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DOCTORAL DISSERTATION RESEARCH IN MARRIAGE AND FAMILY THERAPY (MFT): A CONTENT ANALYSIS

by

Clinton L. Broadbent

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

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

Approved:

Ryan Seedall Major Professor	Dave Robinson Committee Member
Kay Bradford Committee Member	Mark McLellan Vice President for Research and Dean of the School of Graduate Studies

UTAH STATE UNIVERSITY
Logan, Utah

2014

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ABSTRACT

Doctoral Dissertation Research in Marriage and Family Therapy (MFT): A Content Analysis

by

Clinton L. Broadbent, Master of Science

Utah State University, 2014

Major Professor: Dr. Ryan Seedall
Department: Family, Consumer, and Human Development

The field of marriage and family therapy (MFT) has enjoyed tremendous growth over the past 60 years. As the charismatic pioneers of MFT strove to gain legitimacy in the early years, the culture of MFT lacked a focus on quality empirical research needed to lend credibility to the field. In the past 20 years, a surge of efficacy and effectiveness research has pointed the field in a positive direction. Doctoral dissertations offer valuable insight into what is being learned by future researchers and suggest in what direction the field is heading. Previous articles voice concern over a gap between researchers producing the research and therapists who should be a vital consumer.

A content analysis was performed on all 157 doctoral dissertations from 19 COAMFTE-accredited Ph.D. programs between the years of 2005 and 2008. The sample was gathered through the ProQuest thesis and dissertation database. Dissertations were coded according to research methodology, clinical focus, and whether they were

published. Results showed that women consisted of two-thirds (*n* = 106) of the dissertations finished within the timeframe and that men published on average more than women. Findings also suggest a significant lack of dissertations being published (16.5%; *n* = 26) with downward trends from 2005 to 2008. Out of the dissertations published, however, the quality was high with a mean impact factor of .940. Trends show an increase in qualitative research and a noticeable lack of process research. Of all the dissertations produced within 2005 and 2008, almost one in five dissertations lacked explicit clinical application in the study. Ways to improve the amount of clinically relevant research are discussed. Suggestions are made as to the role of advisors in the publication process as well as to improve the quantity of dissertations published in COAMFTE-accredited doctoral programs.

(103 pages)

PUBLIC ABSTRACT

Doctoral Dissertation Research in Marriage and Family Therapy (MFT): A Content Analysis

by

Clinton L. Broadbent

Utah State University, 2014

Over the past 60 years, the field of marriage and family therapy (MFT) has experienced tremendous growth due largely to many charismatic pioneers in the field. These pioneers performed various research studies but lacked a focus on quality empirical research. Over the past 20 years, many MFT researchers have started to perform these studies, which in turn, have pointed the field in a positive direction in terms of research excellence. Doctoral dissertations offer unique and valuable insights into the current state of research as a field as well as give us a better idea of how we are doing at balancing our efforts for both clinical and research excellence.

A content analysis was performed on all 157 doctoral dissertations from 19 COAMFTE-accredited Ph.D. programs between the years of 2005 and 2008. This was gathered through the ProQuest thesis and dissertation database. The study focused on describing who was doing the research, what was being researched, and how research was being performed and shared with the world. Results showed that women consisted of two-thirds (n = 106) of the dissertations finished within the timeframe. Findings also suggest a significant lack of dissertations being published (16.5%; n = 26) with

downward trends from 2005 to 2008. Trends show an increase in qualitative research and a noticeable lack of process research. Of all the dissertations produced within 2005 and 2008, almost one in five dissertations lacked explicit clinical application in the study. Ways to improve the amount of clinically relevant research are discussed. Suggestions are made as to the role of advisors in the publication process as well as to improve the quantity of dissertations published in COAMFTE-accredited doctoral programs.

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CHAPTER I

INTRODUCTION

The field of marriage and family therapy (MFT) has enjoyed tremendous growth in the past 70 years since branching out of the field of psychiatry. Today, MFT is a licensed profession with its own organization (AAMFT) reporting 24,500 members around the world (American Association of Marriage and Family Therapy, 2013). In the beginning, many of the pioneers in MFT emphasized that a relational focus could produce enduring results in therapy better than solely working with individuals. Unlike some movements that began with a single epicenter, MFT began in many different places independent from each other. In the 1950s the movement started to grow and consolidate amongst many professionals (Broderick & Schrader, 1991). In the mid-1960s many different schools of therapy continued to emerge led by charismatic figureheads linked to their own style of therapy. As the field became more viable and each school continued to grow, the research being produced consisted primarily of case studies and anecdotal experiences. This research was helpful in building credibility in the field's fledgling state and also gathering momentum to continue the growth of MFT.

As MFT has continued to grow, the need for additional empirical evidence to demonstrate its effectiveness has increased. Lack of time as an established field meant relatively little empirical evidence, leading some professionals outside of the field to discount family therapy as a legitimate field of study (Werry, 1989). Even within MFT, some have expressed concerns that the culture of MFT still does not support research, and that charismatic individuals can gain prominence in the field with their model without providing empirical evidence to support their theory (Crane, Wampler, Sprenkle,

Sandberg, & Hovestadt, 2002). Despite these shortcomings, significant strides have been made in the past 20 years, showing that the field is headed in the right direction and that the science of MFT is continuing to progress and take shape (Sprenkle, 2003). Two areas of particular importance that will help address key challenges and continue advancing the field are (a) to expand the amount of high quality family-related research in MFT, and (b) to increase the amount of clinically-relevant research and thereby bridge the clinician-research gap that exists (Sprenkle, 2003).

With respect to the challenge of expanding the amount of high quality family-related research, a number of positive efforts have been made in the past two decades that have increased the visibility and credibility of MFT. Great strides have been made that have demonstrated the effectiveness of specific models of MFT (Johnson & Wittenborn, 2012; Lebow, Chambers, Christensen, & Johnson, 2012; Snyder & Halford, 2012) as well as their utility in treating specific issues (Eisler, Simic, Russell, & Dare, 2007; Sexton et al., 2011). In addition to efforts that have addressed the overall effectiveness of MFT in terms of outcomes, researchers have also sought to understand more about the process of therapy, including core mechanisms of therapeutic change (Oka & Whiting, 2013; Peris et al., 2012; Sexton, Alexander, & Mease, 2004). Many of these developments have helped dispel the claim that the field lacks a significant research foundation.

Another hurdle is the lack of clinically-relevant research, which has created a gap between researchers and clinicians in the field. A number of articles have been published addressing this issue (Crane et al., 2002; Cvetek, Repič, Poljak, & Cvetek, 2011; Karam & Sprenkle, 2010; Pinsof & Wynne, 2000; Sprenkle, 2010). Although both researchers

and clinicians find themselves in the same field, the two groups are very different in terms of goals and demographics. The majority of clinicians are women with a master's degree working in a clinical setting, while the majority of researchers are male doctoral graduates producing research predominately aimed at advancing scholarly discussion of issues in an effort to gain tenure and thereby further their career (Sprenkle, Mills, Bailey, Lyness, & Ball, 1997). While the emphasis on research that promotes scholarly discussion is good, it creates a challenge for researchers to produce more accessible, clinically-relevant research. This clinically-relevant research is vital to connecting both groups (researchers and clinicians) through creating a strong research base for future researchers to advance and for clinicians to become more research-informed in their practices.

This challenge can be further understood when taking into account graduate level training. In MFT, the terminal-degree for a clinician is a master's degree. Therefore, the primary objective of master's level training programs is to train students to be clinicians. With that emphasis on becoming a clinician, research and related skills are given a diminished role, as evidenced by the fact that many schools have now removed the thesis as a requirement for graduation (Karam & Sprenkle, 2010). Yet this focus changes drastically for students who enter MFT doctoral programs, as most training programs at this level emphasize research with less of a focus on developing additional clinical skills. In this manner, many students advancing to doctoral programs feel ill-prepared for the research demands placed on them (Crane et al., 2002).

There are a variety of ways to address these issues and also evaluate progress. One particularly important way to evaluate how we are doing as a field is to look at what

students are learning in our doctoral-level training programs. The dissertation represents the capstone project at the doctoral level, where students are able to demonstrate what they have learned throughout their degree. Many prominent researchers have shown concern about the current state of MFT doctoral research and have given suggestions on how to improve it (Crane et al., 2002; Wampler, 2010). While their analyses has promoted discussion of the subject, more work is needed to gain an accurate picture of what scholars and researchers in the field are learning as part of their respective programs. This study provides one way of analyzing what training is being done at the doctoral level and the overall direction of research in the field, especially in producing high quality and clinically-relevant research. Specifically, a content analysis of dissertations published between the years of 2005-2008 was used to identify patterns of content and provide a snapshot of the current state of research in MFT training programs.

CHAPTER II

LITERATURE REVIEW

Over the past 20 years there have been great strides made in the research of MFT, especially in the way that we study effectiveness. This review of the literature looks at the progress that the field has made and challenges that it has faced along the way. These topics are broken down into five main sections: (a) MFT in the early years; (b) history of research in MFT; (c) current research being done; (d) current challenges facing MFT; and (e) purpose and utility of this study.

MFT in the Early Years

Marriage and family therapy began 70 years ago and grew in popularity as it created a new way to treat individuals with mental illnesses. Growing out of the field of psychiatry, the notion of having multiple members in the therapy room was radical and contrary to many Freudian beliefs that were still prominent at the time. In the early 1950s, however, many different therapists in various parts of the country began to experiment with the notion of having multiple family members in therapy at the same time (Sholevar & Schwoeri, 2003). This showed some positive results and by the end of the decade, conjoint marital therapy and family therapy began to gain traction among members of the psychiatry field. Pioneers in the field such as John Bell, Nathan Ackerman, and Murray Bowen began to challenge the beliefs of the day and claim that the family had a significant influence on the behavior of the troubled individual and that

the presenting problem did not always stem from a disturbed psyche (Broderick & Schrader, 1991).

While MFT grew in popularity, the psychiatry field reluctantly accommodated the budding movement as an aspect of psychiatry, but not its own discipline. As MFT gained acceptance, many traditional researchers tried to make sense of the movement inside the paradigm of psychiatry. These efforts proved difficult and complex as MFT adopted a systemic approach which looked at the systems that the client was a part of to give context to the challenges they faced. MFT also looked at treating the system as the problem and not specifically the individual (Becvar & Becvar, 2009). These beliefs ran contrary to the mental health medical model of diagnosis and treatment of the individual psyche. As MFT continued to grow, the fields proved to be far apart. As a result, MFT looked to establish itself as an independent discipline apart from the traditional psychiatry paradigm. These efforts were aided in the late 1950s and throughout the 1960s by prominent pioneers that started to emerge with different ways that they found success in the therapy room with families and couples (Sholevar & Schwoeri, 2003). These pioneers were fiercely independent and strong-willed, which was essential as they continued to differentiate themselves from the popular notions of the day. Today, research has built upon the early work of the pioneers of MFT and the struggle to differentiate and validate the field still continues today (Sprenkle, 2003).

History of Research in MFT

As the field of family therapy continued to grow, many influential pioneers emerged with their own brand of therapy. Jay Haley was one of the first pioneers; he

worked with Gregory Bateson who was a major proponent of systems theory in the mid-1950s (Broderick & Schrader, 1991). Both Haley and Bateson worked at the Palo Alto group where many systemic thinkers gathered; Haley went on to popularize strategic therapy (Haley, 1973). Virginia Satir joined the Palo Alto group later and afterwards left to work on her own experiential model (Satir, 1972). Outside of the Palo Alto group other influential pioneers began publishing some of their successes in therapy. Carl Whitaker proved successful in his own version of experiential therapy which focused on the subjective experience of each individual in the system (Napier & Whitaker, 1978); while Murray Bowen focused on intergenerational aspects in family systems and the need for differentiation (Sholevar & Schwoeri, 2003). Salvador Minuchin developed structural family therapy in the mid-1960s with structural family therapy that focused on the roles, rules, and boundaries within different subsystems inside the greater family system (Minuchin, 1974; Minuchin & Fishman, 1981).

Many of these founders had considerable charisma and touted models that strongly resembled their own personalities and were supported by case studies and personal reports. These early contributions by these pioneers were vital to the fledgling field. While anecdotal, these case studies gave credibility to the field and showed that it promoted change. These contributions served as the first evidence of effectiveness for MFT. As the field was growing and changing, so was the research landscape. In the late 1970s, credibility and how it was perceived began to change, with a premium on standardized empirical procedures and outcome research. While research was viewed as important, the MFT field as a whole was slow to make the change, choosing instead to explore different interventions that could be used in the therapy room. The lack of

empirical research soon caught the attention of some researchers outside the field, leading some critics to liken the field to a religion with charismatic prophets claiming to have the truth but not supporting their findings with empirical data (Werry, 1989).

Moving the Research Forward

Since Werry's (1989) observation, research has increased and significant progress in regards to conclusions and interventions has been made. Two particular categories have emerged in the literature. Effectiveness and process research take two different approaches to MFT and both add valuable credibility to the field.

Effectiveness Research

Over the past 30 years, effectiveness research has been instrumental in giving more credibility to MFT in the eyes of other fields. Effectiveness and efficacy have been used many times interchangeably in the research. However, efficacy refers to the ability for the intervention to have the intended effect in ideal circumstances (randomized clinical trial). Effectiveness looks at the intervention and effect it has, but in a traditional therapeutic setting (Pinsof & Wynne, 2000). The goal of quality empirical research strives to create uniformity between subjects, however, in many situations that is not possible. For this article, I will refer to the two as effectiveness research. Effectiveness research is outcome-based and focuses on clients at the end of therapy. This approach to research offers a macro-view of the subject and focuses primarily on if change can be observed. This type of research is highly regarded by those in other fields and represents the research that Werry (1989) claimed was missing in MFT at the time. Many different

uses of effectiveness research can be seen in MFT, all of which lend credibility to the field.

Overall MFT effectiveness. A major area of effectiveness research is looking at the field in general. In 1995, the first MFT research review was published by the American Association for Marriage and Family Therapy (AAMFT). Since then, researchers have built upon those findings and supported it with credible research data (Sprenkle, 2003). A meta-analysis of MFT research has shown an effect size of .84, which means that over 80% of couples receiving treatment reported better outcomes than a control group receiving no treatment (Shadish & Baldwin, 2003). These findings are comparable to the most effective psychological and pharmacological treatments available (Shadish & Baldwin, 2003). This study, along with other studies (Sexton et al., 2004; Snyder & Halford, 2012), confirm the utility of MFT in treating distressed families, couples, and individuals.

Therapy model effectiveness. Within MFT, a number of models have gained a substantial body of empirical support, which has been useful in providing additional credibility for the field. Some of the most prominent models include emotionally focused therapy (Johnson & Wittenborn, 2012), functional family therapy (Alexander & Sexton, 2002), multidimensional family therapy (Marvel, Rowe, Colon-Perez, Diclemente, & Liddle, 2009), and brief strategic family therapy (Robbins et al., 2011). These empirically supported treatments address a plethora of different family and individual presenting problems. With these advancements, the next wave of effectiveness research will focus on a broader range of applications to different clients and problems (Sprenkle, 2003).

