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A NEEDS ASSESSMENT OF MARRIAGE AND FAMILY THERAPY

APPROVED SUPERVISION IN UTAH

By

Daniel J. Woodbury

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

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

ABSTRACT

A Needs Assessment of Marriage and Family Therapy

Approved Supervision in Utah

by

Daniel J. Woodbury, Master of Science

Utah State University, 2005

Major Professor: Scot M. Allgood, Ph.D.

Department: Family, Consumer, and Human Development

This research presents data gathered through a needs assessment regarding approved supervision in Utah. A sample of 150 therapists in Utah gave descriptive facts about the current need for supervision in Utah as well as the number of therapists that are willing to provide supervision. Additionally, therapists that are not currently approved supervisors indicated whether or not they would be willing to become approved supervisors, what would make the designation more appealing, and what would impede them from becoming an approved supervisor. Therapists in agencies also gave information regarding how agencies currently view marriage and family therapy interns and their willingness to support approved supervision in Utah. Finally, therapists were given an opportunity to express their opinions in two open-ended questions. The findings indicate that there is an abundance of supervisors willing to provide supervision and many therapists are willing to become supervisors. The study also shows that many

therapists are reluctant to become approved supervisors because of the time and cost that are associated with the current supervision process.

(96 pages)

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Daniel J. Woodbury

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CHAPTER I

INTRODUCTION

Needs assessments have been traditionally used as an integral part of planning programs or interventions. In order to have a program that meets the needs of a community or agency it is necessary to clarify the needs of that organization. This is done by assessing the strengths available to the organization as well as any important weaknesses that are the focus of the intervention. Because each community or agency is unique and has its own political or social environment, it is important that the needs assessment be specific to the organization (Ramualdi & Sandoval, 1995). In the profession of marriage and family therapy (MFT) in Utah there have arisen concerns about the availability of supervisors. These concerns were raised by members of the board of the Utah Association for Marriage and Family Therapy (UAMFT).

The possibility that there may be a dearth of supervision in Utah caused a concern among the board members because supervision is an integral part of the graduation and licensure process of MFTs, as well as the process of becoming an approved supervisor. Without adequate supervision in Utah, it becomes more difficult for students and graduates to meet the requirements of MFT graduate programs and licensure standards. Supervisor candidates also require supervision to meet the requirements for becoming approved supervisors. Thus, without adequate supervision the move to increase the number of supervisors in Utah would also be stunted. It was decided that the first step in addressing this concern was to assess the needs for supervision in the state of Utah and assess the severity of the problem.

The UAMFT, in coordination with law and policy makers in Utah, have worked at raising the standards that marriage and family therapists must complete in order to provide services to the public over the past several years. The goal has been to comply with the requirements set forth by the American Association for Marriage and Family Therapy (AAMFT). A part of this effort to improve the quality of MFTs in the state of Utah was increasing the stringency of the requirements to become a state approved MFT supervisor (Price, 2001).

Although it is not necessary for therapists to be AAMFT approved in order to become state approved, the therapist must fulfill equivalent requirements as an AAMFT approved supervisor. State requirements for approved supervision now include the completion of a 30-hour supervision training course that has been approved by the Utah Department of Occupational and Professional Licensing (DOPL), and 36 hours of supervision of supervision by a qualified training supervisor. In addition to the new state requirements for supervision, the number of supervised hours required for MFT graduates seeking licensure has increased to 200 hours from 130 (DOPL, 2001) thereby increasing the need for supervision.

Some therapists have expressed concern that, in the state of Utah, there is a lack of attention paid to the availability of approved supervisors by both academic training programs and also UAMFT. The combination of this inattention and the new state requirements may have created a crisis for the field of marriage and family therapy in Utah. Students graduating in the field of marriage of family therapy have found it difficult to find MFT internship sites that have a state approved supervisor. Price (UAMFT, 2002) predicted that if nothing is done to remedy the dearth of approved

supervisors the results will be that (a) graduates will be unable to find adequate intern sites and will be forced to leave the state or change professions, (b) marriage and family therapists will decrease in numbers and put the MFT profession in jeopardy in Utah, and (c) there will be less need for academic training programs. Due to the fact that these predicted outcomes would have negative affects on the MFT profession in Utah, the board for UAMFT decided to make increasing the number of approved supervisors in the state the first priority for 18 months (UAMFT).

Since this issue has recently become the focus of attention for therapists in Utah, there is very little, if any, information about the problem. In order to develop an effective program to meet the needs of supervision in Utah, it was necessary to assess the population of marriage and family therapists (Dykeman, 1994). By understanding this issue, more effective programs can be developed to help the profession as needed.

Theory

The assessment is based on systems theory. This theory is useful in conceptualizing the issues at hand because it takes into consideration how the MFT profession fits into the wider arena of mental health professions. Systems theory can also help us understand how the current approved supervision process might be either hindering progress in the profession through homeostasis or encouraging change through morphogenesis. Finally, systems theory can help in making predictions for how a shortage in approved supervision could impact the profession.

A system is defined by Hanson (1995) as "any two or more parts that are related such that change in any one part changes all parts" (p. 27). Systems are regulated through

cybernetic processes. Cybernetics refers to self-regulation through feedback loops (Hanson). A simple example is that of a thermostat. The thermostat is set to turn on the heater whenever the temperature (input) drops below a set point. The behavior (output) of turning on the heater has the effect of raising the temperature until it reaches the set point. In this way the thermostat is continually generating the very input that it uses to govern its output.

Like any other system, the MFT profession can be conceptualized in terms of cybernetics. However, unlike the thermostat that only uses one piece of information to regulate itself, a system such as a profession must base its actions on a multitude of inputs and feedback. Because of this complexity, two systems theory concepts are important to consider. First, equifinality is the concept that in a system various different stimuli can lead to the exact same result (Hanson, 1995). In the case of MFT supervision in Utah, there are a variety of factors that could have produced the current laws and rules. For example, if MFTs did not feel like the quality of supervision in Utah was adequate they may have implemented the new laws to respond to this perception. On the other hand, they may have implemented the new laws as a way to be distinct from other mental health professions. A variety of stimuli could have triggered the new laws and many of the possible causes need to be considered when designing and interpreting the needs assessment.

The second concept is multifinality. This means that the exact same stimulus can produce a variety of different results (Hanson, 1995). This is important to consider in designing the needs assessment and developing interventions. For example, if the needs assessment showed that there was a lack of supervision, the result might be that approved

supervisors would lobby to maintain the current laws in order to increase their value as supervisors. This would allow them to charge more for supervision or attract MFT interns to their agency for less pay. On the other hand the result could be that approved supervisors may charge less for supervision of supervision in order to increase the number of MFTs and the strength of the profession. Any information that can be gathered that would help predict the response of MFTs to the needs assessment should be included in the questionnaire.

Finally, it is important to remember that the MFT profession is not a closed system and should be viewed in the context of larger systems of which it is a part. It is also important to look at the boundaries that the MFT profession has established. Becvar and Becvar (1999) indicate that a boundary is defined by "the redundant patterns of behavior which characterize the relationships within that system and by those values which are sufficiently distinct as to give a family its particular identity" (p. 15). Likewise, boundaries are a large part of professional identity. One of the key concepts when talking about boundaries is the rigidity of the boundaries. This is determined by how much outside information the system allows in, as well as how much internal information the system allows out (Becvar & Becvar).

Historically, the MFT profession has maintained rigid boundaries between itself and other mental health professions. This has been a necessary step in differentiating MFTs from other mental health professionals and establishing credibility with government agencies as well as managed care agencies. These boundaries have created some stability in the profession which has made it possible for the profession to explore relationally based therapy techniques. However, as with any system there needs to be a

balance between maintaining individuation and recognizing how the system is connected to other systems in the larger community. Not only do changes within the profession affect the profession as a whole, but changes in other mental health professions, or in the community, will also have an impact on the profession. It is important to consider how MFT policies and requirements maintain or change the relationship between MFTs and other mental health professions. Once the impact of MFT policies on other mental health professions has been evaluated a decision can be reached about whether to seek homeostasis or morphogenesis in the relationship with other professions.

Purpose of the Study

The purpose of this study is to determine how well the current approved supervision process is providing for the supervision needs of MFT interns as well as identifying difficulties in obtaining supervision in less populated areas of the state. The study will also determine the beliefs of therapists regarding the impact of the current approved supervision process on the MFT profession. Finally, the study will identify possible resources that can be used to address the alleged problem and identify what needs to change in order to increase supervision resources. The information gained in this study will be used to aid in decision making about whether to maintain homeostasis in the profession, or to encourage change in policy and law regarding MFT approved supervision.

CHAPTER II
LITERATURE REVIEW

Assessing the Needs of Supervision

The current supervision requirements in Utah are a concern that must be assessed. The majority of the literature describes the purpose and development of needs assessments. Needs assessments occur in the formative stages of program planning (Dooley, 2001). Assessing the needs for supervision in Utah is a process of identifying both the strengths that are best suited to solving the problem, and the most urgent or important weakness to address (Malczynski & Rogus, 1985).

