data will be kept in a locked campus file cabinet. This study is considered minimal risk; however, there may be a potential risk in this type of research that may introduce some psychological discomfort.

Participation in research is voluntary and you may withdraw at anytime without consequence. If you decide not to participate, this will not affect your relationship with Utah State University. To maintain confidentiality, your name and the name of your agency will not be attached to responses or to any reports about the research findings. If you have any questions you may call me or Dr. Allgood (provide telephone numbers). Do you give consent to participate in this study?

Interview Questionnaire- Employers Who Have Hired USU MFTs

1. In terms of training, are graduates of the USU MFT program trained better, worse, or about the same as other mental health disciplines? - On what do you base this response?	Better Worse Same	Explain: Explanation:
2. Prior to hiring the therapist, were you aware of the theory of change project? If so, to what degree do you feel this requirement helped the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 (1=not helpful, 6=extremely helpful) Explain: Explain Explain
3. Prior to hiring the therapist, were you aware of the required therapy hours for his/her training? If so, to what degree do you feel this requirement helped the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
4. Prior to hiring the therapist, were you aware of the required amount of supervision for his/her training? If so, to what degree do	Yes/No	1 2 3 4 5 6 Explain:

you feel this requirement helped the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?		Explain: Explain:
5. Prior to hiring the therapist, were you aware of the advanced practicum experience required during his/her training? If so, to what degree do you feel this requirement helped the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
6. Prior to hiring the therapist, were you aware of the thesis project required during his/her training? If so, to what degree do you feel this requirement helped the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:

14. What is your Gender?		M/F
15. What type of Agency do you work at?		Type of Agency:

Letter of Information

Questionnaire II- Participants from PG

My name is Blake Altom and I am a student at USU; Dr. Scot Allgood, a professor in the
Marriage and Family Therapy Department is conducting a research study conducted by
the Marriage and Family Therapy Program at Utah State University. Your participation
is requested as you have been identified as having hired or potentially could hire a
graduate of the Marriage and Family Therapy program at USU or providing family
therapy services.

Your participation is voluntary it would be very helpful to the Marriage and Family
Therapy program at USU as we evaluate all parts of the program. The potential benefit is
that you may have more qualified applicants in future job openings. To protect your
privacy no personal identifiable information will be attached to the questionnaire or to
your responses. Data will be kept in a locked campus file cabinet. This study is
considered minimal risk; however, there may be a potential risk in this type of research
that may introduce some psychological discomfort.

Participation in research is voluntary and you may withdraw at anytime without
consequence. If you decide not to participate, this will not affect your relationship with
Utah State University. To maintain confidentiality, your name and the name of your
agency will not be attached to responses or to any reports about the research findings. If
you have any questions you may call me or Dr. Allgood (provide telephone numbers).
Do you give consent to participate in this study?

Interview Questionnaire- Participants Who Could Potentially Hire USU MFTs

1. In terms of training, are graduates of the USU MFT program trained better, worse, or about the same as other mental health disciplines? - On what do you base this response?	Better Worse Same	Explain: Explanation:
2. Prior to hiring the therapist, were you aware of the theory of change project? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 (1=not helpful, 6=extremely helpful) Explain: Explain Explain
3. Prior to hiring the therapist, were you aware of the required therapy hours for his/her training? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
4. Prior to hiring the therapist, were you aware of the required amount of supervision for his/her training? If so, to what degree do you feel this requirement would	Yes/No	1 2 3 4 5 6 Explain:

help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?		Explain: Explain:
5. Prior to hiring the therapist, were you aware of the advanced practicum experience required during his/her training? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
6. Prior to hiring the therapist, were you aware of the thesis project required during his/her training? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:

7. Prior to hiring the therapist, were you aware of his/her required group therapy experience during training? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
8. Prior to hiring the therapist, were you aware of the required cultural competence experiences for his/her training? If so, to what degree do you feel this requirement would help the therapist perform their job? **(If not aware, explain project)** - If a new therapist had completed this type of project, what influence would this have on your hiring process? - How helpful would this project be in helping a new therapist succeed in your agency?	Yes/No	1 2 3 4 5 6 Explain: Explain: Explain:
10. Do/would these requirements affect employability? If so, which ones, and do/would they affect it positively or negatively?	Yes/No	1 2 3 4 5 6 Which Requirements Affect:
11. Is there anything that sets USU MFT graduates apart from graduates of other MFT programs?	Yes/No	Explain:
12. What type of Professional Degree do you have?		Type of Degree:
13. What field of study do you		Field of Study:

specialize in?