Effectiveness of MFT in working with particular demographic groups. Some errantly believe that the sole focus of MFT is couples and families. Although extremely important, the real focus of MFT is a systemic focus, making it possible to address issues related to individuals, relationships, and also specific groups. This includes addressing ways to focus on systemic interventions across the lifespan. A relatively new area, working with children in different circumstances has received attention in recent research (Jansen et al., 2012; Pastore et al., 2011). Adolescents have also received a lot of attention in the research dealing with diverse issues such as: ADHD (Weijer-Bergsma, Formsma, Bruin, & Bögels, 2012); depression (Gillham et al., 2012); eating disorders (Lázaro et al., 2011; Sysko & Hildebrandt, 2011); social phobia (Piet, Hougaard, Hecksher, & Rosenberg, 2010); and substance use (Robbins et al., 2011). Research studies have also been designed to look more closely at the experience of older adults (55+); research focusing on depression and psychosocial health has offered ideas and various insights in this growing population (McLaughlin & McFarland, 2011; Samad, Brealey, & Gilbody, 2011). As the field has expanded to incorporate individuals and families along the developmental lifecycle, professionals inside and outside the field hopefully will continue to expand research with diverse populations outside couples and families.

Effectiveness of MFT in working with specific issues. Another area of research examines the effectiveness of MFT with various presenting problems. Research done with alcoholism has shown more positive outcomes than individual therapy, with increased abstinence and improved overall family functioning (O'Farrell & Clements, 2012). Moreover, similar studies show that including the family improves the motivation

of the “identified patient” to accept help and success in family coping even when the identified patient refused treatment. Studies of schizophrenia (Pfammatter, Junghan, & Brenner, 2006) and adolescent substance abuse (Baldwin, Christian, Berkeljon, & Shadish, 2012) show statistically significant improvement over treatment as usual. Looking at the research in general, a reoccurring pattern of improved family functioning in addition to better outcomes for the identified patient are prevalent. The utility of using MFT in a variety of settings, even in some of the most difficult of situations, has become more and more evident due to continuing research in the field.

Process Research

Although efficacy and effectiveness research provides scientific credibility to the field, and shows outside sources that MFT is indeed effective in treating the general population and specific populations, it provides less step-by-step help on moment-to-moment therapist behaviors. Process research looks for individual points in therapy and whether specific interventions make a difference (Seedall & Butler, 2006). Another example of this approach to research is looking for different moments in therapy as a catalyst for change (Gonçalves et al., 2012; Helmeke & Sprenkle, 2000). This approach looks past the question, “Does therapy work?” and tries to find out, “*How* does therapy work?” This micro view is one of the strengths of process research. Process research shows the results of different interventions in a more real-world setting more applicable to clinicians. This approach improves research accessibility while giving the therapist empirically supported interventions that they can use should particular situations arise during therapy.

One particularly useful way of understanding the importance of process research is within the framework of common factors (Seedall, 2011). While studies show that MFT is effective, there have been multiple studies performed trying to determine if one therapeutic orientation is more effective than another, yielding little success. Shadish and Baldwin (2003) cited four meta-analyses in showing that, while different therapeutic models proved effective, few differences in outcomes existed between different theoretical approaches. Common factors researchers point to this and other studies as proof that while many models claim to be different, there is considerable overlap between the ingredients of change within each model. While different model techniques have been proven to be useful, concepts such as therapeutic alliance, shared goals, and the client's motivation to change are similar themes in most models and have been supported as a major contributor to change (Sprenkle & Blow, 2004). This supposition has been met with some resistance due to the traditionalist nature of the field and the sacred models that date back to the pioneers in MFT (Sprenkle & Blow, 2004). Regardless of the belief, common factors research offers a unique view into what mechanisms of change exist between different models (Seedall, 2011).

Challenges Facing MFT Research

Having just discussed current efforts to move the research forward and increase the credibility of the field through effectiveness and process research, this section talks about the challenges facing our field, primarily concerns surrounding research.

In discussing the different challenges facing MFT, some of these difficulties stem from a lack of research emphasis in the MFT culture. In the beginning, MFT sought to

gain credibility by offering clinical anecdotes or case studies. Years later, as demand for quality empirical support has increased, an emphasis on the need for research excellence has, in some ways, divided the field. Perhaps more than many other areas of study, MFT must produce research that is not only furthering the discussion among academics but applicable and accessible to thousands of clinicians across the globe. This lack of research emphasis in the MFT culture and the dichotomy between clinical excellence and research excellence lies at the heart of many of the challenges facing MFT.

Lack of Research Emphasis in MFT Culture

In talking about the challenges that exist for researchers in MFT, some of the difficulties stem from the culture of MFT and its reluctance to embrace research. The culture of MFT still struggles to support and implement the research it needs to gain relevance outside its own field and also within it (Sprenkle, 2003). This lack of support has been discussed at length, leading Crane and colleagues (2002) to conclude:

> The culture [of MFT] does not support research. Ours remains a field where it is still possible for a highly charismatic individual to create a model of family therapy, become successful on the workshop circuit, and get lucrative book contracts to promulgate the model without offering evidence for its efficacy beyond personal testimony. (p. 76)

The lack of focus on supporting models with effectiveness research could be traced back to the pioneers that popularized the field. Many of the pioneers were charismatic and in the beginning of the field their case studies and anecdotal evidence were accepted as sufficient evidence. As research methods have developed over the years moving from empirically supported treatments to empirically supported relationships (Pinsof & Wynne, 2000), with these developments, the standards for achieving credibility

have also been raised. These changes require a greater focus on supporting our work with empirically supported treatments.

Balancing external and clinical relevance. As research has evolved and changed over the years, researchers in the field face the challenge of balancing the production of research both pertaining to MFT as a field (external relevance) to other fields and also research relevant to MFT clinicians in the field that are using therapy models and interventions inside the therapy room (clinical relevance). In many ways researchers are tasked with providing credibility to other fields while moving the research forward in the clinical setting. This balance lies in the middle of two polarizing ends. The pressure to produce high quality research *and* also clinically relevant research remains at the heart of the delicate balance that researchers try to maintain. Some researchers feel strongly the impetus to "go where the money isn't" (Sprenkle, 2003, p. 94) and produce clinically relevant research in order to enrich the field and connect with clinicians. Nonetheless, expectations within the academy to produce research for high-impact journals (which usually focuses on broader family-science topics) and acquiring grant funding continues to be the typical path to tenure. While other factors are important, there is a premium for published research in high impact journals. Journal publications are a big determinant in personal advancement within an MFT program and the viability of the program as a whole. This situation pushes researchers to focus more on broader, more popular topics that have a chance to secure grant funding and less on more focused, narrow research such as therapy interventions and process that can help validate the field and are more accessible to clinicians.

Population and sample size. Another challenge that researchers see as they perform research is working with diverse populations and obtaining a significant sample size. In looking at meta-analyses, certain population groups continually show up in the research due to the considerable outside financial support offered (Sprenkle, 2003). While beneficial, the populations studied are not as commonly found in the therapy room. As researchers move forward they must balance clinically relevant research while also pursuing research that is well supported by external funding. Broadening efficacy and effectiveness research into more commonly served population groups is an important step the field needs to take in order to be more accessible. While areas like schizophrenia, alcoholism, and drug use are important, focusing on bigger and more prevalent populations can increase the applicability of the research being done in the field (Sprenkle, 2003).

Clinical Excellence Versus Research Excellence

In addition to the culture, another challenge that faces our field is the dichotomy of clinical excellence and research excellence. This dichotomy can be seen in the training of our clinicians. Throughout the years, MFT programs have put a premium on training competent and able clinicians to remain competitive in an environment full of other mental health professionals which are more widely accepted. As MFT continues to mature and distinguish itself among other mental health professions, like other fields that contain clinical and academic aspects, there is a balance that must be maintained between both. One concern is that not enough training is given to clinicians in order for them to be consumers of research and have the research inform their practice.

For clinicians, as before stated by Crane and colleagues (2002), the culture in MFT does not emphasize research, with many clinicians not actively utilizing published research to improve their clinical work. Furthermore, the end-degree for most clinicians is a master's degree which does not focus on extensively training graduates to become good consumers of research. Evidence of this change in focus can be seen in that more and more programs are eliminating the thesis as a requirement for graduation in order to be more attractive to incoming students applying for multiple programs. In 2002, a survey of MFT masters programs revealed that only 9 of the 44 schools that responded required a thesis in order to graduate (Crane et al., 2002). Many influential scholars are calling for the members in the field to be scientist-practitioners with the responsibility to be consumers of research, evaluators of their own clinical practice and contributors to the future literature to be published (Karam & Sprenkle, 2010). As the gap between researchers and clinicians has widened over the years there have been multiple calls for both sides to bridge the gap. Many solutions have been offered but change has been slow at best (Karam & Sprenkle, 2010). The balance between clinical training and research is a difficult one, but one that should be addressed if we expect to train more research-informed clinicians.

Clinician researcher gap. After talking about the current culture that exists in the field and the dichotomy of producing outstanding MFT researchers and clinicians, we can start to see the disconnect that has developed between researchers and clinicians. Researchers struggle to produce high quality, clinically relevant research while clinicians remain aloof from most research due to a perceived lack of relevance in a clinical setting. While this gap has been discussed in many articles over the years (Crane et al., 2002; Oka

& Whiting, 2013; Pinsof & Wynne, 2000), the disconnect still persists. Many underlying issues must be addressed if the gap is to be narrowed. One starting point to address the gap that the literature has suggested is beginning with what is being done in MFT doctoral programs (Crane et al., 2002). Although narrowing the gap will likely require a multi-faceted approach rather than addressing only one particular area, training at the doctoral level could be instrumental in influencing the current generation of researchers coming into the field. One positive step towards bridging the gap starts in understanding what MFT doctoral programs are teaching the future researchers in our field.

Evaluating MFT doctoral programs. If we are to continue to make strides to produce high quality, clinically-relevant research, and thereby narrow the clinician researcher gap, a valuable way to evaluate where we are as a field can be achieved by looking at what we are currently doing in our MFT doctoral programs. Significant work has been done to illustrate how doctoral programs approach training their students. Wampler (2010) discussed three approaches that MFT training programs typically take when teaching about research. The first approach is the *institutional approach* in which research is not emphasized and the primary focus of the faculty is to make sure that coursework and clinical work is completed with the dissertation as more of a project. The second approach is the *community of scholars* approach, where the faculty works to mentor the student. Lastly, the *star researcher* approach places the student with a researcher in whom shares similar research interests. These different approaches each have different advantages and disadvantages.

Although the scholarly work done in this area has helped to promote clinically-relevant research in COAMFTE-accredited doctoral programs, there are growing

concerns surrounding doctoral training. Many MFT doctoral programs are becoming more general in their approach. Many of these programs are a part of a larger governing discipline such as social work, psychology, or family studies (Lee & Nichols, 2010). This partnership means that many classes that are taught in doctoral programs do not come from MFT focused professors, thereby leading to a more generalized emphasis. While collaboration is beneficial for mental health fields, specific research focused on strengthening the MFT literature is imperative if MFT is to be recognized as a separate field of study (Crane et al., 2002). This collaboration also leaves many students to become generalists, often branching into multiple fields without a MFT specific focus. Without a role model to show them how to do MFT research, students cannot be expected to produce the clinically relevant research needed to help narrow the gap.

Purpose of Study

In previous sections, I summarized the historical progression of research in MFT, the importance of effectiveness and process research in gaining credibility both inside and outside the field, and the dichotomy between research and clinical excellence in MFT culture which contributes to a gap between researchers and clinicians. I also highlighted doctoral training as an important aspect of our development as a field and one way to evaluate progress in the area of research. This study analyzes doctoral dissertations finished between 2005 and 2008 in COAMFTE-accredited MFT programs to look at the current doctoral research being published by the future researchers in the field in order to see the current state of MFT research and better understand our areas of strength as well as areas where greater attention is needed.

The following are the research questions I sought to address in this study:

(a) From a descriptive standpoint, what research is being produced in the COAMFTE-accredited MFT programs?

(b) What efforts are being made in COAMFTE-accredited MFT programs to enhance the external relevance of MFT research?

(c) What efforts are being made in COAMFTE-accredited MFT programs to enhance the clinical relevance of research within the field of MFT?

By discovering what is being produced in COAMFTE-accredited MFT programs, we can understand more about who is producing the research, where it is being produced, how these researchers are performing their dissertations, and what these researchers are writing about. Addressing these questions will offer a better understanding regarding the general state of doctoral research and represents one indicator of how we are doing as a field in producing research. The last two research questions strive to describe how we are doing in balancing the dichotomy of research and clinical excellence as evidenced by the research being done to increase our overall credibility as a field by enhancing both our external and clinical relevance. Generally, the findings of these questions may provide a better understanding of our strengths as well as areas for improvement, especially in regards to doctoral training in MFT.

CHAPTER III

METHOD

In the review of literature, I discussed the history of research in MFT and the challenge that exists in the field of achieving both research and clinical excellence. This dichotomy is a contributing factor to the precarious balance that researchers must maintain in order to increase external relevance and credibility (i.e., research valued by the scientific community) while also ensuring that research being done is clinically relevant (i.e., benefitting clinical practice). This study has been designed to examine the research being produced by the future MFT researchers in COAMFTE-accredited MFT doctoral programs and how they are balancing this dichotomy. Findings in this study give us a better understanding of the strengths and possible areas for improvement within the field. Furthermore, understanding our strengths and areas in which the field could improve could help contribute to improving the training in doctoral programs and increase the awareness of the quantity and quality of the research being produced in doctoral programs. The remainder of this section will outline the methodology I used to accomplish these goals.

Design & Sample

In this descriptive study, I utilized content analysis methodology to answer my research questions. Content analysis was selected because it makes it possible to take large amounts of qualitative data and systematically organize it into fewer content categories. This approach has been has proven useful in other studies in the social

sciences (Bischoff, Springer, Felix, & Hollist, 2011; Hartwell, Serovich, Grafsky, & Kerr, 2012; Shapiro & Markoff, 1997) and was invaluable in analyzing the doctoral dissertations and drawing conclusions regarding the current status of MFT research.

The sample for this study consisted of 157 published and unpublished doctoral dissertations seen in Table 1.

Table 1

Quantity of Dissertations Produced and Published Between 2005-2008 in COAMFTE-Accredited MFT Programs

School	Dissertations produced	Dissertations published	% of articles published
Akron	6	0	0.0 %
Alliant	32	3	10.7 %
BYU	8	3	37.5 %
East Carolina	2	2	100.0 %
Florida state	3	1	33.3 %
Georgia	3	0	0.0 %
Kansas State	9	0	0.0 %
Loma Linda	7	3	42.9 %
Michigan State	10	1	10.0 %
Minnesota	7	3	42.9 %
Nova Southwestern	1	0	0.0 %
Ohio State	9	2	22.2 %
Purdue	13	1	7.7 %
St. Louis	6	0	0.0 %
St. Mary’s	10	0	0.0 %
Syracuse	12	3	25.0 %
Texas Tech	6	2	33.3 %
Uconn	2	0	0.0 %
Virginia Tech	11	3	27.3 %
Total	157	26	

The two criteria for inclusion used in this study were that the dissertation satisfied graduation requirements for a degree or specialization in MFT at a COAMFTE-accredited doctoral program, and that the dissertation was defended between the years 2005 and 2008. Dissertations from COAMFTE-accredited programs were selected to control for the type of training received. COAMFTE-accredited programs all conform to the same standards, and thereby provided a greater chance that students received similar research and clinical training relevant to MFT. Furthermore, selecting this sample facilitated both locating and formatting the results. The selection of years 2005 through 2008 provided a large enough sample size while also ensuring that graduates would have ample time to navigate the peer review process and have their dissertations published.