*The Purpose and Benefits of
Needs Assessments*

A needs assessment is defined as a process of determining usable strengths, and the most important weaknesses to address within an organization (Malczynski & Rogus, 1985). Some researchers suggest that the success of a program or intervention depends on whether or not the needs of the recipients were assessed adequately (Martin, 1990). The needs assessment has a two-fold purpose: It justifies the program, and it sets the goals of the program (Dooley, 2001). Each state or community provides a unique political and social environment (Ramualdi & Sandoval, 1995). Similarly, MFT is a distinct profession with its own unique needs and strengths. This makes it very important to use a needs assessment because the needs assessment can be used to gather specific information about the community or group in question. Needs assessments can be used to develop

programs with priorities specific to the group for whom the program was created (Martin).

It is possible to use needs assessments to adapt the knowledge of scientists and academicians to the needs of practitioners and clinicians. Riley (1997) clarified the perspectives of the scientist as oriented towards the creation of knowledge and the perspective of the practitioner to the application of that knowledge. Kanfer (1990) has pointed out several differences between the manners in which scientists and practitioners orient to a problem. Unfortunately, these perspectives are often in conflict (Peterson, 1991). Two issues are important to consider when resolving this conflict. First, the clinician must utilize the body of knowledge provided from the scientific community in a way that is relevant on the local level (Stricker & Trierweiler, 1995). Second, the clinician must consider "the changing and unique nature of the local situation" (p. 999). In other words, the local situation limits the applicability and relevance of the body of knowledge provided by the scientists (Stricker & Trierweiler). Stricker and Trierweiler view the goal of scientists as seeking findings that are useful in the general population and practitioners interested in the local or specific ideology of the community in which they work. They believe that the solution to the conflict between scientist and clinician can be resolved through the clinician assuming a scientific approach on the local or community level.

Riley (1997) used this concept to develop community programs to help improve child development. He described the process of using the broad base of research and knowledge as well as locally collected data to guide the programs. "The local findings were not intended to generalize to larger populations and thus serve basic science..." (p.

425). In a similar way, the circumstances and needs relating to MFT supervision in Utah communities must be measured and assessed. The base of scientific knowledge relating to supervision combined with local data will help create more appropriate programs and policies.

Needs assessments are an integral part of program development, management, and evaluation (Dykeman, 1994). Baruth and Robinson (1987) suggested that "without a map, without a plan, it is difficult to get from here to there" (p. 353). In developing a plan it is necessary to (1) assess the extent of the problem, (2) identify possible resources, and (3) take action. Assessing the extent of the problem helps to avoid implementing programs because of personal agendas or the enthusiasm of those creating the program rather than actual need. Thus, a needs assessment can help reduce the amount of resources wasted on unnecessary programs (Dooley, 2001). Needs assessments can be used to estimate the number of people who need help and what resources are needed to help them (Arthur & Blitz, 2000). Programs should be designed to direct resources to areas and populations with the most need (Dooley). With the information gained from a needs assessment, resources can be appropriately directed to convert weaknesses to strengths (Maczynski & Rogus, 1985). A needs assessment can prompt people to action by creating awareness and informing therapists of what they can do to get involved (Strelec & Murphy, 1986). Many times there is a synergistic reaction when researchers consult other agencies or communities in the development of a needs assessment. As communities and agencies become aware of their own local needs similar programs can be developed in each organization (Riley, 1997). Finally, needs assessments can help agencies and professionals understand ways in which their services can better help the

profession (Amatea & Fabrick, 1984).

In summary, needs assessments provide justification and goals for program development (Dooley, 2001), help determine the applicability of general knowledge to a community (Riley, 1997), and identify what resources should be used where (Dooley). Needs assessments have the additional benefit of creating awareness (Strelec & Murphy, 1986).

Other Considerations When Developing a Needs Assessment

Another goal while developing the needs assessment should be to determine what general scientific knowledge is useful and applicable on the local level, and which general scientific concepts can be ignored (Stricker & Trierweiler, 1995). Therefore, when developing a needs assessment it is important to insure that the assessment will accomplish these goals. Finally, potential constrictions in the amount of time available for assessment and the money available for assessment should be considered (Martin, 1990).

Identifying potential strengths and weaknesses is a primary concern of needs assessments. The needs assessment should be able to identify potential resources available to help the problem as well as the areas and populations with the greatest need (Maczynski & Rogus, 1985). Dooley (2001) stated that a "good needs assessment will assure that scarce resources go to the people with greatest need." Often these questions can be answered with existing surveys or archival data. However, at times these sources may not address the specific questions of the program developers (Dooley).

There are several features of needs assessments that can facilitate the application

of general scientific knowledge to the local level. First, the developers must decide on a theory on which to base the needs assessment (Celotta & Jacobs, 1982). Often needs assessments are specifically developed by officials of the population being assessed (Martin, 1990) which can facilitate the application of general knowledge to the local population. In addition, the need being evaluated is in the social realm and should be defined by a community consensus. Along with information gathered by the needs assessment, perspectives of other professionals and community officials should be considered (Dykeman, 1995). It is also important to establish whether the focus should be on the needs of individuals in the group, the group as a whole, or the needs of both (Amatea & Fabrick, 1984).

To summarize, there are several things to consider when creating a needs assessment. Some considerations include: the theoretical basis (Celotta & Jacobs, 1982), whether to focus on individuals in the group, or the group as a whole (Amatea & Fabrick, 1984), and time and money constraints regarding the assessment should be identified (Martin, 1990).

The Philosophical Differentiation of Marriage and Family Therapy

The marriage and family therapy profession is relatively new within the mental health field. MFTs have struggled to differentiate themselves from other mental health professions such as social work and psychology. Shields, Wynne, McDaniel, and Gawinski (1994) observed this process and stated, "There has been an explosion of family therapy journals, but a decrease in family therapy articles in the journals of other disciplines" (p. 118) as evidence of this individuation.

The History of Marriage and Family Therapy

Marriage and family therapy has its roots in psychology as well as marital counseling (Gurman & Fraenkel, 2002). The founders of family therapy earned their degrees in other disciplines such as psychiatry, psychoanalysis, and anthropology (Beels, 2002). Some authors believe that the multidisciplinary foundation of family therapy is one of its strengths (Shields et al., 1994). One obvious distinction during that era was the idea of working with more than one person at a time (Gurman & Fraenkel). However, as the techniques and theories evolved and separated from mainstream psychology, the need for a separate profession became evident (Nichols & Schwartz, 2001). In fact, according to Beels, many of the family therapy theories and models were created in direct competition with psychoanalysis, the mainstream theory at that time.

On the other side of the development of marriage and family therapy, the marital counselors also developed out of a variety of disciplines and professions including clergy, social workers, and gynecologists (Gurman & Fraenkel, 2002). The early marital counseling field was "seriously lacking in empirically tested principles, and it is without a theoretically derived foundation on which to operate clinically" (Olsen, 1970, p. 503). The field oriented on psychoanalysis as a way to gain credibility due to the lack of theoretical foundation and empirically tested principles. The marital counseling field began to attach itself to the family therapy field which, at that time, was made up largely of psychiatrists trained in psychoanalytic theory (Gurman & Fraenkel). Though initially separate fields, family therapy in many ways engulfed and absorbed the marital counseling field (Nichols & Schwartz, 2001).

In summary, the background of MFT is multidisciplinary in nature including

professions such as psychology, psychiatry, marriage counseling, and social work (Gurman & Fraenkel, 2002). As professionals began to identify themselves as family therapists rather than the profession they were trained in, the need for a distinct profession became evident (Beels, 2002).

The Process of Differentiation

The process of differentiation began when, as Beels (2002) describes it, "For some in all disciplines, a new, supra-professional identification as 'family therapists' became more important than the professional degree that legitimized their practice and determined their fees" (p. 77). Interestingly, a study in 1990, of AAMFT approved supervisors showed that most (64.1%) of the AAMFT approved supervisors who had earned their highest degree in other professions such as psychiatry and psychology identified themselves as primarily MFTs (Nichols, Nichols, & Hardy, 1990). This is particularly interesting considering the higher status afforded the other professions. Nichols and colleagues note that this switching of professional identity comes at a time when the MFT profession is increasingly made up of practitioners with only a master's level degree. In other words, psychiatrists and psychologists are identifying themselves with a field with increasing numbers of master's level practitioners rather than their own fields which only include M.D. and Ph.D. level practitioners. Initially family therapists opposed the creating of a national organization, fearing that a credentialing process would limit the development of the field (Editorial, 1968). These therapists felt that if a credentialing process was put in place therapists would be restricted from innovating and exploring alternative treatments. They pointed to the American Psychoanalytic

Association as an example of how the rituals within an organization could limit the creativity of its members (Shields et al., 1994).

Despite the initial reticence to form a national organization, in 1977 the American Family Therapy Association (AFTA) was formed. However, it was an organization developed by family counselors that made a big push for accreditation for the field of marriage and family therapy. The American Association for Marriage and Family Counselors (AAMFC) had been a professional association for 36 years when, in 1978, it changed its name to the American Association for Marriage and Family Therapy. The same year AAMFT's accreditation committee, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), was officially recognized by the U.S. Department of Health, Education, and Welfare (Shields et al., 1994).