14. What is your Gender?

M/F

15. What type of Agency do you work at?

Type of Agency:

APPENDIX C: Comments About Requirement Items on Questionnaires

In this Appendix, all comments from participants are included from questionnaire items 2-11. Some participants had no response to prompts. Comments are given in two categories for items 2-10 (items with scaled answers): positive comments, and negative comments. Positive comments accompany any rating of 4 or above, while negative comments relate to a response of 3 or below. This is not intended to suggest that a participant felt particularly negative or positive toward the helpfulness of a requirement. Rather, this distinction is based on the rating of numbers given on the scale. Comments for item 11 are categorized by responses of "Yes" or "No."

Theory of Change- Comments in Hired Group

Positive   "The employment candidates were able to articulate their current models, which helps assess their fit into the program culture. Other graduates could not explain their model to make a good assessment for hiring."

"It would be helpful for everybody, both the employers and therapists."

"It is a really good idea. A lot of thought goes into theories. Someone with that process, it would be a good influence on the hiring process."

"It helped the person know where they were heading. Their theory changes over time, but it is a good start."

"If the therapists understands change, s/he is more likely to elicit change. It they don't, it is more hit and miss."

"Some people are too convinced that their theory is the best. But for some it really helps them to search themselves. It's important to know how to change."

"It would have a positive influence. The helpfulness of the project would depend on other factors, though."

"I think that my students don't feel it helps and they try to please their professors. However, toward the end of it, it is helpful, because we should know why we're doing what we're doing."

"The people I have hired really know where they are as a therapist. It also doesn't take long to change their theory."

"It would be good. Many who don't have a theory of change have difficulty articulating what they do. We are very specialized with eating disorders, so a specific articulation would be helpful."

Negative   "It would be helpful in that they need their own theory of change. Sometimes there is too much emphasis on the project, and it is too stressful, and students sometimes write what they don't practice."

"It would not have any influence on hiring. I don't know how the project would help them be a better clinician. I am more interested in the person."

Theory of Change- Comments in Potential Group

Positive   "It would have a strong influence, knowing how therapists do therapy. Factoring in other things, this project sounds great and very important."

"It would influence hiring over those who have not done a theory of change, in a good way."

"It would probably be a good influence. I get a lot of people who don't know what model they use. It's good to know which model and why."

"It would have a big influence for good delivery and commitment. It would be very helpful."

"It would have a fair amount of influence on hiring. It helps people understand why and how they do it (therapy)."

Negative   "It might have some beneficial impact. There are too many variables that go into hiring."

"I don't know, it depends on the model."

Therapy Hours Requirement- Comments in Hired Group

Positive   "500 hours of therapy appears to provide candidates with enough experience to do their duties as intermediate therapists without having to resort to training on basic skills."

"That's one of the reasons they're hired, based on the therapist. Therapy before they get here is very important. Other programs don't have near that amount."

"Their previous therapy helped us set up a schedule for them based on their experience."

"It's very important. They've accomplished 500 hours with people watching behind the glass."

"Knowing it ahead of time was helpful. I also knew how many clients to give them."

"Classroom work is good, but true experience and training and therapy work helps get their feet wet and confident in working with families and people."

"I only give it a four, because I'm not sure hours make a difference as much as supervision and practicum."

"They absolutely have to have the experience."

"Some programs are not practical, but these hours are a lot of experience. It naturally helps integrate knowledge."

"USU graduates have much more experience in the real world. I state that from my experience. USU graduates are better adaptable."

"You want someone with a strong background, face-to-face experience, and systems theory."

Negative   No negative comments.

Therapy Hours Requirement- Comments in Potential Group

Positive	"It is important, but another factor here is being licensed. But these hours are still very important."
	"Grad school provides clinicians with only rudimentary skills. Only a 4."
	"500 hours is definitely and advantage."
	"It would have some impact on hiring."
	It is good to have that, but it should be more."
	"It would have moderate influence on hiring. It doesn't seem like a lot compared to other disciplines."
	"It would make a big difference in hiring. They would be ready to work right off of graduation."
Negative	No negative comments.

Supervision Hours Requirement- Comments in Hired Group

Positive	"It's very helpful. Supervising is easier because of their training, because of prior supervision."
	"It appears that candidates have received adequate skills necessary to be hired."
	"They've been supervised with various issues. They're more qualified and experienced."
	"Any outside supervision is extremely helpful."
	"Having supervision from professors or other certified trainers is valuable. They have better training."
	"Knowing how much supervision they needed was helpful."
	"I think during the early stages, supervision is key. It's a critical piece of the program."

"It's more hours than other disciplines."

"It's essential for training. Face-to-face therapy and supervision gives good tools."

"This goes back to the previous question. The more direct supervision of detailed stuff, the better the therapists performed. The more direct observation by supervisor, the better trained a therapist is, and more confident."

Negative   No negative comments.