Procedures

Data were gathered in two phases, with the first phase focused on acquiring the sample of dissertations and the second phase involving the coding of the collected data. The phase one process followed that of other content analyses performed in the social sciences (Leahy, Habeck, & Van Tol, 1992; Tansey, Zanskas, & Phillips, 2012). First, I contacted all 19 COAMFTE-accredited doctoral programs that existed between 2005 and 2008 and requested the names of all faculty members who may have served as chair of an MFT doctoral dissertation. After receiving the names of 67 faculty (37 male and 30 female), I performed an advanced search of the Proquest Dissertations and Theses Full Text Database. The specific criteria that I used to retrieve the dissertations in PDT were advisor name, manuscript type, and publication date. For two schools (Texas Tech and Virginia Tech), I was referred to school-affiliated websites where the dissertations were

located using the same process as in Proquest. Afterwards, a list of retrieved dissertations were sent via email to faculty members in each program in order to confirm that I had identified all dissertations defended in that program between 2005 and 2008 and that the student was a part of the MFT program. In all, 4 of the 19 schools responded with corrections.

After the accuracy of our records was verified, phase two of the study consisted primarily of coding the dissertations. Two MFT graduate students were enlisted and successfully finished two one-hour training sessions focusing on the coding process and the categories involved. A senior researcher was involved in the training sessions and afterward served as a coding process consultant in order to help clarify any problematic issues identified by coders. Inter-rater reliability was measured by selecting 40 (25%) dissertations and dual coding them. Any disagreement was monitored by the process consultant and agreement was made.

Reliability

Cohen's Kappa

Cohen's Kappa was used to measure the overall inter-rater reliability between the two primary coders for clinical application, a nominal variable. The Cohen's Kappa statistic was appropriate for identifying inter-rater reliability of nominal data by taking into account the possibility of both coders randomly agreeing by chance (Mahmud, 2010). For clinical application, kappa was .55, which is considered moderate.

Intraclass Correlation

Another statistic used to measure reliability is intraclass correlation (ICC). ICC is useful for measuring reliability in homogeneous interval and ratio variables (McGraw & Wong, 1996). Interrater reliability for sample size, gender of author and advisor, year completed, and whether the article was published or not had 100% agreement. Interrater reliability was moderate for the primary statistic used (ICC = .66) and methodology (ICC = .66). Major content category had an ICC of .47. Because of the value below .5, the findings for major content category should be considered more tentative than other findings.

Coding Process

The coding process involved systematically analyzing each dissertation according to (a) demographic information, (b) major content category, (c) research methodology and primary analyses, and (d) the relevant publication data. This information provided data regarding who performed the research, what research was done, and the process by which the research was performed. It also provided a way to evaluate the degree to which dissertation research enhanced both the external and clinical relevance of the field. As stated previously, the overall goal was to identify specific areas of strength in the research being done as well as areas where more research is needed.

The demographic information was primarily gathered from the title page of each dissertation and involved the school the author graduated from, author gender, and the gender of the dissertation adviser. Each of these demographic questions provided information about who is doing doctoral dissertations in COAMFTE-accredited doctoral

programs. After gathering all of the demographic information from the dissertations, coders identified the major content category. Articles were categorized according to (a) those that focused on therapist improvement and/or development through training or other related contextual information (professional development studies); (b) those that focused on measuring the effectiveness of therapy, including outcomes and responses to treatment (outcome studies); (c) those that dealt primarily with a particular clinical population (alcoholics, domestic violence etc.; clinical population studies); (d) those that focused on a family-centric topic with the intent to improve understanding about a particular subject or issue related to family relations, family dynamics, and/or human development, but that did not focus explicitly on intervention (family studies); (e) those that focused on the development of instruments and measures to better elicit or understand information from clients or a specified population (assessment studies); (f) those that aimed to develop theory through literature review or discourse (theoretical); and (g) those that focused on the processes and interactions during therapy, including interventions that are used during therapy and the client's reaction to them (therapy process studies).

Coders identified major content categories by examining the title and the abstract of each dissertation. The purpose of study mentioned in each dissertation's literature review was also examined if the title and abstract did not yield a conclusive decision. If the coders were still uncertain as to the major content category, they met with the process consultant in order in order to arrive at a consensus. Determining dissertation content categories will aid in in analyzing the content distribution in the population. Understanding the content categories of dissertations provided a better idea of what our

future researchers are focusing on, trends in the research, and where more research is needed.

After assigning a major content category, coders identified the methodology and design used in the studies. Coders identified whether each study was qualitative, quantitative, mixed methods, or theoretical. Quantitative methods were typified by those articles that use numerical representations of the data to answer their research questions. Qualitative methods were those articles that answer research questions using written data to generate thematic representations of participant experiences. The mixed methods approach utilized aspects of both quantitative and qualitative research methods to answer the target research question. Theoretical methods comprised of literature reviews discussing different aspects of a theory or model without a population. All of these approaches have utility in research and have been employed in the family therapy field (Addison, Sandberg, Corby, Robila, & Platt, 2002). Understanding the methods that researchers are using to answer their research questions is extremely important. By researching what is being done in this aspect we can encourage research using different approaches to be more widely utilized thus enriching our research base.

Another aspect of methodology that was useful in understanding the nature of MFT research was the sample sizes being used in dissertations. Typically, larger sample sizes are considered optimal for studies because it more closely resembles the population it is trying to study and makes generalizability more possible. By studying this, it is easier to see typical sample sizes in MFT research for each type of design (qualitative, quantitative, and mixed methods). The methodology and sample size were often found by coders in the abstract. However, if the abstract did not contain the information needed,

coders looked in the design and sample section in the Methods Chapter of the dissertation. This information further enhanced the understanding of the methodological approaches most typically used to address research questions in MFT dissertations.

After identifying the methodology of each dissertation, coders located the primary analyses employed for the study by searching in the analysis section of the dissertation. Statistical analyses for quantitative studies were categorized by whether the primary analyses were univariate (e.g., regression, ANOVA) or multivariate (multiple regression, MANOVA, structural equation modeling, multilevel modeling). Analyses for qualitative studies were categorized according to the most commonly used qualitative research types: phenomenology, grounded theory, case study, and ethnography. This information expands the understanding of how our researchers are analyzing their data in order to answer their research questions.

The final step in the coding process was to look for each dissertation's publication information. Coders entered the author's name into the EBSCO database. From that search, the coders compared the articles found to the dissertation to find similarities within the two documents (same topic of study, same sample size, and date published). Once a published study from the dissertation was identified, journal type (i.e., MFT, psychology, social work, human development, or family relations) and impact factor were coded. The impact factor of each journal was identified using the Journal Citation Report within Thomson ISI. This information offers insight into how often dissertation research is being disseminated into the scholarly community, where dissertations are being published, and their overall professional impact as well as their likely impact for the field of MFT. By understanding what dissertations were published we can get a

bearing on the effort of doctoral students to publish and disseminate their work as well as identify patterns of what articles are being prized from outside and inside the MFT field.

CHAPTER IV

RESULTS

Over the past 50 years the field of MFT has been making great progress in terms of improving how we are viewed by others outside our field (external relevance and credibility) and also producing clinically relevant research that informs and enhances clinical practice (clinical relevance). Keeping that in mind, there remains many potential areas where more work is necessary. Some of the strengths and weaknesses in the research have been well documented by respected scholars (Crane et al., 2002; Pinsof & Wynne, 2000; Sprenkle, 2010). In an attempt to gain a better understanding of where we are as a field in balancing the production of both clinical and externally relevant research in MFT, I have sought to gather all the dissertations from COAMFTE-accredited programs between 2005 and 2008. These dissertations were gathered and analyzed through a content analysis to look for significant trends and patterns in the literature. This approach is used to offer a description of what research is being done and identify specific strengths and areas for improvement for MFT doctoral programs.

As mentioned previously, I sought to answer three primary research questions in this study: (a) *What research is being produced in COAMFTE-accredited doctoral programs?*; (b) *What efforts are being made in COAMFTE-accredited MFT programs to enhance the external relevance of MFT research?*; and (c) *What efforts are being made in COAMFTE-accredited MFT programs to enhance the clinical relevance of research within the field of MFT?* Overall, these research questions were designed to gain a better

understanding of who is producing doctoral MFT research, where they are, what they are researching, and how they are executing their research.

Research Question 1: What Research is Being Produced in COAMFTE-Accredited Doctoral Programs?

This research question was answered through various inquiries surrounding the demographics, including what school the author graduated from, what year the dissertation was proposed, and the gender of the author and their advisor(s). As mentioned previously, 157 dissertations were completed between 2005-2008 in 19 COAMFTE-accredited MFT programs (see Table 1). The authors were 66% female (n = 104) and 34% male (n = 53). The number of dissertations defended steadily increased each year, from 34 in 2005, 40 in 2006, 40 in 2007, and 43 in 2008 (M = 39.3), indicating an upward trend over the four year sample period.

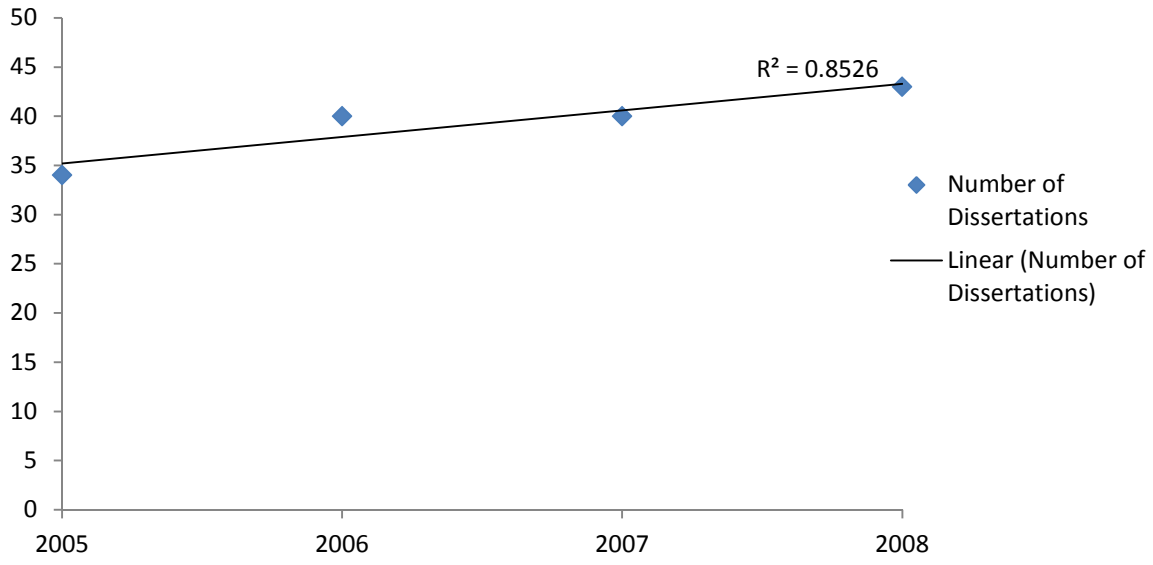

Figure 1. Quantity of dissertations produced in COAMFTE-accredited programs.

The 157 dissertations were chaired by 67 advisers (*n* = 37; 55% men; *n* = 30; 45% women). Men were more often the dissertation chair for both women (*n* = 55; 52%) and men (*n* = 29; 55%). Also, there were a few instances where males and females were used in a co-chair situation, there were 4 instances for females (4%) and 3 instances for males (5.5%).

Methodology and Primary Statistics Used in Dissertations

Methodology offers great insight into how the author pursues the answers to their research questions. The methodologies were broken into four primary categories: qualitative, quantitative, mixed methods, and theoretical approaches. Of the completed dissertations, 44.5% (*n* = 70) employed a qualitative approach while 44% (*n* = 69) used quantitative methods, leaving 7.5% (*n* = 12) using a mixed methods approach, and 4% (*n* = 5) for theoretical studies. The trend analysis shows that as quantitative research displays a small decline year over year, qualitative research is increasing year over year (see Figure 2).

Understanding what primary statistics are used in research is important because it tells us how the researcher is describing and measuring their population. Of the 69 quantitative studies analyzed, 42 (61%) used univariate statistics (ANOVA or *t* test) while 27 (39%) used multivariate statistics. For the 70 qualitative studies, 34 (48.5%) used phenomenology, 26 (37%) used grounded theory, 4 (6%) were case studies, 3 (4%) were ethnographic studies, and there was 1 (1.5%) focus group, 1 (1.5%) formative evaluation, and 1 (1.5%) participatory action research study.

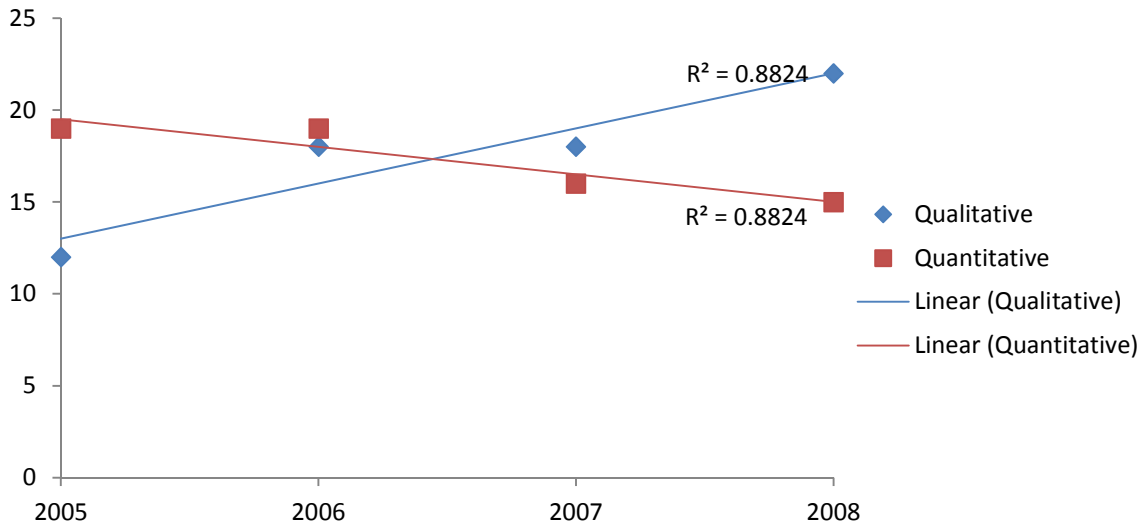

Figure 2. Methodological trends in dissertations produced in COAMFTE-accredited programs.

Major Content Category

Out of the major categories, family studies articles were the most prevalent with 45% (*n* = 71). Professional development studies had 17% (*n* = 27) while clinical population studies garnered 15% (*n* = 24). Outcome studies constituted 12.5% (*n* = 20) of the dissertations analyzed. Of the rest of the content categories there were 8 (5%) therapeutic process studies, 4 (2.5%) assessment studies, and 3 (2%) theory papers. A more general family studies focus appears to have been employed in regards to the major content category used while there was a noticeable lack of process studies.

Gender Comparison

In terms of gender, nearly two-thirds of dissertations were written by females, providing preliminary evidence that earlier trends of MFT doctorate degrees being completed primarily by males may be changing. Nonetheless, males on average

published more often than females in this sample. Of all the males finishing their dissertation, 19% went on to publish their findings. Females published slightly less on average at around 15%. Although males published at a higher rate than females, a chi-square test revealed no statistically significant difference ($\chi^2 = .0071$; $p = .93$). While the difference in publications between males and females is not significant, the matter is worth monitoring in future studies.