Marriage and family therapy is distinct from other mental health professions in that it focuses primarily on relationships rather than the individual (Shields et al., 1994). Therapists desiring to do therapy with a family rather than an individual needed new skills and techniques specific to the MFT modality (Gurman & Fraenkel, 2002). For example, concepts such as "family homeostasis" and "resistance" were unique to family therapy, as were the techniques and skills used to counter family homeostasis (Gurman & Fraenkel). The primary method for teaching these new skills was through the use of supervision. Typically, this supervision included one-way mirrors, phone-ins, and co-therapy (Wetchler & Vaughn, 1992). To insure that the training of MFT skills and techniques were taught adequately, the concept of approved supervision was created (Storm, Todd, Sprenkle, & Morgan, 2001).

Part of the struggle to become a legitimate profession includes the need to

“prove” (to other mental health professions, to governmental agencies, insurance companies, and society as a whole) that MFTs can provide quality services (Shields et al., 1994). There is not only a struggle to gain recognition but there is also a struggle to show a level of competency equal to or greater than that of other mental health professions (Shields et al.). This effort is evident in the stringent standards of MFT graduate programs, and AAMFT requirements. Included in these standards are the AAMFT requirements for Approved Supervisors.

Not all the consequences of becoming a distinct profession are beneficial or desirable (Pinsof, 1990; Shields et al., 1994). The latest concepts and techniques developed by MFTs are not often published in non-family therapist journals and few family therapy presentations take place at non-family therapist conferences, thus making it difficult to disseminate the information to other mental health fields (Shields et al.). At the same time the MFT training programs neglect the breadth of training that is required by other mental health professions and focus almost exclusively on family therapy techniques (Pinsof; Shields et al.). Thus MFTs are sometimes accused of being too narrow in their training.

To summarize, separating from their previous professions allowed family therapists to further develop their theories and improve their techniques for treating the family as a whole without being restricted by the standards of professions that primarily work with individuals (Beels, 2002). However, this benefit came at the cost of making it more difficult to disseminate the latest research and techniques among the other mental health professions (Shields et al., 1994).

The Costs and Benefits of Trained Supervisors

Setting the requirements for certification as an approved supervisor is yet another way in which AAMFT has tried to differentiate MFTs as a profession (Nichols et al., 1990). Traditionally, graduates of mental health programs have been required to have their therapy supervised until they qualify for licensure. Though some mental health professions have requirements for being a supervisor, such as two years of experience as a licensed clinician, AAMFT is unique in requiring prospective supervisors to complete a supervision training course (Whitman, Ryan, & Rubenstein, 2001). In addition to completing a training course the supervisor is also required to have their supervision supervised for a number of hours (AAMFT, 2002a).

Benefits

There are several issues present in literature that gives insight into the benefits of having rigorous standards for those who want to supervise. These issues include improved quality of supervision, professional identity, credibility, and supply and demand issues.

Higher quality supervision. The concept of using training and supervision of supervision requirements to improve the quality of supervision is based on the philosophy that competency in providing therapy to clients does not equal competency in providing supervision of therapy (Sprenkle, 1999). Interestingly, many authors have noted that there are very few, if any, efficacy studies on techniques that are currently in use for teaching family therapy (Sprenkle; Wark, 1995; Wetchler & Vaughn, 1992; White & Russell, 1995; Whitman et al., 2001). The studies that do compare different supervision

techniques have not found significant differences (Fenell, Hovestadt, & Harvey, 1986; Mohammed & Piercy, 1983; Roberts, 1983). There have been a variety of studies that show that the techniques and the school of therapy that the supervisor uses have a strong impact on the model of therapy that the interns adopt (Booth & Cottone, 2000; Frankel & Piercy, 1990). However, since there is little research on supervision techniques there is a lot of confusion with regards to the best way to train MFTs (Wetchler & Vaughn). Some therapists have worked towards identifying general supervision techniques that are effective regardless of the therapy models the supervisor uses in supervision (Roberts, Winek, & Mulgrew, 1999). To summarize, there does not seem to be any evidence to support the argument that requiring rigorous training standards will improve the quality of supervision and help interns become better therapists. Until there are more empirical efficacy studies on AAMFT approved supervisors and interns trained by AAMFT approved supervisors, it should not be assumed that they are better therapists than an intern trained by a non-approved supervisor.

Professional identity. One of the benefits of having approved supervision standards is a strong professional socialization. Nichols et al. (1990) stated that "approved Supervision is a system instituted in order to formalize, advance, and enhance part of the apprenticeship preparation for membership in a professional organization" (p. 284). It seems that the system of approved supervision is connected with a strong professional identity. In one study, a questionnaire was sent, by mail, to 381 AAMFT approved supervisors. Of the 381 questionnaires 276 (72.4%) were returned. The results showed that 64.1% of professionals with a degree in psychiatry and 56.2% of professionals with a degree in psychology who were also AAMFT approved supervisors,

identified their primary profession as MFT (Nichols et al.). The same study showed that approved supervision has not decreased in attractiveness to clinicians, despite the increase of standards and requirements.

Credibility. Another reason for the higher standards is to gain credibility with government, public, other mental health professions, and insurance agencies as part of the effort to establish marriage and family therapy as a legitimate mental health profession (Shields et al., 1994). According to Storm et al. (2001), one reason why the supervision process adds to professional credibility is that "...lay people, such as consumers and politicians, often see supervision as protection from incompetent, unethical, or impaired therapists..." (p. 229). AAMFT approved supervisors are considered "gatekeepers," insuring that prospective members are qualified, properly trained, and a good fit for the profession, thus inspiring the public's confidence in the profession (Storm et al.).

To summarize, some of the identified benefits of the approved supervision process includes: higher quality supervision, stronger professional identity, and credibility. More research is needed to show empirical evidence of the benefits of approved supervision (Storm et al., 2001).

Costs

Though there are benefits to requiring in-depth training and supervision for approved supervisor certification, there are some noticeable drawbacks as well. Some of these potential drawbacks include limiting the availability of job sites for interns, increased difficulty in finding supervision, discouraging therapists from becoming supervisors, and increased time and money required for the approval process.

Unfortunately, there is little research focused on possible negative aspects of the approved supervision process.

Limited job sites for interns. Other fields generally do not have as many requirements as MFT (Whitman et al., 2001). The result is that most of the licensed therapists in other fields are qualified to provide supervision to their graduates while only a small portion of MFTs are approved to provide supervision (Nichols et al., 1990). Agencies that hire a variety of mental health professionals are likely to prefer non-MFT interns because of the ease of finding supervision for interns from other fields (D. Price, personal communication). In effect, MFT interns are limited to the few placements where an approved supervisor is available and can provide supervision.

Discourage therapists from becoming supervisors. A possible threat to the MFT profession is that therapists will not feel like it is worth it to become an approved supervisor because of the costly and stringent process required. However, according to Nichols et al. (1990), therapists have sought this designation for many reasons including altruism, money, employment opportunities, teaching and learning opportunities, and the power of being a gatekeeper into the profession. They also observed that the attraction of becoming an AAMFT approved supervisor has not decreased despite increasingly stringent requirements (Nichols et al.).

Time and cost. Another drawback to the supervision requirements is that the increased time and cost involved with becoming approved may be a deterrent for many MFTs. AAMFT approved supervisors are required to pay annual dues for the approved supervisor designation (AAMFT, 2002a). Prospective supervisors typically have to pay for the training course as well as the travel arrangements to the state where the course is

being offered. However, the AAMFT Research and Education Foundation offers a stipend of \$750 to prospective supervisors belonging to a minority group to help pay for the process of becoming a supervisor (AAMFT). Time requirements include: 180 hours of supervision, 36 hours of supervision of supervision, and time involved in taking the training course (AAMFT). Agencies may be less supportive of MFTs because they don't have to give paid time off etc. to therapists from other fields for the purpose of becoming an approved supervisor. One study showed that there is less incentive to become an approved supervisor in a private practice setting because of liability and vulnerability to litigation, as well as the increasingly stringent requirements imposed by AAMFT (Nichols et al., 1990).

In summary, the identified costs of the approved supervision process include: limited job sites for interns, discouraging therapists from becoming approved supervisors, and the time and cost involved in the approved supervision process. In other words, the time and cost of becoming an approved supervisor discourages therapists from becoming supervisors, making it more difficult for interns to find job sites that can provide supervision.

Summary

Needs assessments are a valuable tool in applying general scientific knowledge to the needs of a specific group. Local data is used to determine the applicability and relevance of the general base of knowledge (Riley, 1997). The needs assessment provides a clear way to apply resources to the benefit of the most people (Dooley, 2001).

Important considerations when creating a needs assessment include: the theoretical basis

(Celotta & Jacobs, 1982), whether to focus on individuals in the group, or the group as a whole (Amatea & Fabrick, 1984), and time and money constraints regarding the assessment should be identified (Martin, 1990). The needs assessment should be able to identify potential resources available to help the problem as well as the areas and populations with the greatest need (Maczynski & Rogus, 1985).

The field of marriage and family therapy is among the youngest in the mental health arena. As professionals began to identify themselves as family therapists rather than the profession they were trained in, the need for a distinct profession became evident (Beels, 2002). Standards and controls were put in place to ensure the quality of treatment provided by marriage and family therapists including standards for supervision of therapists in training (Shields et al., 1994). Separating from their previous professions allowed family therapists to further develop their theories and improve their techniques (Beels), but had the cost of making it difficult to disseminate those techniques to other mental health professions (Shields et al.).

Some of the benefits of the approved supervision process include: higher quality supervision, stronger professional identity, and credibility. The identified costs of the approved supervision process include: limited job sites for interns, discouraging therapists from becoming approved supervisors, and the time and cost involved in the approved supervision process.