Supervision Hours Requirement- Comments in Potential Group

Positive   "It's a critical part of training, having gone through supervised clinical experience."

"It gives better experience."

"It would have an impact on hiring."

"This is much better supervision than social workers."

"It is very important, and a good influence on hiring. It would be very helpful."

"It would not have much impact on hiring. It depends on the supervisor."

Negative   No negative comments.

Advanced Practicum Requirement- Comments in Hired Group

Positive   "Having already worked in a professional setting has helped the therapist be able to work full time in the field."

"It's good for all the same reasons. It's experience and they've done it."

"Experience is always good with direct practical application."

"It gives them hands on experience; More than just at the USU Family Life Center. They have more experience with how it works in other places."

"It's good to know we could refer clients to them."

"Just practical experience is better than classroom work. We know the demands and experience."

"The amount of practicum an MFT gets is invaluable. They are better prepared as a therapist. Advanced practicum off site is more real world."

"It's essential for the whole concept of training hours."

"It would enhance the employability. It's one of the strengths of the program."

"Supervisor professors are always there and you're not doing it on your own."

Negative   "I think the hours are important, but the quality of placements varies. The hours are the most important. The quality control is not enough."

Advanced Practicum Requirement- Comments in Potential Group

Positive   "For new therapists that is an indication of their experience, which is good."

"I used to work with practicum students"

"It depends on which placement, but it would have some impact on hiring."

"It's very valuable. It would be very helpful too."

"It would have a great deal of influence. Doing live out in the field is a different experience."

"It would have a fair amount of influence. It's good real-life experience in an agency, but the type of agency makes a big difference."

Negative   No negative comments.

Thesis Requirement- Comments in Hired Group

Positive   "There is a marked difference in writing skills in those candidates that
             came from programs that required a thesis and those who did not."

             "It's not that helpful for therapy. The process is important, but not always
             for therapy."

             "I think the thesis is a good hurdle. It's good, but not like other
             requirements."

Negative   "It's only 1 in importance."

             "For therapists who will do future writing research is very helpful. For
             therapists who only want to do therapy, it's not as important as other
             aspects like clinical hours and supervision."

             "I'm not so sure the thesis helps with therapy. Here at our agency, we
             would say it's a 0 in importance."

             "Real preparation is face to face supervision. A thesis is more of a pain in
             the neck and stress producer than worrying about therapy skills. For
             clinicians it's value is a 3."

             "It's not overly a great addition to programs. It's not at the top of a list."

             "It doesn't apply to clinical progress. It just doesn't help."

             "MFT programs are really busy. So many therapy hours distracts from
             the thesis and spreads people thin. It actually takes away from the
             experience."

             "It doesn't help be a better therapist, but maybe a better student."

             "It's just really important to have clinical skills. We have our own
             research committee so therapists should be good clinicians with good
             clinical skills."

Thesis Requirement- Comments in Potential Group

Positive "It depends on the thesis itself. If it were about couples and family it would have a high influence."

Negative "The thesis is good for research, but doesn't create a better therapist. I would weigh it lower than field work."

"I would hope it helps, but I don't know if it could really help therapy."

"It would depend on the thesis, but not much influence on hiring. It's not as helpful as practical experience."

"I'm more interested in practical skills. It's not very helpful. Real therapy is a better influence."

"It would not at all be helpful."

Group Therapy Requirement- Comments in Hired Group

Positive "It would be helpful in as much as our agency engages in a lot of group therapy."

"This agency does a lot of group therapy, so those skills are important since they are different skills."

"Probably not a lot of influence because there are no groups here. Not very helpful."

"It would be valuable because most MFTs are working in programs with groups. It's a requirement for our therapists. Most work with substance abuse."

"It would have considerable influence. We do group here, so it would be helpful. It would be very helpful because they have to do it, and we don't have to train as much."

"It would help coming with group experience. It is directly related to this job."

"The real world expects therapists to do group therapy and to be skilled. USU trains very well with group."

"In interviews we ask about group experience, and it's important to have that training."

Negative   "Group is not that critical. We figure we could train you ourselves. It's not important, but if I knew, it would enhance their value."

"Ten hours doesn't seem like a ton. Group experience is good, but not a deal breaker. It's not a big deal."

"It would have an important influence. I would hope for more than ten hours. Ten hours is weak, and I would hope for a lot more than that."

"It's a good idea, but I don't care. It doesn't matter for my agency, but it's cool to watch the process."

Group Therapy Requirement- Comments in Potential Group

Positive   "We do a lot of group here."

"It's very helpful, even though it's not a lot of hours. Other programs don't require that."

"It would have good influence, but it's not a lot of hours. It would help, but they could acquire experience over time."

"It would make a big difference."