Research Question 2: What Efforts Are Being Made in COAMFTE-Accredited MFT Programs to Enhance the External Relevance of MFT Research?

In order to answer this research question I looked for certain indicators that comprise what researchers consider the "gold standard" in establishing externally relevant research for other fields (Pinsof & Wynne, 2000). This was accomplished through the use of frequency counts and the use of trend analyses of the following key indicators: publication results (i.e., if and where the dissertation was published), sample size, types of analyses used, major content category, and research funding.

Publications in COAMFTE-Accredited Programs

Of the 157 dissertations produced, only 26 dissertations (16.5%) were published in some form in a peer-reviewed journal. No university published more than three dissertations over the four year period ($M = 1.3$). In terms of advisers, 67 different advisors chaired the 157 dissertations completed between 2005-2008, and 21 of the advisors (30%) chaired dissertations that were eventually published. While the number of

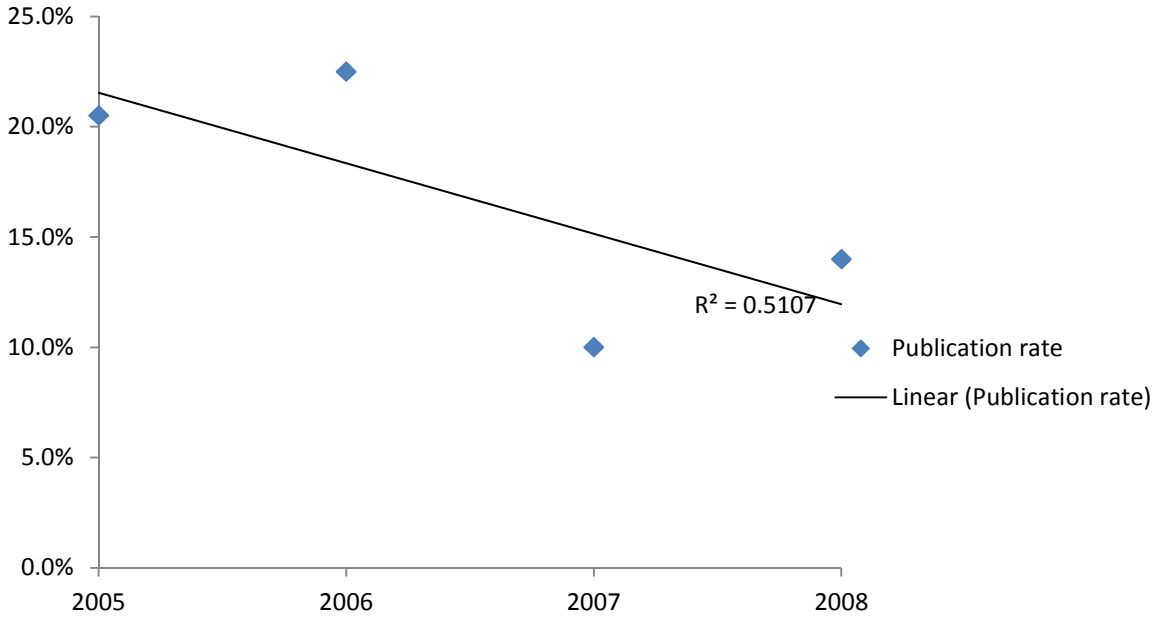

Figure 3. Publication rates of dissertations produced in COAMFTE-accredited programs.

dissertations published increased each year, the actual percentage of publications declined as seen in Figure 3.

In 2005 and 2006, an average of 21.5% of dissertations were published. However, in 2007 and 2008, the average rate of published dissertations decreased to 12%. This trend provides evidence that, while the quantity of doctoral graduates is increasing, there is a growing need to emphasize bringing the research produced in doctoral programs to publication.

Sample Size

Generally, sample size is important in all research, perhaps even more so in quantitative research, where statistical power and generalizability are important considerations. Studies with higher sample sizes tend to lend more to external relevance than those with smaller ones. Regarding sample size, qualitative studies averaged close to

13 participants (*SD* = 11.84; range: 1-53), while quantitative studies averaged 616 participants (*SD* = 3,080.68; range: 3-25,632). Mixed methods studies averaged 74.7 participants (*SD* = 90.81; range: 1-296). Published qualitative articles had a mean sample size of 13.69 while published quantitative articles had a mean sample size of 372.13.

Methods and Advanced Research Analyses

Other key factors that are valued by other fields and thus contribute to the external relevance of MFT is the use of quantitative studies with advanced research analysis. This prizing of quantitative studies does not appear in MFT-centric journals; 11 (58%) of the published articles in MFT journals were qualitative and just 5 (26%) were quantitative with 3 (16%) using mixed methods. In publications involving non-MFT journals, however, the percentages flip with 57% (*n* = 4) of articles being quantitative, 43% (*n* = 3) qualitative, with no publications for mixed methods. This shows that more qualitative research is being published than quantitative research in general. When looking at non-MFT journals, however, quantitative articles are published more frequently. In regards to advanced research analysis, out of the 4 quantitative dissertations that were published in non-MFT journals, two used univariate measures and two used multivariate measures. For quantitative studies in MFT journals that ratio was similar with 5 quantitative studies using multivariate statistics while only two used univariate.

External Funding

Funding is an important aspect of scholarship and something that is looked upon favorably by other fields. While analyzing each dissertation I looked for indication of outside funding for the dissertation. Out of 157 dissertations, only 3 (2%) acknowledged

outside funding somewhere within the body of the dissertation. This finding lends support to the concern that professors, due to their high teaching workload, lack the time and resources to attain outside funding to bring in doctoral students in the star-researcher model (Wampler, 2010). Another interesting finding is that of the three dissertations funded by outside research only one was published. Much work needs to be done in order to improve teaching on how to obtain external funding and publish the results in order to improve our external relevance and credibility.

Effectiveness

As discussed previously, effectiveness research focuses on therapeutic outcomes and whether therapy achieves its intended change. This type of research is prized by other fields and lends external relevance to MFT. The major content category that typifies effectiveness studies is outcome studies. Outcome studies constituted 13% of the dissertations produced. When looking at how many of those dissertations were published, 15% of outcome studies were published (n = 3 out of 20). Anecdotally, while outcome studies focused primarily on effectiveness, a majority of clinical population studies also had significant focus on effectiveness discussed in their research. Many of these clinical population studies with a focus on effectiveness contributed to make clinical population studies the major content category with the highest publication rate with 29% of dissertations making it to publication. This evidence shows that effectiveness research is a very important contributor to the current literature being produced at the graduate level.

Research Question 3: What Efforts Are Being Made in COAMFTE-Accredited MFT Programs to Enhance the Clinical Relevance of Research Within the Field of MFT?

In previous sections, I emphasized the importance of creating research that is clinically relevant, or rather research that contributes and informs the practitioners found in clinical settings. Much like our previous research question, I accomplished this by identifying key indicators that coincided with improving clinical practice. External relevance was increased by using more broad family studies topics, clinically relevant dissertations focused on improving the training and practice of MFT. Topics also were clinically focused and included explicit application of findings to clinical practice.

Clinical Application

In regards to clinical application, I analyzed each dissertation to see if there was significant clinical application explicitly stated in the research. For each dissertation, the coders indicated whether at least minor consideration was given to clinical application or not. Minor application is at least a brief reference of how the study could be used by a clinician. The findings are that 18% (n = 28) of dissertations lacked any consideration of explicit clinical application, while 82% (n = 129) were considered to address at least cursory treatment of clinical applications. Cohen's Kappa was .545 or moderate. While the vast majority of dissertations showed clinical application, for a field that consists of thousands of practitioners seeking to be research-informed, this is an area for improvement.

Clinically-Relevant Publications

One important way that we can enhance our relevance within our field is to contribute to the literature that is being accessed by clinicians out in the field. Of the dissertations that were published in COAMFTE-accredited MFT programs, 73% (n = 19) were published in one of six family therapy-centric journals (*Family Process, Family Journal, Journal of Family Psychology, Journal of Family Psychotherapy, American Journal of Family Therapy, and Journal of Marital and Family Therapy*). These journals have a mean impact factor of .847 with a range from 0 to 1.888. This evidence speaks to the quality of research that we are producing and disseminating within therapy-centric journals.

CHAPTER V

DISCUSSION

Over the years in MFT, there has been an emphasis on improving the visibility of MFT to other fields while continuing to improve research-informed practice being performed by therapists in a clinical setting. This balance of enhancing the external and clinical relevance of MFT is a challenge that has been addressed by numerous respected authors within the MFT literature (Crane et al., 2002; Pinsof & Wynne, 2000; Sprenkle, 2010). One potentially valuable indicator of where we are going as a field is the research we are producing in our COAMFTE-accredited doctoral programs and its contribution to both the external and clinical relevance of the field. In this study, I sought to both describe the current landscape of doctoral research as well as identify specific areas of strength and areas for improvement. For this content analysis spanning 2005 to 2008, I sought to describe (a) the contribution these dissertations had to the clinically relevance of the field; (b) the prevalence of dissertations that contribute to the external relevance and credibility of MFT; and (c) the current state of doctoral research training in COAMFTE-accredited MFT programs.

Publication Trends of Doctoral Dissertations

A key aspect in evaluating the research being done in our field is to look at our doctoral programs. Publication trends are an important part of evaluating doctoral training for future research. Between 2005 and 2008, 157 doctoral dissertations were completed in 19 of COAMFTE-accredited MFT programs (see Table 1). Out of 157

dissertations produced, only 16.6% (*n* = 26) were published in a peer-reviewed academic journal, with an average publication time of three years. The average amount of dissertations being published per program was 1.37 with no program producing more than three dissertations in the four year period spanning this study (2005-2008). Even more concerning, annual trends (see Figure 3) in the quantity of dissertations published show a steady decline. This finding highlights a glaring need of finding ways to increase these publication rates. This finding also gives credence to the concern that as a field we are continuing to rely too heavily on outside sources to produce our research base for us (Crane et al., 2002; Lee & Nichols, 2010, Sprenkle, 2010; Woolley, 2010). These hurdles must be surmounted if the field is to continue to grow and also become an independent, self-sustaining field. This change begins first and foremost in the doctoral training programs which are responsible for training future researchers.

The Role of Advisors/Dissertation Chairs

To better understand how to improve publication rates of doctoral dissertations, it is important to recognize the role of doctoral advisors in the process of teaching and training students for the rigors of research and publication. Wampler (2010) discusses the different roles that advisors take according to the different model of education to which each research program ascribes. In the institutional model, publications and research are valued, but receive very little support and the role of the advisor is to help students with coursework and clinical work with the dissertation treated as a research project. In the “community of scholars” model, there is an importance of both clinical and academic work with the advisor helping their student as a mentor throughout the program. In this

model, publication is desired with lower-impact journals being acceptable. Lastly, the "star researcher" model focuses primarily on research with the advisor giving time to students interested in producing research in the same vein as theirs and publication is expected in high-impact journals.

My findings seem to point towards the idea that publication is emphasized in varying degrees in different doctoral programs as seen in Table 2.

Table 2

Quantity of Advisors Chairing and Publishing Dissertations Between 2005-2008 in COAMFTE-Accredited MFT Programs

School	Advisors chairing dissertations	Advisors publishing dissertations	% publishing advisors
Akron	1	0	0.0 %
Alliant	10	2	20.0 %
BYU	7	2	28.6 %
East Carolina	2	2	100.0 %
Florida state	3	1	33.3 %
Georgia	2	0	0.0 %
Kansas State	3	0	0.0 %
Loma Linda	4	2	50.0 %
Michigan State	2	1	50.0 %
Minnesota	4	3	75.0 %
Nova Southwestern	1	0	0.0 %
Ohio State	2	2	100.0 %
Purdue	5	1	20.0 %
St. Louis	3	0	0.0 %
St. Mary's	4	0	0.0 %
Syracuse	4	2	50.0 %
Texas Tech	3	1	33.3 %
Uconn	2	0	0.0 %
Virginia Tech	5	2	40.0 %
Total	67	21	

Out of the 26 dissertations published, 21 of them were chaired by different advisors (none of the advisors that published articles with students published more than twice). Challenges facing advisors in encouraging publication include a lack of time for advisors to publish themselves, difficulty staying in contact with students after they have finished the program, dissertations that are not part of the advisors area of interest, and the lack of desire from the student to publish their findings (Wampler, 2010). Also, with the advancements being made with the internet, dissertations are being made more accessible electronically which in the future could call into question the importance of publication of dissertations. That being said, the peer-review process and the truncated length of articles along with the wide distribution of academic journals remain the best way to inform clinicians of the advancements and discoveries by researchers.

Even with all these significant challenges I strongly encourage advisors to make a priority, not only for their students to finish their dissertations, but also to publish their findings. While graduation is the ultimate goal of the advisor, emphasis on publication should be made and goals can be set and followed up on after graduation to ensure that if a student desires to publish their dissertation that the needed support is there after graduation. One way of navigating this difficult issue is for advisors and students to have conversations about this topic early in the dissertation planning process. On a program level, Wampler (2010) has suggested that while greater research training both at the masters and doctoral level with more statistics classes may elevate students; at a faculty level, she suggested a greater focus on helping faculty become more successful researchers, and in turn, greater mentors for incoming students. While positive indicators

are present, there is still much to do at a program level to improve doctoral training for the future researchers of our field.

Working Towards Congruence Between Clinical and Research Goals

The planned career path of students is another important consideration when planning how to improve publication rates. In terms of motivation, students pursuing a career in academia are more inclined to publish their findings to improve their resume when looking for a job. Universities typically look for graduates with extensive research experience including first authorship and preferably experience working with federally funded research (Wampler, 2010). Students looking to pursue a clinical career, however, gain far less benefit in the job market from participating in the research and publication process. In a recent study, graduate students from COAMFTE-accredited doctoral programs were asked about career goals after they graduated their doctoral programs. Only a little over half (57%) indicated that they were interested in pursuing a professor position (Miller & Lambert-Shute, 2009). This leaves almost half of doctoral students interested in another area of the field (clinical or non-profit) with very little incentive to disseminate research findings from their dissertation using an academic journal. For these students, the primary goal related to the dissertation may be simply to get it done.

The tragic irony is that those doctoral graduates who aspire to go into clinical work may offer a unique clinical perspective in their research that would be valuable to other clinicians in the field. This perspective also could be a contributing factor in increasing the accessibility of academic journals for practicing clinicians in the field and

narrowing the clinician-researcher gap. At a program level, there are ways that programs can encourage more clinically relevant publications.

One approach that could encourage publication in doctoral MFT students is to encourage students to frame their dissertation around what niche they hope to fill as a therapist. By using this approach students not only contribute clinically relevant research to the field when they publish their findings, but also give themselves more credibility when pursuing a clinical position. Although there are a number of benefits for those not pursuing academic positions to focus on doing clinically-relevant research, the reality is that clinically relevant research is difficult and time consuming. However, the complexity of this process can be mitigated somewhat if programs work to have ongoing clinical research that students can participate in and contribute to as part of their dissertation work.

Lastly, one potentially useful approach to improving the congruence between research and clinical goals is for doctoral programs to highlight clinically relevant research and to encourage students to generate ideas of research that would enhance their clinical work. By increasing the applicability to the student that is not interested in pursuing a career in academia and emphasizing an expectation to publish their work early in the program, there is more potential for a greater influx of clinically applicable research.