Research Questions

There are three critical issues that are central to creating a plan for how to address the issues of approved supervision in Utah. First, how extensive is the lack of supervision

and how difficult is it to acquire approved supervision in less populated areas of the state? Second, what impact do therapists believe the current supervision process has on the profession? Finally, what resources can be used to address the alleged problem and what needs to change in order to increase resources? Several areas of questioning were implemented to quantify the dimensions of the problem and resources available. These areas will be reviewed in more detail when the measures are discussed. Assessing these issues has made it possible to plan how large of a program needs to be developed and implemented to increase the numbers of approved supervisors in the state and what would make the program more likely to succeed.

CHAPTER III

METHODS

Research Design

The design deemed most appropriate for a needs assessment with this population was an exploratory design (Bordens & Abbott, 1999). This seemed the most appropriate because there has only been anecdotal evidence that a problem possibly exists. The exploratory design would clarify if there really was a problem and would give an idea of extent of the problem. There was no intervention to measure and the needs assessment was meant to measure current levels of need rather than changing needs over time. Therefore, it was decided that a control group was unnecessary. It was also deemed unnecessary to use a longitudinal study (Bordens & Abbott).

Sample

The population of this needs assessment included marriage and family therapists in Utah. The population was taken from a directory of MFTs in Utah including 405 therapists. However, it is important to note that many of the therapists included in the directory are dual licensed, both as an MFT as well as in another mental health profession, and may not identify themselves as MFTs. Three weeks before the survey was mailed UAMFT sent a newsletter to the mailing list. The mailing of the newsletter showed that there were several incorrect addresses and/or therapists who moved to a new location. Because of the incorrect addresses identified, before the survey was sent, 27 therapists were removed from the list. Graduate and postgraduate students ($N = 15$) were

also removed from the mailing list. After the surveys were sent, 11 were returned because the therapist had moved. An additional 12 respondents returned the surveys unanswered because of retirement or unemployment. Finally, 2 of the reminder notes were returned because the therapist had moved. The final list of possible respondents included 338 therapists. Of the possible respondents 45% ($N = 153$) completed the survey. Table 1 provides a summary of the excluded surveys.

Table 1

Therapists Excluded From the Sample

Reason for exclusion	Number excluded	$N = 405$
Incorrect address (returned newsletters)	27	378
Students	15	363
Retired or unemployed	12	351
Incorrect address (returned surveys)	11	340
Incorrect address (returned reminders)	2	338
Total	67	338

The ages of the respondents ranged from 27 to 79 with a mean age of 47.1 years old. The respondents had a wide range of experience with graduation dates ranging from 1956 - 2002. The median graduation date was 1991. Approximately 67% ($N = 103$) of the respondents were male. Though race was not included in this survey, a similar study by Thane Palmer (1998) showed that nearly all therapists in Utah are Caucasian. A list of all current licensed MFTs in Utah was used to provide mailing addresses of therapists. Over

one third ($n = 55$) of the respondents had a doctorate level degree. The rest of the respondents had masters level degrees. Table 2 expands on the therapist profiles.

Measures

The purpose of this research was to assess how many approved supervisors are needed to meet the demands for supervision in Utah. The assessment was also designed

Table 2

Respondent Demographics

Variables	Male ($n = 100$)		Female ($n = 47$)	
	<i>n</i>	%	<i>n</i>	%
Highest professional degree				
M.S.	34	34.0	17	36.2
Ph.D.	36	36.0	15	31.9
M.A.	13	13.0	10	21.3
M.SW.	11	11.0	5	10.6
D.SW.	2	2.0	0	0.0
Ed.D.	2	2.0	0	0.0
Other	1	1.0	0	0.0
Practice setting				
Private practice	32	32.0	24	51.1
Multiple practice settings	16	16.0	7	14.9
State/comm. agen.	16	16.0	2	4.3
Priv. non-profit agen.	11	11.0	5	10.6
R. T. C.	9	9.0	2	4.3
University	5	5.0	2	4.3
Not practicing	1	1.0	4	8.5
E.A.P.	2	2.0	1	2.1
Med. center (inpatient)	2	2.0	0	0.0
HMO	1	1.0	0	0.0
Other	4	4.0	0	0.0

to evaluate the willingness of agencies and therapists to help increase the number of supervisors. Finally, the survey was meant to determine whether or not the dearth of approved supervisors has negatively impacted the attitudes of agencies with respect to MFT graduates.

The needs assessment used in this research was designed in response to issues and concerns specific to the current status of approved supervision in Utah, as discussed in recent UAMFT board meetings. Due to the specificity of the information needed to develop an appropriate intervention, existing assessments were deemed inappropriate by the board of UAMFT. However, several items from a questionnaire designed by Simmons and Doherty (1995) were modified and included in this assessment (see Appendix A). Modifications were made for two reasons. First, UAMFT board members feared that some questions might alienate therapists who did not earn their degree in MFT. Second, some questions were modified to shorten the assessment in the hopes that more therapists would respond. These items were descriptive or demographic in nature.

A list of potential questions to include on the assessment was created based on a discussion of the various supervision issues in a series of UAMFT board meetings. These questions were edited in subsequent board meetings and questions were removed, added, or changed at the direction of the board. Each draft of the assessment was reviewed by the board of UAMFT either in person or by e-mail. A consensus was reached in regards to the questions that were included. Each member of the board had the opportunity to review the final draft before it was submitted for IRB approval.

There were 39 items on the questionnaire. There were 23 yes or no questions with a "not applicable" option. Two questions were open-ended, and one was a five point

Likert-type scale with 1 being poorly and 5 being favorably. The remaining questions included: quantity, fill in the blank, and multiple choice type questions; most of these were demographic or descriptive in nature.

The first part of the questionnaire included demographic information such as: gender, age, and education. This information was included in order to gather basic information about the type of therapist that is willing to lend support to the goal of increasing the number of supervisors. Information about the type of work setting the therapist is in and the zip code of the primary practice setting was used to determine the distribution of supervisors throughout the state as well as providing contextual information for some of the questions in the second part of the questionnaire.

Most of the questions in the second part of the survey were asked in yes or no format with an option for "Not Applicable." These included questions such as: "Are you currently a state approved supervisor?" and "Are you currently providing supervision of supervision?" This section first was used to assess whether or not the respondent was an approved supervisor. If they were an approved supervisor, they were asked ten questions addressing the number of supervisees they were working with, and their willingness to supervise more therapists and provide supervision training. If they were not an approved supervisor, there were several questions about their willingness to become an approved supervisor and the likelihood that their place of work would support their desire to become a supervisor through monetary support, or paid time off. There was also an open-ended question about what factors hold them back from becoming an approved supervisor. Finally, this section determines whether or not the therapist was a supervisee (or looking for supervision). If the respondent was a supervisee, there are questions about

the difficulty of obtaining supervision. These questions include how far they had to drive and how much they paid for supervision, along with whether or not the agency they worked for gave them any support.

The third section of the questionnaire consisted of two items. The first item used a five point Likert-type scale to assess the attitudes of the agency towards MFT interns. The second question was a general open-ended question about the attitudes of the respondent and their impression of the attitudes of the agency they worked in, with respect to the supervision dilemma.

Validity and Reliability

On the surface, the questions in this needs assessment appeared to answer the research questions. Assessing the magnitude of the need for supervision in Utah was accomplished through questions such as "Are you currently a supervisee?," "How far do you drive for supervision?," and "How much do you pay for supervision?" Questions designed to assess the willingness of therapists and agencies to help increase the availability of supervisors include: "Would you be willing to provide supervision of supervision, at no charge, to help the profession?," "Would you be willing to become an approved supervisor?," and "Would your place of work be willing to pay a portion of the fee for you to become approved?" In order to determine the effect that the supervision dilemma has had on the attitudes of agencies concerning MFT graduates, questions were asked including: "Does the lack of approved supervision make it more difficult for MFT graduates to get hired at this agency?," "How are the MFT interns looked upon at the agency?," and "Any additional comments concerning the ideas and attitudes of you or

your employer...not covered in this questionnaire." Since the items appear to answer the research questions, the needs assessment has face validity. The information gathered by this assessment is, for the most part, concrete in nature. Since there is no intrinsic theoretical construct being tested by this assessment, and the information collected is not intended to help make predictions but rather to collect concrete data, more stringent forms of establishing validity did not seem appropriate (Bordens & Abbott, 1999).

Most of the questions in the survey are objective rather than subjective (i.e., They either are an approved supervisor or they are not). Therefore, the most serious threat to reliability is whether or not the respondent answers the questions honestly. On questions such as "Would you be willing to become an approved supervisor?" there is also the possibility that they may change their mind in the future. However, it was thought that the current situation was the focus of the assessment. Any changes in opinion would be better addressed in future needs assessments.

Procedures

Dillman's method was used as the model for this needs assessment (Dillman, 1978). Questionnaires were mailed to a directory of MFTs in Utah. Included with the questionnaire were a cover letter (Appendix B), a return envelope, and a list of state requirements for qualifying as an approved supervisor (Appendix C). The cover letter included an explanation of the study, the purpose, and the benefits expected from the study. The letter also explained the confidential nature of the study, gave instructions on how to contact researchers, and the letter urged therapists to participate in the study.