Negative   "It's more neat, but not heavily weighted. Typically we don't run groups, so it's not that helpful."

"It's not a lot of hours. It would help, but not a lot."

Cultural Competence Requirement- Comments in Hired Group

Positive   "It would have some influence, but not a great amount. We have some cultural diversity, but it is not a major aspect of the program regarding clientele."

"It's important. Spanish is important. I prefer Spanish background. It's very helpful for experience and success here."

"Our community is not a great example of cultural diversity. However, some experience is good, but it's not the top of the list."

"It would have a big influence. We serve a diverse population. It would be a step ahead."

"We deal with a whole lot of cultures here. There is a huge influx of Hispanics. There are various ethnic and religious backgrounds. Also sexual orientation."

"It would have no influence, but it is a good idea. It's good experience. It would be helpful to the therapist because we work with a whole bunch of different kinds of people."

Negative   "It sounds like a good thing. It's important, but hopefully a Master's degree has more naturally. It is somewhat important."

"It would have pretty minimal influence. I'm more interested in the whole person and how they relate to any culture."

"It has minimal influence, but maybe some. We don't have a lot of cultural diversity here."

"No influence. It's not helpful."

"Not a lot of influence. It depends on whether or not they hit on subcultures."

"Not much influence at all. We want people to be open to diversity, but it's not a main requirement of hiring."

Cultural Competence Requirement- Comments in Potential Group

Positive   "We expect it to be part of the training. It's important because if a therapist is not aware, they are missing a big piece of the puzzle. It's an important process."

"It might as well be done. It would be helpful. It's important."

"It would have very much influence. They would be better able to deal with different cultures."

"It would have very much influence. It would be very helpful. Cultural competency is helpful."

"It would have a little bit of influence. It gives awareness of cultural issues, but it's a given it should happen in graduate school."

Negative   "It would not have a lot of influence. It would give awareness, but not a lot. Being aware is helpful, but it is not make or break."

Requirements Affect Employabiliy?- Comments in Hired Group

Positive   "The theory of change, quality advanced practicum, and five hundred hours of therapy are the ones that would effect it the most."

"The required therapy hours affects it the most, then group, and work with other disciplines."

"The hours of clinical supervision and the advanced practicum. Also who the person is; their personality."

"Cultural competence is extremely important as well as working with other disciplines."

"Five hundred therapy hours. Supervision by a competent supervisor and the practicum."

"Everything but the thesis. My thesis hasn't helped me at all. Supervision is extremely helpful."

"The practicum, supervision and theory of change."

"The practicum and supervision are very high. The rest are nice, but not as big a deal."

"Most of them have an effect and others are insignificant."

"All the ones I rated high are correlated with being a good clinician."

"Working with other disciplines, group therapy, theory of change, the advanced practicum and therapy/supervision."

"The earlier questions are the most important."

Negative   No negative comments.

Requirements Affect Employability?- Comments in Potential Group

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Positive   "Supervision, the field placements, therapy and the diversity training."

"None are more important than another. There are rudimentary skills that they should have upon entering the front door."

"They are all important except the ones I said are not."

"Pre-training therapy, supervision, and the thesis."

"Close supervision and practicum experiences are awesome."

"They all have influence to some degree, but group is the least because it doesn't have a lot of hours."

"The theory of change and supervision."

Negative   No negative comments.

Anything that sets USU apart?- Comments in Hired Group

Yes "They have exceptionally high training quality, good clinical skills, work ethic, solid knowledge of models, and developed personal theory of change."

"They have hands on experience. They have only six students and three professors. They are looked at through glass and scrutinized. They are better trained. They have a more family value based system; they bring the whole family in. Social work is not comfortable doing it. They have small, supervised groups. They are always watched, reviewed and trained."

"They are comparable to other programs, but Scott Allgood is a notch above."

"The training up there is excellent besides the thesis. They come in with good work ethic. They are well trained, and open to learning how to work with this agency. They come in prepared and open."

"They seemed better trained. They are the cream of the crop, and more qualified."

"USU is above average as far as rigor. Every program has it's strengths, but USU is above average."

"MFT grads in general are better at walking into the setting because of intensive systemic training. They are not a lone ranger. USU grads are good at networking. They are typically better prepared to learn and teach. USU is exceptionally good."

No "Not that I know of."

"I don't have experience with other MFT programs."

"Not that I am aware of. I like them all."

"We've got them from everywhere, and they're all similar."

"No, there doesn't seem to be any advantage."

Yes   No comments.

No   "Not to my knowledge."

    "There are many outstanding programs."

    "Not to my knowledge."

    "I don't know of any differences."

    "I don't have enough experience with MFT programs, but the theory of change seems really helpful."

    "I have nothing to compare it to."

    "They all have been very competent."