Generating Clinically Relevant Research Through Doctoral Dissertations

As discussed in the literature review, I emphasized the importance of clinically relevant research and how it can lend credibility to MFT within the field itself. Research

that has clinical relevance was defined as having clinically applicable subject matter and explicit application of findings in the article. Of those dissertations that were published, a substantial majority (73%; *n* = 19) were published in 6 family therapy-centric journals (*Family Process, Family Journal, Journal of Family Psychology, Journal of Family Psychotherapy, American Journal of Family Therapy, and Journal of Marital and Family Therapy*). The dissertations published in these journals averaged a .893 impact factor. This suggests that the dissertations that are being published are being published in reputable journals and have a greater chance to be seen by other researchers and clinicians alike.

In a similar vein, 82% (*n* = 129) of the dissertations defended between 2005-2008 were considered to have at least minor attention to the clinical application component by virtue of the topic studied, or, with more general topics, application was provided with suggestions on how to integrate the findings of the study to a clinical setting. This information shows a positive beginning and strength to build on going forward in the research. Nonetheless, 18% of the dissertations produced contained basically no mention of potential clinical applications. While the vast majority of the studied dissertations contain at least some mention of application to clinical practice, it is a cause for concern that almost one fifth of the dissertations produced in COAMFTE-accredited doctoral programs lacked explicit reference of implications for clinicians that are practicing in their own field. If we are to increase the clinical relevance of the research in MFT we must move past subtle references of application and be more explicit in identifying ways that our research can be relevant to clinical practice (Piercy & Nguyen, 2013).

One way that programs can increase clinically relevant research is putting a greater focus on process research. However, process research constituted less than 5% (*n* = 7) of the dissertations produced. This is substantially less than the rates of dissertations addressing family studies (44%; *n* = 64), clinical populations (16.5%; *n* = 24), or outcome studies (13.7%; *n* = 20). The high rate of family studies research seems congruent to previous concerns that instead of more therapy-centric training, doctoral programs are adopting a more generalist approach (Crane et al., 2002). This trend seems to reflect in the major content category of the dissertations. Although I recognize that any of those study topics can be relevant to clinicians, process research represents an especially important way of generating clinically relevant research because of its realistic representation of situations similar to what is found in the therapy room which is more accessible to therapists out in the field (Oka & Whiting, 2013). Addressing these concerns can be done at the doctoral training level. Clinical application can be promoted more by requiring explicit application of findings to clinical work as a standard for all dissertations.

Producing Externally Relevant Research in MFT Through Doctoral Dissertations

As explained previously, although it is crucial that research in MFT be clinically relevant, we must also continue to take steps to demonstrate effectiveness to others outside of our field. Doing this will increase our legitimacy and visibility as a field. An area of strength that was demonstrated in the data was the quantity of doctoral dissertations being published outside MFT-centric journals (*Family Process, Family Journal, Journal of Family Psychology, Journal of Family Psychotherapy, American*

Journal of Family Therapy, and Journal of Marital and Family Therapy) over a quarter (27%; *n* = 7) of the articles produced were published in non-MFT journals. While this number needs to increase if we are to continue growing as a field, the proportion of externally published doctoral dissertations is encouraging.

Another strength in regards to externally relevant research beyond the quantity published was the relative quality of dissertations making it to publication. Of those publications the average impact factor was 1.046. This trend extends to the number of dissertations that were published, with the average impact factor of all published dissertations being .940. Also, out of the 26 articles published, 14 (58%) had an impact factor of above 1.100. This speaks to the quality of research that is being produced by the field and is a positive step going forward.

Effectiveness Research

Effectiveness research is a major contributor to the external relevance of MFT. This type of research is prized by other fields and lends credibility to MFT. The two major content categories that pertain to effectiveness are outcome and clinical population studies which comprised of 28% (*n* = 44) of the dissertations produced. When looking at published dissertations though, outcome and clinical population studies were responsible for a considerable portion of the publications produced (38.5%; *n* = 10). Clinical population studies also had the highest publication ratio of all major content categories with 29%. This trend is also prevalent in the externally published articles. Of the 7 dissertations published in journals outside of MFT only clinical population studies (*n* = 3) and family studies (*n* = 4) were found. This evidence shows that effectiveness research is

a very prevalent in the current literature being published at the graduate level and continues to be a major contributor to the externally relevant research in the field.

Clinical Application in Publications

An area for improvement can be found in the clinical application used in articles published in non-MFT journals. Of the seven articles published, 42% had clinical applications while 58% had little to no clinical application. While publications are important to increasing the visibility of the field, more work needs to be done to emphasize field-specific findings. Research without application or emphasis on MFT, even if it is performed by an MFT doctoral student, limits the relevance to the field itself. More attention must be taken to include possible clinical application explicitly and not rely solely on the reader to decipher implicit clinical implications in the research.

Limitations and Implications for Future Research

This study analyzed dissertations completed from COAMFTE-accredited MFT doctoral programs between 2005 and 2008. The study yielded 157 dissertations. While the sample size was sufficient to look at and analyze potential trends, it is difficult to know how unique or uniform these current trends are and how much these findings generalize beyond the years of 2005-2008. With this in mind, more research needs to be done in future years to broaden the scope and give us better view of whether the trends identified in this study continue. Future research into doctoral dissertations could look closer into interactions between the doctoral student and their advisor in terms of major content category and methodology used. Further refinement of major content categories and clinical application could be used in order to tease out more detailed information

about doctoral dissertations. Additional studies that analyze COAMFTE-accredited master's programs, dissertations from non-COAMFTE-accredited programs, or look at the MFT field generally through the lens of similar categories used in this study are needed to validate these findings and further understand research trends. Master's level training is also important to research as it lays the foundation for what is done in at the doctoral level. Research could be done to understand how master's level training contributes to the production of clinical and externally relevant research in the field. The hope is to further our understanding and production of externally and clinically relevant research in MFT.

Conclusion

In summary, this study performed a content analysis on doctoral dissertations completed by doctoral graduates from COAMFTE-accredited programs between 2005-2008. The goal of this research was to encourage the growth of doctoral training programs to encourage clinical and externally relevant research from within their programs. The necessity to balance research production that both applies to clinicians in the field and improves the visibility of MFT to other fields has never been more important as MFT struggles to gain further legitimacy as an independent field. The findings show that, despite strength in a number of areas, there is more work to be done. Specifically, less than one in five COAMFTE-accredited doctoral dissertations are being published, with trends showing a continued decline from 2005 to 2008. More must be done at the program level to improve the dissemination of dissertation findings to our

clinicians out in the field. As we rely on our strengths and improve some of the challenges that face us, we can continue to improve MFT research going forward.

REFERENCES

Addison, S. M., Sandberg, J. G., Corby, J., Robila, M., & Platt, J. J. (2002). Alternative methodologies in research literature review: Links between clinical work and MFT effectiveness. *American Journal of Family Therapy, 30,* 339-371.

American Association of Marriage and Family Therapy. (2013). *AAMFT membership*. Retrieved from http://www.aamft.org /imis15/Content/Membership/Why_Join.aspx

Alexander, J. F., & Sexton, T. L. (2002). Functional family therapy: A model for treating high-risk, acting-out youth. In F. W. Kaslow (Ed.), *Comprehensive handbook of psychotherapy* (Vol. 4, pp. 111-132). New York, NY: Wiley.

Baldwin, S. A., Christian, S., Berkeljon, A., & Shadish, W. R. (2012). The effects of family therapies for adolescent delinquency and substance abuse: A meta-analysis. *Journal of Marital and Family Therapy, 38,* 281-304.

Becvar, D. S., & Becvar, R. J. (2009). *Family therapy: A systemic integration* (7th ed.). Boston, MA: Pearson Education.

Bischoff, R. J., Springer, P. R., Felix, D. S., & Hollist, C. S. (2011). Finding the heart of medical family therapy: A content analysis of medical family therapy casebook articles. *Families, Systems & Health: The Journal of Collaborative Family Healthcare, 29,* 184-196.

Broderick, C. B., & Schrader S. S. (1991). The history of professional marriage and family therapy. In A. S. Gurman (Ed.), *Handbook of family therapy, vol 2.* (pp. 5-35). New York, NY: Brunner/Mazel.

Crane, D., Wampler, K. S., Sprenkle, D. H., Sandberg, J. G., & Hovestadt, A. J. (2002). The scientist-practitioner model in marriage and family therapy doctoral programs: Current status. *Journal of Marital and Family Therapy*, *28*, 75-83.

Cvetek, M., Repič, T., Poljak, S., & Cvetek, R. (2011). Marital and family therapist's action research in light of some research problems: A one-cycle example. *Contemporary Family Therapy: An International Journal*, *33*, 49-60.

Eisler, I., Simic, M., Russell, G. M., & Dare, C. (2007). A randomised controlled treatment trial of two forms of family therapy in adolescent anorexia nervosa: A five-year follow-up. *Journal of Child Psychology & Psychiatry*, *48*, 552-560.

Gillham, J. E., Reivich, K. J., Brunwasser, S. M., Freres, D. R., Chajon, N. D., Kash-MacDonald, V., & Seligman, M. P. (2012). Evaluation of a group cognitive-behavioral depression prevention program for young adolescents: A randomized effectiveness trial. *Journal of Clinical Child & Adolescent Psychology*, *41*, 621-639.

Gonçalves, M. M., Mendes, I., Cruz, G., Ribeiro, A. P., Sousa, I., Angus, L., & Greenberg, L. S. (2012). Innovative moments and change in client-centered therapy. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, *22*, 389-401.

Haley, J. (1973). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson, M.D.* New York, NY: Norton.

Hartwell, E. E., Serovich, J. M., Grafsky, E. L., & Kerr, Z. Y. (2012). Coming out of the dark: Content analysis of articles pertaining to gay, lesbian, and bisexual issues in

couple and family therapy journals. *Journal of Marital and Family Therapy, 38*, 227-243.

Helmeke, K. B., & Sprenkle, D. H. (2000). Clients' perceptions of pivotal moments in couple's therapy: A qualitative study of change in therapy. *Journal of Marital and Family Therapy, 26*, 469-484.

Jansen, M., Van Doorn, M., Lichtwarck-Aschoff, A., Kuijpers, R., Theunissen, H., Korte, . . . Granic, I. (2012). Effectiveness of a cognitive- behavioral therapy (CBT) manualized program for clinically anxious children: Study protocol of a randomized controlled trial. *BMC Psychiatry*, *12*, 16-24.

Johnson, S. M., & Wittenborn, A. K. (2012). New research findings on emotionally focused therapy: Introduction to special section. *Journal of Marital & Family Therapy*, *38*, 18-22.

Karam, E. A., & Sprenkle, D. H. (2010). The research-informed clinician: A guide to training the next-generation MFT. *Journal of Marital and Family Therapy*, *36*, 307-319.

Lázaro, L., Font, E., Moreno, E., Calvo, R., Vila, M., Andrés-Perpiñá, S., & Castro-Fornieles, J. (2011). Effectiveness of self-esteem and social skills group therapy in adolescent eating disorder patients attending a day hospital treatment programme. *European Eating Disorders Review*, *19*(5), 398-406.

Leahy, M. J., Habeck, R. V., & Van Tol, B. (1992). Doctoral dissertation research in rehabilitation: 1988-1989. *Rehabilitation Counseling Bulletin, 35*, 253‑288.

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*, 145-168.

Lee, R. E., III, & Nichols, W. C. (2010). The doctoral education of professional marriage and family therapists. *Journal of Marital and Family Therapy*, *36*, 259-269.

Mahmud, S. (2010). Cohen's kappa. In N. Salkind (Ed.), *Encyclopedia of research design* (pp. 188-190). Thousand Oaks, CA: Sage.

Marvel, F., Rowe, C. L., Colon-Perez, L., Diclemente, R. J., & Liddle, H. A. (2009). Multidimensional Family Therapy HIV/STD Risk-Reduction Intervention: An integrative family-based model for drug-involved juvenile offenders. *Family Process*, *48*(1), 69-84.

McGraw, K. O., & Wong, S. P. (1996). Forming inferences about some intraclass correlation coefficients. *Psychological Methods*, *1*, 30-46.

McLaughlin, D., & McFarland, K. (2011). A randomized trial of a group based cognitive behavior therapy program for older adults with epilepsy: The impact on seizure frequency, depression, and psychosocial well-being. *Journal of Behavioral Medicine*, *34*, 201-207.

Miller, J. K., & Lambert-Shute, J. (2009). Career aspirations and perceived level of preparedness among marriage and family therapy doctoral students. *Journal of Marital & Family Therapy*, *35*, 466-480.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press

Napier, A., & Whitaker, C. (1978). *The family crucible*. New York, NY: Bantam Books.

O'Farrell, T. J., & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy*, 38, 122-144.

Oka, M., & Whiting, J. (2013). Bridging the clinician/researcher gap with systemic research: The case for process research, dyadic, and sequential analysis. *Journal of Marital & Family Therapy*, *39*, 17-27.

Pastore, V., Colombo, K., Liscio, M., Galbiati, S., Adduci, A., Villa, F., & Strazzer, S. (2011). Efficacy of cognitive behavioural therapy for children and adolescents with traumatic brain injury. *Disability & Rehabilitation*, *33*, 675-683.

Peris, T. S., Sugar, C. A., Bergman, R., Chang, S., Langley, A., & Pia, J. (2012). Family factors predict treatment outcome for pediatric obsessive-compulsive disorder. *Journal of Consulting & Clinical Psychology*, *80*, 255-263.

Pfammatter, M., Junghan, U., & Brenner, H. (2006). Efficacy of psychological therapy in schizophrenia: Conclusions from meta-analyses. *Schizophrenia Bulletin*, 32, S64-S80.

Piercy, F. P., & Nguyen, H. (2013). Editor's annual report: 2012-2013. *Journal of Marital and Family Therapy*, *39*(4), 530-537.

Piet, J., Hougaard, E., Hecksher, M. S., & Rosenberg, N. K. (2010). A randomized pilot study of mindfulness-based cognitive therapy and group cognitive-behavioral

therapy for young adults with social phobia. *Scandinavian Journal of Psychology*, *51*, 403-410.

Pinsof, W. M., & Wynne, L. (2000). Toward progress research: Closing the gap between family therapy practice and research. *Journal of Marital and Family Therapy, 26,* 1-8.

Robbins, M. S., Feaster, D. J., Horigian, V. E., Bachrach, K., Burlew, K. A., Carrion, I., & Szapocznik, J. (2011). Brief strategic family therapy versus treatment as usual: Results of a multisite randomized trial for substance using adolescents. *Journal of Consulting & Clinical Psychology*, *79*, 713-727.

Satir, V. (1972). *Peoplemaking*. London, UK: Souvenir Press.

Samad, Z., Brealey, S., & Gilbody, S. (2011). The effectiveness of behavioural therapy for the treatment of depression in older adults: A meta-analysis. *International Journal of Geriatric Psychiatry*, *26*, 1211-1220.

Seedall, R. B. (2011). Common factors in couple and family therapy: The overlooked foundation for effective practice. *Journal of Marital and Family Therapy,* 32, 374-375.

Seedall, R. B., & Butler, M. H. (2006). The effect of proxy voice intervention on couple softening in the context of enactments. *Journal of Marital and Family Therapy,* 32, 421-437.

Sexton, T. L., Alexander, J. F., & Mease, A. L. (2004). Levels of evidence for the models and mechanisms of therapeutic change in family and couple therapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 590-646). New York, NY: Wiley.