In order to increase the response rate, four weeks after the questionnaire was sent, a postcard was mailed (Appendix D) reminding the therapists of the survey and urging them to send it in promptly. Each respondent was assigned a random number which was written on the questionnaire. This was done in order to maintain confidentiality, and to keep track of who should be sent a reminder. As each questionnaire was received, the number on the questionnaire was checked off and no reminder was sent to that address. Also, at the top of the questionnaire and on the postcard respondents were informed that they could complete the survey online at www.usu.edu/mft/websurvey.html if they preferred. However, no incentives, other than potential benefits for the profession, were offered for completion of the survey.

Participation in this study was voluntary. The study did not have any foreseeable risks to the human subjects and the questions in the survey were such that psychological discomfort was unlikely. The study was reviewed and approved by the Utah State University (USU) Institutional Review Board (IRB) (Appendix E).

Analysis

Several different methods of analysis were used depending on the type of information being processed. Most of the questions were "Yes" or "No" questions and were calculated using frequencies and crosstabulations. There were several multiple choice type questions which were also calculated using frequencies and crosstabulations. On the questions where a range of responses were possible, the mean, median, range, and standard deviation were calculated. Finally, there were open-ended questions in which a

qualitative response was given. In order to develop a qualitative method for analyzing the responses, five assumptions posited by Creswell (1998) regarding the qualitative assumption were considered: the nature of reality is subjective and multiple, the researcher interacts with that being studied, the research is value-laden and biased, the research language is informal and uses words that reflect the tradition being used, and the research process is inductive with an emerging design.

Based on these assumptions, the analysis of the open-ended questions was accomplished in several steps. First, the qualitative responses were read carefully to identify themes in the responses. Themes were identified regarding two questions, What impact does the current supervision process have on the opinions of therapists and agencies in the state of Utah?, and What factors discourage MFTs from seeking the approved supervisor designation? After identifying general themes, categories of responses were defined and the frequency with which each category was mentioned was calculated. Because the questions in the survey were open-ended, it was possible for respondents to list answers in more than one category.

CHAPTER IV

RESULTS

The purpose of this chapter is to present the results of the study. First, research question one will be answered through descriptive statistics that will clarify the level of difficulty in acquiring approved supervision in Utah. The second research question will be answered through descriptive statistics and cross tabulation as well as describing and evaluating the responses of the participants in regards to how the approved supervision process is impacting the profession. Finally, the third research question will be answered through descriptive statistics and evaluating and describing the qualitative responses of the participants regarding what is making the approved supervisor designation less attractive and what suggestions there are for improving the situation.

Research Question One

How extensive is the lack of supervision and how difficult is it to acquire approved supervision in less populated areas of the state? To quantify the dimensions of the problem, the needs assessment was divided into three areas of questioning: (1) How many people need supervision? (2) How many supervisors are there? and, (3) How difficult is it for people to receive supervision? (i.e., cost, and distance traveled).

Need for Supervision

There are currently three classifications of therapists that require approved supervision. First, there are student therapists who are working towards the clinical hour requirements for a masters or Ph.D. degree in MFT. This group was not included in this

assessment because the programs they are part of are capable of providing whatever supervision is required by the students. The second group that requires approved supervision is that of interns. This group has graduated from an MFT program and is working towards licensure in the State of Utah. Finally, the third group of therapists is supervisors in training. These are therapists who have been licensed for at least two years and are currently in the approved supervision process. They are required to have their supervision of interns or students supervised by an approved supervisor. Both the intern group and the supervisor in training group were included in this assessment.

The question of how many therapists require approved supervision was answered through several means. First, participants were asked if they are an intern or a supervisor in training. Second, they were asked if they are currently a supervisee. Finally, supervisors were asked how many therapists they are currently supervising. There were 14 respondents or 9.3% who reported they are interns and 10 respondents or 6.7% who indicated they are supervisors in training. This gives a total of 24 respondents or 16% who fit into classifications that require approved supervision. However, when the respondents were asked if they are currently supervisees only 20 or 13.3% of the respondents marked "yes." This incongruence of responses might be explained by the fact that there were four surveys that were returned with this question unanswered. Finally, 20 respondents or 13.3% indicated that they are currently providing supervision to a total of 32 MFT interns. In addition, 9 respondents indicated that they are currently providing supervision of supervision to a total of 11 supervisors in training. Thus, according to the supervisors that responded to the survey there are at least 43 therapists that require supervision in Utah. In addition, 2 respondents or 1.3% indicated that they

are currently looking for approved supervision.

Number of Approved Supervisors

There are two classifications of therapist that are able to provide supervision. The first group is therapists who are currently supervisors in training. Though supervisors in training require supervision they are also able to provide supervision for up to 3 interns and/or students. They are not qualified to provide supervision to other supervisors in training. The second group is therapists who are state approved supervisors. The current state laws allow them to supervise up to three interns and/or students and up to two supervisors in training (DOPL, 2001).

The number of approved supervisors available to provide supervision was assessed on a couple of levels. First, participants were asked if they are an approved supervisor or a supervisor in training. Second, they were asked if they are willing to provide supervision and how many therapists they would be willing to supervise.

There were 37 respondents (24.7%) who indicated they are currently state approved supervisors. As noted before, 10 respondents (6.7%) reported they are supervisors in training. Thus, a total of 47 respondents (31.4%) indicated that they could provide supervision. Of the 47 therapists qualified to provide supervision, 36 indicated that they would be willing to provide supervision to a total of 90 interns. Of the 37 therapists who are qualified to provide supervision of supervision, 30 indicated that they would be willing to provide supervision for a total of 50 supervisors in training.

A final consideration when predicting the number of supervisors available is that over time the current approved supervisors will retire. To help quantify the effects of this

process, state approved supervisors and supervisors in training were cross tabulated with age group. The age groups were divided into groups of 10 years except for the group "60 and above." If retirement age is set at 65 the cross tabulation shows that there are 9 approved supervisors who responded to this survey that are within 5 years of retirement. However, there are 23 approved supervisors and 1 supervisor in training that will be able to retire within 15 years. Currently there are enough supervisors in training to offset the supervisors that may retire but it could become a problem in ten years or so.

Difficulty in Acquiring Supervision

The question of how difficult it is to acquire approved supervisions includes several areas of consideration. First, when looking for employment, interns and agencies must consider how approved supervision will be provided. Thus it is important to know if there will be a supervisor within the agency or if a third party supervisor will need to be arranged outside the agency. Second, due to current legal and ethical policies in the state of Utah it is considered a dual relationship for an intern to give money to the person that is providing their supervision. The reasoning is that it could place undue pressure on the supervisor to approve admittance of the intern into the profession against the supervisor's better judgment. This has made it difficult for therapists who are in private practice, who wish to make money through providing supervision, to justify spending time providing supervision at no cost. Thus it is important to identify how many supervisors are currently in private practice as their sole practice setting. Finally, it is important to consider how far supervisees must travel (especially in rural areas) and how much they must pay for supervision.

In calculating the percentage of agencies that have an in house approved supervisor a question was asked about whether or not there was an approved supervisor in the agency, not including the respondent. This question was combined with a question about whether or not the respondent is an approved supervisor to create a new variable. The results showed that 43.3% of the respondents reported that their agency ($N = 134$) did not have an approved supervisor. On the other hand, 51.5% stated that there was one approved supervisor (either themselves or another person) at the agency. Finally, 5.2% indicated that they were a supervisor and there was at least one other supervisor. Thus, a total of 56.7% of the respondents indicated that their agency had one or more approved supervisors.

To calculate the influence of practice setting on the availability of supervision, the practice setting of the respondents was crosstabulated with their supervisory status. The cross tabulation showed that of the 36 approved supervisors that responded to both questions, 13 (36.1%) currently work in private practice. An additional 4 supervisors (11.1%) currently work in a university. In other words, nearly half (47.2%) of the supervisors that responded are in a practice setting that may limit their ability to supervise interns. In addition 5 of the 10 supervisors in training who responded are currently working in private practice. Overall, 47.8% of the respondents who can provide supervision to interns may be limited by their practice setting.

The distance traveled to get supervision was calculated by asking respondents to give a distance in miles that they travel for supervision. In order to assess the impact of the approved supervision process in rural areas, respondents were also asked to give their zip code which was plotted on a map of Utah (see Appendix F). There were 20

respondents that answered the question about distance traveled for supervision. Distance ranged from 0 to 400 miles with a mean of 40.55 miles ($SD = 89.66$). The 20 respondents also answered the question of how much they pay for supervision. The cost ranged from \$0 to \$90 per hour with a mean of \$27.13 ($SD = 29.99$).

For added information the means of distance traveled and cost were separated and compared by whether or not a supervisor is at the practice setting where the supervisee is working. Of the 17 respondents who answered both questions, 8 worked in agencies without an approved supervisor and 9 worked in agencies with an approved supervisor. In practice settings without an approved supervisor the mean distance traveled was 74.13 miles ($SD = 137.19$) and the mean cost was \$42.19 per hour ($SD = 31.49$). In practice settings where there is an approved supervisor the mean distance traveled was 16.78 miles ($SD = 26.31$) and the mean cost was \$3.89 per hour ($SD = 8.58$).

Research Question Two

What impact do therapists believe the current supervision process has on the profession? There were two lines of questions in the survey that were meant to address this question. The first line of questioning involved information about the attitudes of agencies towards MFT interns. The second line of questions was directed at finding out how supportive of the approved supervision process agencies are. In addition to these two lines of questions, many respondents volunteered valuable information in the open-ended questions.