Sexton, T. L., Coop-Gordon, K., Gurman, A. S., Lebow, J. L., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process*, 50, 377-392.

Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy, 29*, 547-570.

Shapiro, G., & Markoff, J. (1997). A matter of definition. In C.W. Roberts (Ed.), *Text analysis for the social sciences: Methods for drawing statistical inferences from texts and transcripts* (pp. 87-116). Mahwah, NJ: Erlbaum.

Sholevar, G. P., & Schwoeri, L. (2003). *Textbook of family and couples therapy, clinical applications*. Washington, DC: American Psychiatric Publishing.

Snyder, D. K., & Halford, W. (2012). Evidence-based couple therapy: Current status and future directions. *Journal of Family Therapy*, *34*, 229-249.

Sprenkle, D. H. (2003). Effectiveness research in marriage and family therapy: Introduction. *Journal of Marital and Family Therapy*, *29*, 85-96.

Sprenkle, D. H. (2010). The present and future of MFT doctoral education in research-focused universities. *Journal of Marital and Family Therapy*, *36*, 270-281.

Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital & Family Therapy*, *30*, 113-129.

Sprenkle, D. H., Mills, S., Bailey, C., Lyness, K. P., & Ball, D. (1997). Submission patterns to the archival journal of the profession of MFT. *Journal of Marital & Family Therapy*, *23*, 371-380.

Sysko, R., & Hildebrandt, T. (2011). Enhanced cognitive behavioural therapy for an adolescent with purging disorder: A case report. *European Eating Disorders Review*, *19*, 37-45.

Tansey, N. T., Zanskas, A. Z., & Phillips, B. N. (2012). Doctoral dissertation research in rehabilitation counseling: 2005-2007. *Rehabilitation Counseling Bulletin*, *55*(2), 103-125.

Wampler, K. S. (2010). Challenge and urgency in defining doctoral education in marriage and family therapy: Valuing complementary models. *Journal of Marital & Family Therapy*, *36*, 291-306.

Weijer-Bergsma, E., Formsma, A., Bruin, E., & Bögels, S. (2012). The effectiveness of mindfulness training on behavioral problems and attentional functioning in adolescents with ADHD. *Journal of Child & Family Studies*, *21*, 775-787.

Werry, J. S. (1989). Family therapy: Professional endeavor or successful religion? *Journal of Family Therapy*, *11*, 377-382.

Woolley, S. R. (2010). Purposes, diversities, and futures in MFT doctoral education. *Journal of Marital & Family Therapy*, *36*, 282-290.

APPENDIX

Dissertation Bibliography

Akron

Bartley, A. G. (2005). *An investigation of the relationship among family process, depression, and quality of life to medical adherence in cardiac patients: A family systems approach.* (Order No. 3175320, The University of Akron). *ProQuest Dissertations and Theses,* 152-152. Retrieved from http://search.proquest.com /docview/305023604?accountid=4117 (305023604).

Cox, R. L. (2007). *Parent-youth disagreement and the Ohio scales items on problem behaviors: A search for meaning.* (Order No. 3280806, The University of Akron). *ProQuest Dissertations and Theses,* 135. Retrieved from http://search.proquest.com/docview/304891979?accountid=4117 (304891979).

Davis, L. M. (2008). *Parental attachment style: The impact on parental visitation patterns.* (Order No. 3308514, The University of Akron). *ProQuest Dissertations and Theses,* 187. Retrieved from http://search.proquest.com /docview/304680259?accountid=4117 (304680259).

Heberling, M. L. (2006). *A qualitative analysis of conjoint therapy with adult survivors of childhood sexual abuse and their partners.* (Order No. 3280776, The University of Akron). *ProQuest Dissertations and Theses,* 207. Retrieved from http://search.proquest.com/docview/305348097?accountid=4117 (305348097).

Petrich, D. K. (2008). *Pet bereavement and families: A qualitative view (project hurricane D. petrich).* (Order No. 3323995, The University of Akron). *ProQuest Dissertations and Theses,* 200. Retrieved from http://search.proquest.com /docview/304681931?accountid=4117 (304681931).

Schmidtgall, K. C. (2005). *Gender differences in the self-reporting of physical assault for domestic violence offenders.* (Order No. 3175342, The University of Akron). *ProQuest Dissertations and Theses,* 139-139. Retrieved from http://search.proquest.com/docview/305021464?accountid=4117 (305021464).

Alliant University

Amini, R. (2007). *Competencies in the first session: Developing a fidelity measure for brief strategic therapy.* (Order No. 3273268, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 127. Retrieved from http://search.proquest.com/docview/304701194?accountid=4117 (304701194).

Avila, C. E. (2005). *Emotionally focused therapy and narrative therapy integrated: Application to a trigeminal neuralgia client.* (Order No. 3173419, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 169-169. Retrieved from http://search.proquest.com/docview/305351535?accountid=4117 (305351535).

Azary, M. (2006). *The application of solution-focused brief therapy to the Iranian immigrant client.* (Order No. 3211745, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 111-111. Retrieved from http://search.proquest.com/docview/304910347?accountid=4117 (304910347).

Burdett, M. L. (2005). *The influences of marital status and religiosity on alcohol use and the mediating role of extroversion.* (Order No. 3155832, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 114-114. Retrieved from http://search.proquest.com/docview/305374172?accountid=4117 (305374172).

Cooke, M. A. (2008). *The relationship between black identity and multiculturalism, and black students' experiences in COAMFTE programs.* (Order No. 3335151, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 129. Retrieved from http://search.proquest.com/docview/304836526?accountid=4117 (304836526).

Collins, L. (2007). *Earning a secure attachment style: The therapist as a surrogate attachment figure in the therapeutic dyad.* (Order No. 3280894, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 151. Retrieved from http://search.proquest.com/docview/304700424?accountid=4117 (304700424).

Cunningham, B. R. (2006). *A resiliency-based, Bowen family systems approach to treating a sibling survivor of homicide: A case study.* (Order No. 3209945, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 241-241. Retrieved from http://search.proquest.com/docview/304909936?accountid=4117 (304909936).

Davis, B. A. (2008). *Asian Indian immigrants and their american born children's views on mate selection: A qualitative investigation.* (Order No. 3335152, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 112. Retrieved from http://search.proquest.com/docview/304820305?accountid=4117 (304820305).

Deeble, L. (2008). *Problematic internet use and the "world of warcraft"---addiction linked to a quest for meaning.* (Order No. 3305382, Alliant International

University, San Diego). *ProQuest Dissertations and Theses,* 158. Retrieved from http://search.proquest.com/docview/193484548?accountid=4117 (193484548).

Dow, H. D. (2006). *Mental health perceptions among Albanian immigrants and their families in southern California: An exploratory study.* (Order No. 3247226, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 303-303. Retrieved from http://search.proquest.com/docview/304910454?accountid=4117 (304910454).

Ford, D. B. (2008). *The moral aspect of human behavior: Foundation and curriculum.* (Order No. 3304504, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 226. Retrieved from http://search.proquest.com/docview/304835056?accountid=4117 (304835056).

Griffith, D. M. (2005). *Children with sexual behavioral problems: A review of existing research and a proposed treatment model.* (Order No. 3160844, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 98-98 p. Retrieved from http://search.proquest.com/docview/305357547?accountid=4117 (305357547).

Grimes, E. M. (2008). *The systemic nature of integrative healthcare: An exploration of clients' experiences in treatment.* (Order No. 3305351, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 231. Retrieved from http://search.proquest.com/docview/304833624?accountid=4117 (304833624).

Hoagland, C. A. (2005). *Solution-focused play therapy kit: A family's solution to childhood challenges.* (Order No. 3166046, Alliant International University, San

Diego). *ProQuest Dissertations and Theses,* 113-113. Retrieved from http://search.proquest.com/docview/305357628?accountid=4117 (305357628).

Irvani, S. (2007). *Authentic self-love as a healing phenomenon in systemic, relational psychotherapy.* (Order No. 3316805, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 162. Retrieved from http://search.proquest.com/docview/304701773?accountid=4117 (304701773).

Jella, S. H. (2007). *The family environments of self-injuring female adolescents.* (Order No. 3287793, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 139-139. Retrieved from http://search.proquest.com /docview/304700183?accountid=4117 (304700183).

Kenyon, R. J. (2006). *A grounded theory of the relationship between eating disorders and marital relationships: The role of emotional accessibility.* (Order No. 3235886, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 199-199. Retrieved from http://search.proquest.com/docview/ 304910176?accountid=4117 (304910176).

Landau-North, M. (2006). *Exploring forgiveness as a key therapeutic process in emotionally focused therapy.* (Order No. 3209197, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 162-162. Retrieved from http://search.proquest.com/docview/304909999?accountid=4117 (304909999).

Melkonian, A. B. (2007). *The process of treating aggressive youth.* (Order No. 3273274, Alliant International University, San Diego). *ProQuest Dissertations and Theses,*

164. Retrieved from http://search.proquest.com/docview/304701399?accountid=4117 (304701399).

Munro, J. (2006). *An investigation of gender bias in selected family therapy terms.* (Order No. 3211755, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 139-139. Retrieved from http://search.proquest.com /docview/304913485?accountid=4117 (304913485).

Palmer-Olsen, L. (2007). *A phenomenological exploration of the EFT therapist's experience of EFT supervision and training.* (Order No. 3273263, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 97. Retrieved from http://search.proquest.com/docview/304701611?accountid=4117 (304701611).

Pham, M. (2006). *Differentiation and life change events in a chemical dependent population.* (Order No. 3211750, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 116-116. Retrieved from http://search.proquest.com/docview/304910029?accountid=4117 (304910029).

Pileski, L. G. (2007). *Mexican mothers perception of their levels of parental authority following immigration.* (Order No. 3273272, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 73. Retrieved from http://search.proquest.com/docview/304700126?accountid=4117 (304700126).

Piquet, B. J. (2006). *That's what friends are for.* (Order No. 3227678, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 92-92 p. Retrieved from http://search.proquest.com/docview/304911123?accountid=4117 (304911123).

Reiten, J. A. (2006). *The use of nonverbal synchrony in creating trust and rapport in a culturally diverse therapeutic setting.* (Order No. 3211741, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 91-91. Retrieved from http://search.proquest.com/docview/304913425?accountid=4117 (304913425).

Reyes, R. L. (2007). *The psychological meanings of money.* (Order No. 3247237, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 98-98 p. Retrieved from http://search.proquest.com/docview/304701988? accountid=4117 (304701988).

Rogers, D. E. (2006). *Perceptions of family environment by licensed health professionals in a multi-year state diversion program.* (Order No. 3235881, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 181-181. Retrieved from http://search.proquest.com/docview/304909744? accountid=4117 (304909744).

Roque, A. (2006). *Substance abuse and family discord within the juvenile drug court population in Orange County, California.* (Order No. 3211749, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 126-126. Retrieved from http://search.proquest.com/docview/304910647? accountid=4117 (304910647).

Schenitzki, L. (2008). *The consultation break: A program for training beginning marriage and family therapy students in the core competences.* (Order No. 3304503, Alliant International University, San Diego). *ProQuest Dissertations*

and Theses, 134. Retrieved from http://search.proquest.com/docview/304818076?accountid=4117 (304818076).

Shakhmalian, T. (2005). *How does a child's autism influence parents' marital satisfaction? an exploratory study.* (Order No. 3167138, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 127-127. Retrieved from http://search.proquest.com/docview/305350753?accountid=4117 (305350753).

Solodko, D. (2007). *Relating partner attitudes toward seeking psychotherapy and partner ability to support therapeutic change to minority client's attendance in individual psychotherapy.* (Order No. 3299500, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 106. Retrieved from http://search.proquest.com/docview/304701464?accountid=4117 (304701464).

Steele, L. L. (2006). *A study on the use of simulated clients in the training of clinical skills of marriage and family therapists.* (Order No. 3209201, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 76-76 p. Retrieved from http://search.proquest.com/docview/304909989?accountid=4117 (304909989).

Stinson, A. (2007). *Walking the middle path: Balancing the pairs of opposites through systemic interactions.* (Order No. 3299499, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 120. Retrieved from http://search.proquest.com/docview/304701436?accountid=4117 (304701436).

Vadnais, A. M. (2005). *The relationship of emotional intelligence and marital satisfaction.* (Order No. 3161334, Alliant International University, San Diego).

ProQuest Dissertations and Theses, 148-148. Retrieved from http://search.proquest.com/docview/305372528?accountid=4117 (305372528).

Webster, S. (2008). *Parents' perspectives and involvement in the juvenile justice system* . (Order No. 3304505, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 197. Retrieved from http://search.proquest.com /docview/304819838?accountid=4117 (304819838).

Woods, N. E. (2006). *Place attachment, place-identity, self-formation, and imagination: A narrative construction.* (Order No. 3211746, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 74-74. Retrieved from http://search.proquest.com/docview/304910379?accountid=4117 (304910379).

Zarrinsefat, Y. (2008). *Confessional journey: The isomorphic process and systemic experience of a therapist's own therapy while working with a borderline personality disordered client.* (Order No. 3298900, Alliant International University, San Diego). *ProQuest Dissertations and Theses,* 246. Retrieved from http://search.proquest.com/docview/304824230?accountid=4117 (304824230).

Brigham Young University

Dahlin, S. K. (2006). *Adolescent leisure activities as a moderator of the negative effects of family process on adolescent emotional health.* (Order No. 3220648, Brigham Young University). *ProQuest Dissertations and Theses,* 78-78. Retrieved from http://search.proquest.com/docview/305357031?accountid=4117 (305357031).

Feinauer, I. D. (2006). *The relationship of implicit family process rules to adolescent psychological symptoms.* (Order No. 3214146, Brigham Young University).

ProQuest Dissertations and Theses, 90-90. Retrieved from http://search.proquest.com/docview/305353925?accountid=4117 (305353925).

Henry, R. G. (2006). *Parental death and its impact on the marital relationship of the surviving adult child.* (Order No. 3207616, Brigham Young University). *ProQuest Dissertations and Theses,* 37-37. Retrieved from http://search.proquest.com/docview/305355778?accountid=4117 (305355778).

Higgins, D. J. (2007). *The development of the remarital assessment questionnaire for divorced persons (RAQ-D).* (Order No. 3267759, Brigham Young University). *ProQuest Dissertations and Theses,* 88. Retrieved from http://search.proquest.com/docview/304899755?accountid=4117 (304899755).

Jakubowski, S. F. (2006). *Marriage and family therapy research in health care: Investigating the accuracy of self and family member reports of medical visits.* (Order No. 3204142, Brigham Young University). *ProQuest Dissertations and Theses,* 50-50. Retrieved from http://search.proquest.com/docview /305355710?accountid=4117 (305355710).

Pistorius, K. D. (2006). *The personal impact on female therapists from working with sexually abused children.* (Order No. 3204144, Brigham Young University). *ProQuest Dissertations and Theses,* 70-70. Retrieved from http://search.proquest.com/docview/305356098?accountid=4117 (305356098).

Taylor, H. B. (2006). *Family-of-origin quality, regulation of negative affect, marital stability, and couple drinking patterns.* (Order No. 3220650, Brigham Young University). *ProQuest Dissertations and Theses,* 91-91. Retrieved from http://search.proquest.com/docview/305356021?accountid=4117 (305356021).

Thurber, S. L. (2005). *The effects of direct supervision on therapist behavior: An initial functional analysis.* (Order No. 3161356, Brigham Young University). *ProQuest Dissertations and Theses,* 95-95. Retrieved from http://search.proquest.com /docview/305029091?accountid=4117 (305029091).

University of Connecticut

Hurlock, M. T. (2008). *Talking circle supervision: A group supervision format for marriage and family therapy master's students.* (Order No. 3329122, University of Connecticut). *ProQuest Dissertations and Theses,* 343. Retrieved from http://search.proquest.com/docview/304625615?accountid=4117 (304625615).

Nadeau, R. A. (2006). *A grounded theory investigation of why some men refuse to participate in marital and family therapy.* (Order No. 3236137, University of Connecticut). *ProQuest Dissertations and Theses,* 148-148. Retrieved from http://search.proquest.com/docview/305321178?accountid=4117 (305321178).

East Carolina University

Blanchard, A. (2008). *The experience of depressive symptoms in pregnancy from a couple's perspective: A phenomenological study.* (Order No. 3323271, East Carolina University). *ProQuest Dissertations and Theses,* 148. Retrieved from http://search.proquest.com/docview/304368301?accountid=4117 (304368301).

Meadors,. (2008). *Secondary traumatization in pediatric healthcare providers: Conceptual confusion in literature.* (Order No. 3305196, East Carolina University). *ProQuest Dissertations and Theses,* 179. Retrieved from http://search.proquest.com/docview/304366982?accountid=4117 (304366982).

Florida State

Craven,. A. (2008). *The effectiveness of transitional group therapy: Promoting resiliency in foster children.* (Order No. 3340699, The Florida State University). *ProQuest Dissertations and Theses,* 138. Retrieved from http://search.proquest.com/docview/231399169?accountid=4117 (231399169).

Gentry, J. E. (2007). *The effects of caregiver stress upon ethics at-risk behavior among Florida licensed marriage and family therapists.* (Order No. 3301548, The Florida State University). *ProQuest Dissertations and Theses,* 144. Retrieved from http://search.proquest.com/docview/304870098?accountid=4117 (304870098).

Hughes-Brand, N. (2007). *Adolescent group therapy: A Gottman relationship-based approach using art-based interventions.* (Order No. 3282624, The Florida State University). *ProQuest Dissertations and Theses,* 191. Retrieved from http://search.proquest.com/docview/304869676?accountid=4117 (304869676).

Georgia

Anderson, S. R. (2007). *The therapeutic alliance in couple therapy: An examination of actor and partner effects of the alliance on distress*. *Athenaeum at the University of Georgia* Retrieved from http://athenaeum.libs.uga.edu/handle/10724 /10082?show=full

Childs, N. M. (2007) *Female perceptions of marriage before and after bariatric surgery. Athenaeum at the University of Georgia.* Retrieved from http://athenaeum.libs.uga.edu/handle/10724/17177

Klock-Powell, K. (2008). *The differences between men and women's violence: The role of acceptance of violence in intimate partner violence Athenaeum at the University of Georgia.* Retrieved from http://athenaeum.libs.uga.edu/handle /10724/10628

Kansas State University

Archuleta, K. L. (2008). *The impact of dyadic processes and financial management roles on farm couples.* (Order No. 3320235, Kansas State University). *ProQuest Dissertations and Theses,* 169. Retrieved from http://search.proquest.com /docview/304548807?accountid=4117 (304548807).

Bratawidjaja, A. (2007). *The experience of being parents of mixed-heritage children: Phenomenological analysis.* (Order No. 3291371, Kansas State University). *ProQuest Dissertations and Theses,* 261. Retrieved from http://search.proquest.com/docview/304835327?accountid=4117 (304835327).

DuPree, W. J. (2007). *Examining marriage and family therapists in non-traditional areas of application: An ecological systems theory of creativity approach.* (Order No. 3259315, Kansas State University). *ProQuest Dissertations and Theses,* 183. Retrieved from http://search.proquest.com/docview/304844089?accountid=4117 (304844089).

Macchi, C. R. (2006). *Systemic change processes: A framework for exploring weight loss and weight loss maintenance processes within the individual and family context.* (Order No. 3244632, Kansas State University). *ProQuest Dissertations and Theses,* 195-195. Retrieved from http://search.proquest.com/docview/ 305314144?accountid=4117 (305314144).

McDaniel, K. Z. (2007). *Using the right tool for the right situation: Tailoring remediation plans for problem trainees within accredited marriage and family therapy programs.* (Order No. 3291409, Kansas State University). *ProQuest Dissertations and Theses,* 353. Retrieved from http://search.proquest.com /docview/304844228?accountid=4117 (304844228).

Nelsen, T. M. (2006). *The stresses of veterinary training and significant intimate relationships: Implications for the practice of marriage and family therapists.* (Order No. 3229963, Kansas State University). *ProQuest Dissertations and Theses,* 158-158. Retrieved from http://search.proquest.com/docview/ 305322493?accountid=4117 (305322493).

Reisbig, A. M. J. (2007). *The lived experiences of adult children of cross-dressing fathers: A retrospective account.* (Order No. 3259338, Kansas State University). *ProQuest Dissertations and Theses,* 104. Retrieved from http://search.proquest.com/docview/304843859?accountid=4117 (304843859).

Schliep, C. D. (2008). *A formative evaluation of a systemic infant mental health program designed to treat infants and their families through a rural community mental health center.* (Order No. 3341532, Kansas State University). *ProQuest Dissertations and Theses,* 261. Retrieved from http://search.proquest.com /docview/288049501?accountid=4117 (288049501).

Smith, D. B. (2006). *The interpersonal impact of a history of individual sexual trauma in the couple system.* (Order No. 3234514, Kansas State University). *ProQuest Dissertations and Theses,* 236-236. Retrieved from http://search.proquest.com/docview/305314742?accountid=4117 (305314742).

Loma Linda

Bravo, K. S. (2005). *Severity of autism and parental stress: The mediating role of family environment.* (Order No. 3191828, Loma Linda University). *ProQuest Dissertations and Theses,* 136-136. Retrieved from http://search.proquest.com /docview/304995081?accountid=4117 (304995081).

Gibson, J. M. (2008). *The experience of change during residential treatment of adolescents.* (Order No.3311714, Loma Linda University). *ProQuest Dissertations and Theses,* 187. Retrieved from http://search.proquest.com /docview/304553783?accountid=4117 (304553783).

Gragg, J. B. (2006). *Therapeutic engagement involving Hispanic families with substance-using adolescents.* (Order No. 3210091, Loma Linda University). *ProQuest Dissertations and Theses,* 163-163. Retrieved from http://search.proquest.com /docview/305317106?accountid=4117 (305317106).

Martinez, E. B. (2005). *Religious problem solving and coping with end stage renal disease.* (Order No. 3191865, Loma Linda University). *ProQuest Dissertations and Theses,* 223-223. Retrieved from http://search.proquest.com/docview /304992832?accountid=4117 (304992832).

Morton, M. R. (2008). *Healing in the aftermath of childhood sexual abuse: Path to reengagement.* (Order No. 3323360, Loma Linda University). *ProQuest Dissertations and Theses,* 318. Retrieved from http://search.proquest.com /docview/304553227?accountid=4117 (304553227).

Tuttle, A. R. (2005). *Parents' experiences in child protective services: Analysis of a dialogical group process.* (Order No. 3191850, Loma Linda University).

ProQuest Dissertations and Theses, 120-120. Retrieved from http://search.proquest.com/docview/304997233?accountid=4117 (304997233).

Vargas, H. L. (2005). *Building multicultural competence: Perceptions of marital and family therapy interns.* (Order No. 3191868, Loma Linda University). *ProQuest Dissertations and Theses,* 132-132. Retrieved from http://search.proquest.com /docview/304996599?accountid=4117 (304996599).

Michigan State University

Andrews, K. M. (2007). *Racial identity in marriage and family student therapists: A qualitative analysis of therapist development.* (Order No. 3282054, Michigan State University). *ProQuest Dissertations and Theses,* 119. Retrieved from http://search.proquest.com/docview/304843044?accountid=4117 (304843044).

Chen, C. G. (2008). *Influence of early attachment on the couple relationship for child sexual abuse survivors and their partners.* (Order No. 3347852, Michigan State University). *ProQuest Dissertations and Theses,* 289-289. Retrieved from http://search.proquest.com/docview/304599310?accountid=4117 (304599310).

Cox, R. B., Jr. (2007). *Toward an eco-developmental theory of adolescent substance use in Venezuela.* (Order No. 3282080, Michigan State University). *ProQuest Dissertations and Theses,* 237. Retrieved from http://search.proquest.com /docview/304849821?accountid=4117 (304849821).

Latty, C. R. (2005). *Effects of differentiation on college student drinking.* (Order No. 3189686, Michigan State University). *ProQuest Dissertations and Theses,* 273-273. Retrieved from http://search.proquest.com/docview/305460580? accountid=4117 (305460580).

Martin, J. K. (2007). *Father perception of the barriers and facilitators of engagement in family therapy: A qualitative study.* (Order No. 3264193, Michigan State University). *ProQuest Dissertations and Theses,* 221. Retrieved from http://search.proquest.com/docview/304849217?accountid=4117 (304849217).

Odom, T. M. (2007). *Experiences of mothers with children in foster care.* (Order No. 3264208, Michigan State University). *ProQuest Dissertations and Theses,* 114. Retrieved from http://search.proquest.com/docview/304847421?accountid=4117 (304847421).

Sanders, M. M. (2005). *Contextual factors and attitudes toward family therapy as a help-seeking option among middle-class African Americans.* (Order No. 3189737, Michigan State University). *ProQuest Dissertations and Theses,* 158-158. Retrieved from http://search.proquest.com/docview/305472269?accountid=4117 (305472269).

Silverthorn, B. C. (2005). *How client suicide impacts marriage and family therapists: Implications for coping and professional training.* (Order No. 3204799, Michigan State University). *ProQuest Dissertations and Theses,* 136-136. Retrieved from http://search.proquest.com/docview/305428541?accountid=4117 (305428541)

Stanley, L. R. (2006). *The effect of individual post-stroke adaptation on middle-aged long-term married couples.* (Order No. 3216175, Michigan State University). *ProQuest Dissertations and Theses,* 147-147. Retrieved from http://search.proquest.com/docview/305305847?accountid=4117 (305305847).

Watson, D. P. (2007). *Ecological factors influencing the coparenting relationship of low income, unmarried, non-cohabitating African American parenting partners.*

(Order No. 3282219, Michigan State University). *ProQuest Dissertations and Theses,* 127. Retrieved from http://search.proquest.com/docview/304842200?accountid=4117 (304842200).

University of Minnesota

Anderson, J. R. (2007). *Developmental trajectories in lower-quality marriages: Predictors and outcomes.* (Order No. 3285643, University of Minnesota). *ProQuest Dissertations and Theses,* 47. Retrieved from http://search.proquest.com/docview/304838477?accountid=4117 (304838477).

Connor, J. J. (2005). *Living with vulvar vestibulitis syndrome: The couple experience.* (Order No. 3198084, University of Minnesota). *ProQuest Dissertations and Theses,* 110-110. Retrieved from http://search.proquest.com/docview /305434532?accountid=4117 (305434532).

Green, K. M. (2007). *Understanding college students' and parents' perceptions of cell phone communication in family relationships: A grounded theory approach.* (Order No. 3292948, University of Minnesota). *ProQuest Dissertations and Theses,* 78. Retrieved from http://search.proquest.com/docview/304824470?accountid=4117 (304824470).

Haberman, H. R. (2008). *Online research methods among family scientists: The diffusion of an innovation.* (Order No. 3334424, University of Minnesota). *ProQuest Dissertations and Theses,* 114-n/a. Retrieved from http://search.proquest.com /docview/304521596?accountid=4117 (304521596).

McGeorge, C. R. (2005). *Caregivers' definitions of successful caregiving: A phenomenological study of primary family dementia caregivers.* (Order No.

3192034, University of Minnesota). *ProQuest Dissertations and Theses,* 154-154. Retrieved from http://search.proquest.com/docview/305431982?accountid=4117 (305431982).

Orieny, P. O. (2008). *African immigrants' stressful marital and family experiences.* (Order No. 3313460, University of Minnesota). *ProQuest Dissertations and Theses,* 171. Retrieved from http://search.proquest.com/docview /304513044?accountid=4117 (304513044).

Sherman, C. W. (2005). *Alzheimer's spouse caregiving in late-life remarriage.* (Order No. 3180023, University of Minnesota). *ProQuest Dissertations and Theses,* 141-141. Retrieved from http://search.proquest.com/docview/305483529? accountid=4117 (305483529).

Nova Southeastern

Shatz, K. H. (2006). *The widow who wasn't a bride: A phenomenological study of loss in cohabiting couples.* (Order No. 3208612, Nova Southeastern University). *ProQuest Dissertations and Theses,* 181-181. Retrieved from http://search.proquest.com/docview/304909430?accountid=4117 (304909430).

Ohio State University

Craft, S. M. (2006). *The impact of mental health, sexual desire, and sexual importance on the sexual behavior of women with HIV.* (Order No. 3226508, The Ohio State University). *ProQuest Dissertations and Theses,* 69-69. Retrieved from http://search.proquest.com/docview/305301732?accountid=4117 (305301732).

Delaney, R. O. (2006). *Therapeutic alliance in couples therapy: The influence of gender, who initiated therapy, split alliance, and the presenting problem.* (Order No.

3226504, The Ohio State University). *ProQuest Dissertations and Theses,* 88-88. Retrieved from http://search.proquest.com/docview/305302312?accountid=4117 (305302312).

Gangamma, R. (2008). *Relational ethics among couples in therapy.* (Order No. 3332214, The Ohio State University). *ProQuest Dissertations and Theses,* 131. Retrieved from http://search.proquest.com/docview/304485570?accountid=4117 (304485570).

Glade, A. C. (2005). *Differentiation, marital satisfaction and depressive symptoms: An application of bowen theory.* (Order No. 3179690, The Ohio State University). *ProQuest Dissertations and Theses,* 129-129. Retrieved from http://search.proquest.com/docview/305436130?accountid=4117 (305436130).

Knerr, M. R. (2008). *Differentiation and power in couples therapy.* (Order No. 3327336, The Ohio State University). *ProQuest Dissertations and Theses,* 183. Retrieved from http://search.proquest.com/docview/304484626?accountid=4117 (304484626).

Lal, A. (2006). *Relationship among differentiation of self, relationship satisfaction, partner support, depression, monitoring/blunting style, adherence to treatment and quality of life in patients with chronic lung disease.* (Order No. 3238176, The Ohio State University). *ProQuest Dissertations and Theses,* 129-129. Retrieved from http://search.proquest.com/docview/305296003?accountid=4117 (305296003).

McDowell, T. L. (2008). *The relationship between social network characteristics and mental health for women living with HIV.* (Order No. 3340309, The Ohio State

University). *ProQuest Dissertations and Theses,* 67. Retrieved from http://search.proquest.com/docview/288231607?accountid=4117 (288231607).

Meyer, K. J. (2007). *The relationship between therapists' use of humor and therapeutic alliance.* (Order No. 3275188, The Ohio State University). *ProQuest Dissertations and Theses,* 87. Retrieved from http://search.proquest.com /docview/304836014?accountid=4117 (304836014).

Toviessi, P. (2007). *The family health decision-making model: Family influence on breast cancer screening adherence.* (Order No. 3262154, The Ohio State University). *ProQuest Dissertations and Theses,* 121. Retrieved from http://search.proquest.com/docview/304821885?accountid=4117 (304821885).