Agency Support of Interns

The question of how supportive agencies are of MFT interns was answered through several questions. First, respondents were asked if their agency hires MFT interns. The response was crosstabulated with whether or not there is an approved supervisor at the agency. There were 58 respondents (44.3%) who indicated that there is not an approved supervisor at their agency. Of these respondents 35 (60.3%) indicated that their agency does not hire MFT interns. On the other hand, of the 73 (55.7%) who indicated there is an approved supervisor at the agency, 63.0% ($n = 46$) indicated that they do hire MFT interns.

Next, respondents who indicated that they are currently supervisees were asked if their agency supported them in some way to help with the supervision process. Again, their responses were separated by whether or not an approved supervisor is at the agency they work in. There were 10 supervisees (38.5%) who indicated that there is not an approved supervisor at their agency. Of these supervisees 6 indicated their agency does not support them through time off, travel expenses, or reimbursement for supervision

Table 3

Relationship Between an Approved Supervisor at an Agency and the Hiring of MFT Interns

Approved supervisor at agency	Yes	No	Total
Does the agency hire MFT interns			
Yes	46	23	69
No	27	35	62
Total	73	58	131

costs. For supervisees who worked in an agency with an approved supervisor ($n = 16$), there were 12 (75.0%) who indicated that their agency does support them. In addition, all respondents who work in an agency without an approved supervisor were asked if the agency pays for outside supervision. Of the 46 respondents who responded to this question, 80.4% ($n = 37$) reported that their agency does not pay for outside supervision.

Respondents were also asked if the lack of supervision makes it more difficult for MFT interns to be hired at their agency. The responses to this question were crosstabulated with whether or not an approved supervisor is at the agency. Of the 43 respondents (53.8%) who indicated that there was not an approved supervisor in the agency, 62.8% responded ($n = 27$) that the lack of supervision does make it more difficult for MFT interns to be hired. However, among the 37 respondents who work in an agency with an approved supervisor, there were still over one third ($n = 13$) who indicated that the lack of supervision makes it more difficult for MFT interns to be hired.

Finally, respondents were asked how interns were viewed at the agency on a scale from 1 to 5 with one equaling poorly and five signifying favorably. The responses ranged from 1 to 5 with a mean response of 3.77 ($SD = 0.98$). Both the median and mode responses equaled 4. In order to evaluate the impact of the availability of supervision on the opinion of agencies a t test was run with the independent variable being whether or not an approved supervisor was at the agency. The independent samples t test did not show a statistically significant difference between the two groups.

Agency Support of the Supervision Process

To assess how much agency support of the supervision process exists,

Table 4

Agency Support of Interns and the Supervision Process

Variables	Without supervisor		With supervisor	
	<i>n</i>	%	<i>n</i>	%
Support of interns				
Does agency hire interns?				
Yes	58	100.0	73	100.0
No	23	39.7	46	63.0
	35	60.3	27	37.0
Does lack of supervision make it hard to get hired?				
Yes	43	100.0	37	100.0
No	27	62.8	13	35.1
	16	37.2	24	64.9
Does agency provide support to supervisees?				
Yes	10	100.0	16	100.0
No	4	40.0	12	75.0
	6	60.0	4	25.0
Support of supervision process				
Would agency pay a portion of the training fees?				
Yes	50	100.0	42	100.0
No	16	32.0	20	47.6
	34	68.0	22	52.4
Would agency give paid time off for training?				
Yes	49	100.0	43	100.0
No	17	34.7	20	46.5
	32	65.3	23	53.5

respondents were asked about agency support in terms of paid time off or paying for training costs. Of the 97 respondents that answered the question, 36 (37.1%) indicated that the agency would pay part of the training costs. Of the 96 respondents who answered the question of the agency giving paid time off, 38 (39.6%) reported that the agency

would give paid time off for training purposes.

These questions were crosstabulated to evaluate the consistency of the responses. There were 91 respondents who answered both questions. Of the 91 respondents, 51 (56.0%) indicated that their agency would not pay for training nor would the agency give paid time off for training purposes. On the other hand, 27 (29.7%) indicated that their agency would give support through paying part of the training fee and giving paid time off for training. Another 7 (7.7%) indicated their work would only give paid time off and 6 respondents (6.6%) stated that their work would only pay for a portion of the fee.

Relevant Qualitative Responses

There were 18 respondents who made statements that address their opinions and/or the opinions of the agency they work in towards the MFT interns and/or the approved supervision process. Of these 18, 6 respondents (33.3%) had positive things to say about MFTs, 13 (72.2%) had negative things to say, and 2 (1.1%) responded with uncertainty.

Positive. Some of the positive statements were directed at the MFT interns. For example, speaking of their agency one respondent stated, "It is one big system and those with a systemic therapy background would excel." Other respondents addressed their attitude towards approved supervision. Another respondent spoke of the benefit of being an approved supervisor saying, "Since I became an approved supervisor I believe this has helped attract MFT graduates to work at our agency because it helps them to work toward licensure." Along the same lines a respondent said, "As an LMFT, I would love to be approved. As an owner of an agency it would help us if we could make available a

certification course.” Some expressed a belief that the MFT profession and approved supervisors were higher in quality saying, “Despite the long process, I have appreciated the fact that MFT – trained supervisors do provide higher – quality supervision than other agency supervisors I have had.” and “Marriage and family therapy is a clinically superior degree in my opinion.” However, despite the positive attitudes towards the MFT profession and the approved supervision process, half of the respondents who made positive comments also had negative comments about the current situation.

Negative. Though all comments in this section pointed out negative aspects of the current situation, the attitudes of the respondents ranged from strong support of the MFT profession to a more negative view of MFTs. For example, the same person that commented on the higher quality of trained supervisors also indicated, “It’s still a long process though, and I don’t know that my agency will have enough MFT interns to justify the cost or to provide me enough supervision hours during the 18 month – 3 year time frame.” While other respondents stated, “I think other professionals generally do almost everything in human service work just a bit better on the average than MFTs” and “There are about five [MFT interns] in the state that can do in depth psychotherapy.”

Many of the respondents pointed out the negative effects of the supervision such as “My feeling about MFT supervision is that it puts marriage and family therapists at a disadvantage over other licensed therapists – because all other disciplines LCSW, LPC, etc. do not require a special supervision,” and “It has been my experience in the last eight years of practice in several settings including outpatient agencies, day treatment programs, and residential treatment programs that MFT interns are not hired due to a lack of supervisors.” Along the same lines one respondent stated, “I think sometimes we’ve

become so concerned with distinguishing ourselves from other disciplines that we become overly burdensome and thus unattractive.” Another respondent identified the MFT approved supervision process as pointless stating, “Though I have an MFT license, I also have a LCSW and everything I need or want to do in my practice and supervisor role can be accomplished through my LCSW credentials and experience.”

Several respondents pointed out the difficulties in working with MFT interns. Examples of this include, “Problem in MFT interns – most insurance companies won’t pay for the services they provide,” “At this point MFT, LPC interns have no status with the state of Utah. Only fully licensed LCT’s who have a MFT or LPC are given status and pay,” and “...currently an MFT is not allowed to practice in the schools without additional training (e.g., school counseling, school psychology, school social worker), as opposed to CSW’s who can step right into the setting.” One respondent summarized the problems faced by interns and agencies as follows:

There are not enough agencies willing to pay for supervision, supervisors charge a high price and put little effort into training the supervisee. However, the supervisee is stuck, what other options does he have but to pay it if he wants to get licensed? I feel that the idea of having an approved supervisor is a meaningful idea, however, from my experience I do not feel it is effectively working.

Other respondents, who were in private practice, pointed out the difficulties in their setting “Since I’m in private practice, supervision without pay is a drawback; especially since I have to pay for supervision of supervision. I don’t appreciate the double standard.” Another respondent stated, “I am in private practice and do not feel I am in a position to supervise interns.”

Undecided. There were only two respondents who made undecided comments.

One of the respondents had not thought of the issue until recently and stated, “Having an

approved supervisor has not been an issue in years past since I have been the only licensed MFT. Now we are bringing in student MFT and staff, so it has become an issue." The other respondent was unsure of the agency's opinion stating, "I would like to become a supervisor. I am not sure how my agency will support me."

Research Question Three

What resources can be used to address the alleged problem and what needs to change in order to increase resources? There are three areas of resources that were evaluated by the assessment as well as open-ended questions where therapists were invited to give ideas for how to address the approved supervision issue. The three areas include (a) How many therapists are willing to become supervisors?, (b) How many supervisors are willing to train new supervisors?, and (c) How many supervisors would be willing to provide supervision of supervision for free to help the profession. The survey also included an open-ended question to help identify what factors make becoming an approved supervisor less attractive for therapists.

Therapists Willing to Be Supervisors

Of the 96 respondents who answered the question, 39 (40.6%) said they are not willing to become an approved supervisor. On the other hand, 57 (59.4%) said they are willing to become an approved supervisor. However, later in the survey the respondents were asked if they would want to attend a low-cost, in-state supervisor training. Of the 106 respondents who answered this question 34 (32.1%) said "no" and 72 (67.9%) said "yes." These two questions were then cross tabulated. Based on the respondents that

answered both of these questions ($N = 93$), 19 of the 37 respondents (51.4%) who initially said they were not willing to become an approved supervisor indicated they would be interested in attending the low-cost, in-state, supervisor training.

Supervisors Willing to Train New Supervisors

The supervisors who responded to the survey were asked if they are currently providing training and if they are willing to provide training to new MFT supervisors. There were 41 respondents who answered the question of whether or not they are currently providing training. Of the 41 respondents, 35 (85.4%) said that they were not currently providing training. The 35 respondents were asked if they would be willing to train and 26 (74.3%) indicated that they would be willing. Of the 9 respondents who were not willing to train supervisors, 5 (55.6%) stated that they would be willing to train if they were given support. Finally, the supervisors were asked if they would be willing to provide supervision of supervision at no charge in order to help the profession. Of the 36 supervisors who responded to this question 16 (44.4%) said "yes."

Reasons for Not Becoming a Supervisor

Time. There were 76 respondents who gave reasons for why they would not want to be an approved supervisor. Of those 76, nearly half (43.4%) indicated that "time" was a factor holding them back from becoming a supervisor. Though most (54.5%) did not give more of an explanation, many respondents explained in more detail.

The responses were grouped into two categories. The first type of response (15.2%) dealt with not enough time in their personal lives, "I have young children and am not sure if now is the time to pursue this professional goal of becoming an approved

supervisor.” While the second type (21.2%) referred more to their professional time, “Getting time off to be trained [holds me back]. [Also] having the time to participate in supervision of supervision.” However, there was one respondent who fit into both categories, “The demands of a private practice (large), family life, 28 yrs. of practice and little free time limit my interest.”

Cost. The next most common response was cost (22.4%). Again, most (70.6%) of the respondents said little more than “Money” or “Expense.” In fact, several only responded with “\$.” However, the respondents who clarified their response offered valuable insight into what costs were of concern. One respondent identified several areas of cost, “Increased liability and cost for coverage. Cost of receiving training and supervision. Cost of continuing education.” Another respondent explained in more detail:

The insurance is more, dues are more, training is more, all to be responsible for someone else's work in today's litigious society? I think dues and costs associated with the profession and AAMFT are overburdensome in comparison to the return as it is, without adding supervision to it.

Finally, a respondent also expressed frustration with the amount of money that some supervisors charge for supervision of supervision, “I strongly resent the idea of giving \$3000+ to a ‘supervisor’ whose training is the same as mine and who probably has less experience than I do.”

Liability. A large number of respondents (18.4%) also identified liability as a concern. As before, the majority (57.1%) did not give much detail. Typical responses for those that did expand on their ideas included, “Being liable for my supervisee's mistakes of actions; I would hate to risk my license over this liability,” and “Interns I could have supervised were working at another agency with high liability risks and questionable

safety standards for clients; I couldn't be responsible for actions/ events/ policies at the other agency." Another respondent explained:

When students graduate from college, the university cuts off liability and supervision. Interns then become therapists 'practicing without a license'. I don't care to take on the liability of an intern if the university is not involved in helping with supervision or post graduate hours.

A common theme that seems to increase the concern of liability is "...if supervisee was practicing in separate location from place of supervision."

Lack of experience. Another common response (13.2%) was concern over lack of experience. Many of these respondents (40.0%) indicated that they are either "Not yet licensed" or have not yet been licensed for two years. However, others expressed different concerns such as, "[I am] not sure if an M.S. would have enough education to supervise Ph.D. students." Another respondent stated, "In many ways I feel too young in the field to be knowledgeable enough to provide quality supervision."

Requirements. There were several respondents (11.8%) who indicated that the current requirements hold them back from becoming a supervisor. Many of the comments made by these respondents were similar in their derogation of the supervision process. For example, "[I am] not willing to jump through MFT hoops to become a MFT supervisor", and "AAMFT's requirements are reactive overkill. I have [been] supervising MSW students for several years now. I suppose they trust that they educated me well enough to pass it on to others." Other comments were not as derogatory but still expressed disagreement with the process, "It is a long, cumbersome, expensive process! No other mental health discipline requires as much to become a supervisor," and "The rigors of AAMFT requirements stopped me years ago from seeking that designation."

Not Practicing. A group of 9 respondents (11.8%) indicated that they are either about to retire or are no longer practicing MFT. Those not practicing MFT listed various reasons such as "Our therapy mandate/priority does not include family/marital therapy," or "[I] am not practicing MFT, [I] have been teaching psychology at [the] university level." However, the majority (55.6%) of this group indicated "I plan to retire soon."

Supervision designation is unnecessary. An additional 7 respondents (9.2%) indicated that they feel they should already be able to supervise. This group is best exemplified by the comment, "As an experienced therapist and supervisor within 10 yrs of retirement, I have no desire to be supervised to become an MFT supervisor. If I'm not viewed as qualified now, that's unfortunate for those who won't benefit from my supervision and mentoring." Other comments had a more angry tone:

I have been in private practice exclusively since 1983. I work with a professional team of other professionals. What is it you think I have to "learn" to be a supervisor. I supervise post-graduate social workers, psychologists, psychiatrists, psychiatric RN's. Please don't waste my time.

This respondent went on to say:

Why do I need additional training to be an MFT supervisor? My 2nd license is MFT for 30 yrs. We would have had MFT's join our practice. Do you know any who can see 40-50 clients a week and do long term work? Send them especially if they can bring 30 clients with them and don't have to be trained for 2 or 3 years to get them up to speed.

A common point made by this group is that they can already provide supervision to other mental health fields. One respondent stated, "I supervise Psychologists, professional counselors, and social workers. I see no reason to jump through MFT hoops."

Other. There were small groups of respondents who gave reasons that fit into various other categories. There were 7.9% of the respondents that indicated, "I'm not

interested in being a supervisor." Another 5.3% reported that their reason for not becoming an approved supervisor is that it is not feasible in a private practice setting. One of the respondents in this group stated, "I thought interns had to be attached to an agency. I'm not an agency, nor could I provide cases." Yet another group (3.9%) indicated that they have tried to become supervisors but were unable to find enough interns to get their required hours of supervision of supervision. One respondent pleaded, "I still have no one to supervise. I am a supervisor in training [who] went through training last summer. I ... would like to be put on a list for supervisee referrals."

Finally, there were several respondents (6.6%) who did not have similar reasons

Table 5

Reasons for Not Becoming a Supervisor

Reason	<i>n</i>	% ^a
Time	33	43.4
Cost	17	22.4
Liability	14	18.4
Lack of experience	10	13.2
Requirements	9	11.8
Not practicing MFT	9	11.8
Supervision designation is unnecessary	7	9.2
No interest	6	7.9
Private practice	4	5.3
No interns	3	3.9
Other	5	6.6

N = 76

^a Percentages add to more than 100% due to the possibility that respondents gave responses in more than one category.

to any other respondents. Their comments ranged from “I will soon be moving out-of-state to take a position on an MFT faculty” to objecting to the supervision process because “...[there are] ethical questions. [For example,] charging a recent graduate a high price as he tries to get licensed, what other option does the person [who is] seeking licensure have?”

Suggestions for Changes

Ideas for what changes need to be made were derived in two fashions. First, weaknesses in the current system were identified through the comments made by the respondents. Second, the respondents offered suggestions on how to make improvements in the system.

Weaknesses. There were 9 respondents who identified seven areas of weakness in the current system. The first complaint was about not enough responsibility from the universities for their graduates, “When students graduate from college, the university cuts off liability & supervision...I don’t care to take on the liability of an intern if the university is not involved in helping with supervision or post graduate hours.” The second weakness that was identified is the financial abuse of interns because of lack of supervisors, “Supervisors have been known to abuse interns financially as remuneration for supervision time.”

Ironically, a weakness identified by several respondents was that there is not enough MFT interns to supply the demand for supervision hours, “I am never contacted by interns or graduates for supervision for MFT but am for other disciplines – MSW, APRN, and LPC.” Another area that was pointed out was that there is too much emphasis

on liability issues during UAMFT conferences, “[There is] lots of emphasis placed on the heavy ethical/legal responsibilities of supervising interns during UAMFT meetings. [It] may reduce incentive if benefits are not discussed.”

The next problem that was identified is that it is difficult to obtain supervision for part-time interns, “there are not any supervisors that will work with someone that is not doing therapy full-time.” Another problem that was identified is that there is a lack of information provided by the state, “I am unaware if being a state supervisor is sufficient for interns at this point. We get no direction, instruction, or updated materials or education.” Finally, the last weakness that was identified is that “In a rural setting, there are no approved MFT supervisors in our area.”

Suggestions. There were 12 respondents who offered 12 separate suggestions on how to improve the system. First, it was suggested that “There should be a grandfather clause for those in practice at this time.” The same respondent also suggested that there be a new designation for supervisors that train new supervisors. Another suggestion was that “Agencies should provide supervision, just like psychology and social work students.” The next suggestion was based on the observation that UAMFT conferences focus too much on liability for interns. The respondent suggested, “Advertise to UAMFT members the benefits of becoming approved supervisor.”

A more drastic suggestion was “I would recommend MFT drop the special supervision requirement. Let the pre and post moderate interns be supervised by a 2 year post graduate LPC, Psychologist, or LCSW and get on with it – otherwise.....” A couple of respondents suggested “I would like to see a training workshop provided in state to increase the number of MFT supervisors.” Another suggestion was to offer “supervision

for a \$20 fee or split between a group of interns for less money.”