Purdue University

Canino, J. T. (2005). *Using survival analysis to explore the relationship among attachment theory, religiosity, and sexual initiation.* (Order No. 3210696, Purdue University). *ProQuest Dissertations and Theses,* 118-118. Retrieved from http://search.proquest.com/docview/305427783?accountid=4117 (305427783).

Faber, A. J. (2006). *Early adolescent adjustment following a marital transition: A growth model analysis.* (Order No. 3232172, Purdue University). *ProQuest Dissertations and Theses,* 157-157. Retrieved from http://search.proquest.com/docview /305286098?accountid=4117 (305286098).

Harvey, A. M. (2005). *Couple agreement and disagreement regarding attitudes towards breadwinning: Implications for marital well-being.* (Order No. 3210722, Purdue University). *ProQuest Dissertations and Theses,* 188-188. Retrieved from http://search.proquest.com/docview/305429014?accountid=4117 (305429014).

Karakurt, G. (2008). *Paths to intimate relationship aggression: Interplay among individual, social and relationship factors.* (Order No. 3344171, Purdue University). *ProQuest Dissertations and Theses,* 181-n/a. Retrieved from http://search.proquest.com/docview/288212778?accountid=4117 (288212778).

Karam, E. A. (2008). *The alliance-outcome relationship revisited: A session-by-session perspective.* (Order No. 3371728, Purdue University). *ProQuest Dissertations and Theses,* 103. Retrieved from http://search.proquest.com/docview/304530405?accountid=4117 (304530405).

Karuppaswamy, N. (2005). *White racial identity development of MFT therapists and its relationship to multicultural counseling competency and ethnocultural empathy.* (Order No. 3191496, Purdue University). *ProQuest Dissertations and Theses,* 210-210. Retrieved from http://search.proquest.com/docview/305389645?accountid=4117 (305389645).

King-Betts, E. (2008). *Working shifts: Perceptions of African American community members and shift workers.* (Order No. 3373172, Purdue University). *ProQuest Dissertations and Theses,* 173. Retrieved from http://search.proquest.com /docview/304501588?accountid=4117 (304501588).

Lowe, W. L. (2008). *How marriage and family therapists choose their first models and why they change them.* (Order No. 3330301, Purdue University). *ProQuest Dissertations and Theses,* 112-112. Retrieved from http://search.proquest.com /docview/304504827?accountid=4117 (304504827).

Nelson, T. S. (2005). *Internet infidelity: A modified delphi study.* (Order No. 3191530, Purdue University). *ProQuest Dissertations and Theses,* 204-204. Retrieved

from http://search.proquest.com/docview/305423980?accountid=4117 (305423980).

Richardson, B. (2007). *Christian clergy response to intimate partner violence: Attitudes, training, or religious views?* (Order No. 3307510, Purdue University). *ProQuest Dissertations and Theses,* 164. Retrieved from http://search.proquest.com /docview/304838654?accountid=4117 (304838654).

Walter, K. K. (2005). *Collaborative care between family therapists and medical providers: A Delphi study.* (Order No. 3210807, Purdue University). *ProQuest Dissertations and Theses,* 250-250. Retrieved from http://search.proquest.com /docview/305424426?accountid=4117 (305424426).

Wittenborn, A. K. (2007). *The relation of depressive symptoms and marital quality of depressed and nondepressed mothers to offspring's perceived attachment: A multiple-domain growth analysis.* (Order No. 3291153, Purdue University). *ProQuest Dissertations and Theses,* 113. Retrieved from http://search.proquest.com/docview/304837721?accountid=4117 (304837721).

University of St. Louis

Campbell, P. P. (2008). *Sexual violence in the lives of lesbian rape survivors.* (Order No. 3324148, Saint Louis University). *ProQuest Dissertations and Theses,* 148. Retrieved from http://search.proquest.com/docview/304457337?accountid=4117 (304457337).

Doxtator, L. S. (2007). *A critical theory study of mental health and sociological problems within first nations communities as perceived by the rosebud Lakota Sioux.* (Order No. 3324161, Saint Louis University). *ProQuest Dissertations and*

Theses, 223. Retrieved from http://search.proquest.com/docview/304819011?accountid=4117 (304819011).

Meinert, S. A. (2008). *Grandparents raising grandchildren: Challenges, coping strategies, and successes.* (Order No. 3324188, Saint Louis University). *ProQuest Dissertations and Theses*, 109. Retrieved from http://search.proquest.com /docview/304456489?accountid=4117 (304456489).

North-Jones, M. (2008). *Values and time usage in families: Perception vs. reality. (Order No. 3324196, Saint Louis University).* ProQuest Dissertations and Theses, 163-163. Retrieved from http://search.proquest.com/docview/304457618?accountid=4117 (304457618).

Schaafsma, M. C. (2006). *Personal characteristics of effective couple therapists.* (Order No. 3250396, Saint Louis University). *ProQuest Dissertations and Theses*, 304-304. Retrieved from http://search.proquest.com/docview/305278551?accountid=4117 (305278551).

Vaughn, V. A. (2007). *What is the basis for white school counselors' assumptions of their multicultural counseling competency?* (Order No. 3324231, Saint Louis University). *ProQuest Dissertations and Theses*, 211-n/a. Retrieved from http://search.proquest.com/docview/304806127?accountid=4117 (304806127).

St. Mary's

Curiel, E. D. (2007). *A qualitative exploration of Mexican American women and body image*. (Order No. 3287435, St. Mary's University, Texas). *ProQuest Dissertations and Theses*, 316. Retrieved from http://search.proquest.com /docview/304716386?accountid=4117 (304716386).

Fuller, A. (2006). *Spirituality and quality of life in breast cancer patients undergoing radiation treatment: A multifactor analysis.* (Order No. 3214737, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 112-112. Retrieved from http://search.proquest.com/docview/304908899?accountid=4117 (304908899).

Gandasaputra, I. (2005). *Stressors, coping, and adaptation in families of runaway and family- abducted children: A repeated measures analysis.* (Order No. 3198903, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 105-105. Retrieved from http://search.proquest.com/docview/305396217?accountid=4117 (305396217).

George, S. T. (2008). *The effect of therapeutic alliance on client dropout: Hierarchical modeling of client feedback.* (Order No. 3303541, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 186. Retrieved from http://search.proquest.com/docview/304808096?accountid=4117 (304808096).

McClung, S. R. (2006). *Cyberbullying: Mean girls or authentic relationships?* (Order No. 3230475, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 168-168. Retrieved from http://search.proquest.com/docview/304908356?accountid=4117 (304908356).

Novian, D. A. (2007). *An investigation of spirituality in caregivers for spouses diagnosed with alzheimer's disease or related disorders.* (Order No. 3287433, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 170. Retrieved from http://search.proquest.com/docview/304716083?accountid=4117 (304716083).

Rarity, J. C. (2007). *Nonfinite grief in families with children on the autism spectrum.* (Order No. 3275177, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 99. Retrieved from http://search.proquest.com/docview/304715455?accountid=4117 (304715455).

Scott-Charbonneau, R. (2008). *A participatory action research exploration of family stress management: Collaboratively learning to integrate healthy behaviors into families' daily lives.* (Order No. 3307929, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 276. Retrieved from http://search.proquest.com/docview/304814520?accountid=4117 (304814520).

Tinsley-Mathias, A. (2008). *A cross-sectional study of change in women's body image scores and marital satisfaction scores after undergoing roux-en-Y gastric bypass surgery.* (Order No. 3330824, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 104. Retrieved from http://search.proquest.com /docview/304810030?accountid=4117 (304810030).

Whetstone, B. (2006). *An investigation of the initiator's marital dissolution decision-making process in long-term marriages.* (Order No. 3233254, St. Mary's University, Texas). *ProQuest Dissertations and Theses,* 288-288. Retrieved from http://search.proquest.com/docview/304908085?accountid=4117 (304908085).

Syracuse

Addison, S. M. (2007). *Queering the discussion: A Delphi study of the effects of GLBT identity and queer theory on marriage and family therapy.* (Order No. 3266280,

Syracuse University). *ProQuest Dissertations and Theses,* 209. Retrieved from http://search.proquest.com/docview/304774431?accountid=4117 (304774431).

Brown, K. S. (2007). *Dyspareunia due to endometriosis: A qualitative study of its effect on the couple relationship.* (Order No. 3266285, Syracuse University). *ProQuest Dissertations and Theses,* 230. Retrieved from http://search.proquest.com /docview/304769912?accountid=4117 (304769912).

Castronova, N. M. (2007). *The intersection of feminism and the narrative metaphor in the practice and profession of family therapy: A Delphi study.* (Order No. 3281755, Syracuse University). *ProQuest Dissertations and Theses,* 181. Retrieved from http://search.proquest.com/docview/304779599?accountid=4117 (304779599).

Coolhart, D. A. (2006). *Sexual minority women: Exploring familial relationship development after coming out at home.* (Order No. 3241850, Syracuse University). *ProQuest Dissertations and Theses,* 227-227. Retrieved from http://search.proquest.com/docview/304945362?accountid=4117 (304945362).

Espitia, B. B. (2007). *Experiences of oppression among middle-eastern couples living in Denmark: Implications for marriage and family therapy.* (Order No. 3266293, Syracuse University). *ProQuest Dissertations and Theses,* 500. Retrieved from http://search.proquest.com/docview/304781299?accountid=4117 (304781299).

Hall, C. A. (2008). *The African American experience of overcoming barriers and participating in therapy.* (Order No. 3333569, Syracuse University). *ProQuest Dissertations and Theses,* 228. Retrieved from http://search.proquest.com /docview /304389145?accountid=4117 (304389145).

Harvey, R. G. (2007). *The experience of disclosure of queer identity within sibling dyads.* (Order No. 3281760, Syracuse University). *ProQuest Dissertations and Theses,* 200. Retrieved from http://search.proquest.com/docview/304779515?accountid=4117 (304779515).

Johnson, L. A. (2006). *The early therapeutic relationship with MFT trainees: Race, gender, confidence and relationship satisfaction.* (Order No. 3242501, Syracuse University). *ProQuest Dissertations and Theses,* 126-126. Retrieved from http://search.proquest.com/docview/304938589?accountid=4117 (304938589).

Reinking, M. A. (2006). *"I just want a normal life!": A phenomenological inquiry into children's perspectives on parental addiction and the effects of the addiction in the parent-child relationship.* (Order No. 3251809, Syracuse University). *ProQuest Dissertations and Theses,* 142-142. Retrieved from http://search.proquest.com/docview/304947263?accountid=4117 (304947263).

Sude, M. E. (2008). *Family of origin functioning and the likelihood of seeking romantic partners over the internet.* (Order No. 3345023, Syracuse University). *ProQuest Dissertations and Theses,* 270. Retrieved from http://search.proquest.com /docview/304365717?accountid=4117 (304365717).

Torres Bernal, A. (2005). *Critical relational model: A normative and meta-theoretical analysis of family therapy theories.* (Order No. 3177021, Syracuse University). *ProQuest Dissertations and Theses,* 182-182. Retrieved from http://search.proquest.com/docview/305383891?accountid=4117 (305383891).

Yoon Hammer, M. C. (2005). *A survey of the attitudes and behaviors of medical family therapists regarding complementary and alternative medicine: An exploration of*

collaboration. (Order No. 3194026, Syracuse University). *ProQuest Dissertations and Theses,* 166-166. Retrieved from http://search.proquest.com/docview /305382172?accountid=4117 (305382172).

Texas Tech

Adams, M. S. (2005). *A phenomenological approach to understanding the changes in marital intimacy for caregivers married to a spouse with Alzheimer's Disease*. *Texas Tech Repository.* Retrieved from http://repositories.tdl.org/ttu-ir/handle /2346/11258

Brimhall, A. S. (2005). *Learning from the past, altering the future: The effects of past relationships on couples who remarry. Texas Tech Repository.* Retrieved from http://repositories.tdl.org/ttu-ir/handle/2346/17819

Gillett, K. S. (2006). *Parental and religious influences on adolescent empathy and antisocial behavior among Latino and Euro-American youth: An investigation of mediating and moderating effects. Texas Tech Repository.* Retrieved from http://repositories.tdl.org/ttu-ir/handle/2346/1205

Morelock, C. N. (2005). *Personal idiom use and affect regulation in romantic relationships. Texas Tech Repository.* Retrieved from http://repositories.tdl.org /ttu-ir/handle/2346/18186

Titus, G. (2006). *Exploring death experiences of Asian Indian international students in the United States: A descriptive phenomenological study. Texas Tech Repository.* Retrieved from http://repositories.tdl.org/ttu-ir/handle/2346/20585

Ward, D. B. (2006). *Moving up the continuum of hope: A qualitative study of hope and its influence in couples therapy. Texas Tech Repository.* Retrieved from http://repositories.tdl.org/ttu-ir/handle/2346/1317

Virginia Tech

Arthur, K. B. (2008). *Attachment styles and enneagram types: Development and testing of an integrated typology for use in marriage and family therapy.* (Order No. DP19615, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 143. Retrieved from http://search.proquest.com /docview /1030147955?accountid=4117 (1030147955).

Benson, K. (2008). *Gender identity and the family story: A critical analysis.* (Order No. DP19043, Virginia Polytechnic Institute and State University). *ProQuest Dissertation and Theses,* 171. Retrieved from http://search.proquest.com /docview/1020573931?accountid=4117 (1020573931).

Cole, E. (2008). *Development of the multicultural therapy competency inventory-client version.* (Order No. DP19389, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 191. Retrieved from http://search.proquest.com/docview/1027150261?accountid=4117 (1027150261).

Davis, S. D. (2005). *Common and model-specific factors: What marital therapy model developers, their former students, and their clients say about change.* (Order No. 3164104, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 202-202. Retrieved from http://search.proquest.com /docview/305408990?accountid=4117 (305408990).

Hudgins, C. M. (2008). *Region as a cultural context in family therapy.* (Order No. DP19031, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 193. Retrieved from http://search.proquest.com /docview/1020389783?accountid=4117 (1020389783).

Issenmann, A. J. (2008). *An examination of the impact of studying abroad with AFS on level of differentiation.* (Order No. DP19985, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 112. Retrieved from http://search.proquest.com/docview/1033596160?accountid=4117 (1033596160).

Matheson, J. L. (2005). *Using metaphors to explore the experiences of powerlessness among women in twelve-step substance abuse recovery.* (Order No. 3232282, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 151-151. Retrieved from http://search.proquest.com/docview /305381635?accountid=4117 (305381635).

McLaurin, S. L. (2005). *Childhood experiences of sibling abuse: An investigation into learned helplessness.* (Order No. 3164121, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 139-139. Retrieved from http://search.proquest.com/docview/305382178?accountid=4117 (305382178).

Morris, M. T. (2006). *A cybernetic analysis of the United States of America's relationship with Iraq.* (Order No. DP20016, Virginia Polytechnic Institute and State University). *ProQuest Dissertations and Theses,* 112. Retrieved from http://search.proquest.com/docview/1020128799?accountid=4117 (1020128799).

Winston, E. J. (2008). *Gender and diversity topics taught in COAMFTE programs.* (Order No. DP19236, Virginia Polytechnic Institute and State University).

ProQuest Dissertations and Theses, 146. Retrieved from

http://search.proquest.com/docview/1021377999?accountid=4117 (1021377999).