Two respondents identified that it would be helpful to have a list of supervisors that interns could be referred to. One of the respondents stated, “It might be helpful to have more information on qualified supervisors, [and] their orientations.” Another respondent made a suggestion that supervisors should be able to supervise more than three interns and explained, “It is a lot less stressful, from my point of view, to supervise a new therapist than do therapy with a suicidal borderline client.”

Another respondent made two suggestions, “1. Lower the cost burden of supervisors. 2. Spread the risk out so that supervisors are not fully responsible for the work of the interns.” Finally, one of the respondents suggested that UAMFT provide more information on “the process involved in becoming a qualified supervisor.”

CHAPTER V

DISCUSSION

The needs assessment discussed in this thesis provided an abundance of information about the current strengths and problems facing the MFT profession in Utah regarding the supervision process. In this chapter, the findings of the study will be discussed. Following the summary of findings, the practical implications for the MFT profession in Utah will be presented. The limitations of this study will then be discussed as well as recommendations for future research.

Summary of Findings

Research Question One

The results of the study identified that there were 14 interns and 10 supervisors in training that responded to this assessment. Based on these numbers there are 24 respondents who require supervision. However, from the perspective of the supervisors who responded to the survey, there are 32 MFT interns and 11 supervisors in training currently in supervision. Therefore based on the supervisor's report there are at least 43 therapists in Utah that have been identified to need supervision. There were an additional two therapists who reported that they are currently looking for supervision.

The study also identified 36 supervisors willing to provide supervision of interns with a potential of supervising 90 interns. In addition there were 30 supervisors who were willing to provide supervision of supervision with the possibility of supervising 50 supervisors. If these numbers accurately reflect the population of MFTs in Utah, only

35.6% of the possible intern positions and 22% of the possible supervisor in training positions are currently in use. In other words, only about 1/3 of the possible resources are currently in use. Thus, for the general population of MFTs there are currently enough supervisors to provide for the current demand for supervision. However, this does not take into consideration the problems faced by interns in rural areas.

Though there are enough supervisors to provide supervision for the current number of interns, it is also important to consider the difficulty of acquiring supervision. The first consideration is the percentage of agencies that have approved supervisors. 56.7% of the respondents indicated that their agency has one or more approved supervisors. However, it is important to recognize that more than one respondent could be working in the same facility as another or several other respondents. Because of this the true percentage of agencies that could provide approved supervision may be much higher or lower. This needs assessment is inadequate to truly measure the percentage of agencies with supervisors and can only give a rough measurement.

However, the assessment was able to show that supervisees have a wide range of experiences in regards to how much they pay for supervision and how far they have to drive. Some supervisees do not have to pay for supervision or travel while others may have to travel as far as 400 miles and pay up to \$90 per hour. The zip codes that were plotted on a map of Utah show that there are few therapists and supervision is scarce in the rural areas of the state.

It is difficult to compare Utah to other states because of the lack of research on the subject of availability of approved supervision. However, there are sources of information that could give an idea of the availability of supervision in other states. A

difficulty in comparing Utah to other states is the differences in population density. For example, New Jersey is the most densely populated state in the nation with 1085.4 people per square mile and Alaska is the least densely populated state in the nation with only 1.1 people per square mile (U.S. Bureau of the Census, 1998). In a state such as Alaska, it would not matter if all therapists were approved supervisors. An intern in a rural area would still have to travel by plane to reach the nearest supervisor. On the other hand, in New Jersey, even if there were relatively few approved supervisors, interns would never have more than a two hour drive.

Utah ranks 41 in the United States with 25.1 people per square mile. The two states most similar to Utah in population density are Kansas (31.7) and Nebraska (21.6). Based on the number of approved supervisors in the AAMFT online supervisor directory (AAMFT, 2002b), there are 37 approved supervisors in Kansas and 9 in Nebraska. In Utah there are 42 approved supervisors that appear in the AAMFT online directory. If these numbers accurately reflect the number of MFT supervisors, Utah supervision is more easily accessed than in other states. However, it is important to note that these numbers are based on AAMFT approved supervisors and not on state approved supervisors. Some therapists are state approved and do not want to pay the yearly fee to maintain AAMFT approval. Also, other states may have different requirements for becoming an approved supervisor.

The responses to research question one show agreement with the literature regarding the possibility that the approved supervision process discourages therapists from becoming supervisors. Despite the difficulties in becoming a supervisor, a large number of therapists are willing to become approved supervisors. However, it is still

apparent in the responses that more therapists would be willing to become supervisors if there is low cost training in a more convenient location. It is likely that many therapists do not become supervisors due to the difficulties involved.

Research Question Two

According to the respondents, for the most part the presence or lack of approved supervision in an agency appears to have a significant impact on the supportiveness of the agency towards MFT interns. Among the respondents working in agencies with approved supervisors, 63.0% indicated that the agency does hire MFT interns and 35.1% indicated that lack of supervision makes it more difficult for interns to get hired. Though it may seem counterintuitive that any respondents in an agency with an approved supervisor would indicate that lack of supervision makes it more difficult for interns to get hired, it can be explained by taking into consideration that there is a limit of three interns per supervisor. However, it also could be the result of response bias. Some respondents might be biased against the current approved supervision process and would give more negative responses than actually exist in the agencies in the hopes that the results would prompt changes in policy.

For respondents working in agencies without approved supervisors, only 39.7% reported that their agency hires MFT interns and 62.8% believe that the lack of supervision makes it more difficult for MFT interns to get hired. Additionally, 80.4% of the respondents who work in agencies without approved supervision indicated that the agency does not pay for outside supervision. However, when respondents were asked how their agency views MFT interns the responses were favorable and there was not a

significant difference between the responses of the participants working in agencies with approved supervisors as compared to those not working with approved supervisors. It may be that agencies still have a favorable view of MFTs in general but do not hire MFT interns because of the difficulties associated with providing for the supervision needs of the interns.

Agencies are also reluctant to provide support of the supervision process. Less than half of the respondents indicated that their agency would support them in terms of helping with the training costs (37.1%) or giving paid time off for training purposes (39.6%). However, the responses indicated that when an agency is supportive of the supervision process, they usually support in both ways. Likewise, agencies that do not offer support in one area typically did not provide support in the other.

In the qualitative section of the results for this question, the majority 72.2% of the respondents who made comments regarding MFT interns and/or the approved supervision process had negative comments. Only 33.3% of these respondents had positive things to say about MFT interns and/or the approved supervision process.

These results support the literature regarding the possibility that the approved supervision process may limit job sites for MFT interns. Agencies are less likely to hire MFT interns if there is not an approved supervisor in the agency. On the other hand, based on the qualitative responses of the participants, the results of this study contradict the literature regarding the possibility that the approved supervision process lends credibility to the profession and encourages a strong professional identity. There were many negative comments about MFT interns and the supervision process with relatively few positive comments.

Research Question Three

The study showed that the majority (59.4%) of therapists are willing to become approved supervisors. Of the therapists that were not willing to become approved supervisors, the majority (51.4%) indicated that they would be interested in attending a supervisor training if it were provided in-state and at low cost.

The assessment showed that only 14.6% of current supervisors are currently training supervisors. However, an additional 75.6% stated they would be willing to train if they were given support. This leaves only 9.8% of supervisors that were unwilling to train new supervisors. In addition, there were 44.4% of supervisors that would be willing to provide supervision of supervision for free in order to help the profession. In terms of resources, therapists in the MFT profession appear to be very willing to work towards increasing the number of approved supervisors in the state.

Despite the fact that most of the therapists were willing to become approved supervisors, about 50.7% of the respondents gave reasons why becoming a supervisor is unattractive in the MFT profession. Of those that gave reasons, 43.4 said that time was a factor, 22.4% mentioned the cost, 18.4% were discouraged by liability issues, 13.2% did not feel they had enough experience, 11.8% disliked the stringent requirements, another 11.8% were no longer practicing MFT, and 9.2% disagreed with the idea of an approved supervisor designation. Various other reasons for not becoming a supervisor included, no interest, not feasible in private practice, inability to find interns, and ethical concerns with charging interns money for supervision.

There were various weaknesses in the supervision process that were identified by the respondents. Some of these weaknesses include not enough responsibility from the

universities for their graduates, financial abuse of interns because of lack of supervisors, not enough MFT interns to supply the demand for supervision hours, too much emphasis on liability issues during UAMFT conferences, difficulties in obtaining supervision for part-time interns, not enough information and support provided by the state, and the scarcity of MFT supervisors in rural settings.

The respondents also made several suggestions on changes to make in the supervision process. Suggestions included a grandfather clause for those already in practice, a new designation for supervisors that train new supervisors, requiring agencies to provide supervision, advertising to UAMFT members the benefits of becoming an approved supervisor, dropping the approved supervision designation, a training workshop provided in-state, offering supervision for a \$20 fee or split between a group of interns for less money, having a list of supervisors that interns could be referred to, allowing supervisors to supervise more than three interns, lowering the cost burden of supervisors, spreading the risk out so that supervisors are not fully responsible for the work of the interns, and having UAMFT provide more information on "the process involved in becoming a qualified supervisor."

It is clear from the responses to research question three that, as mentioned in the literature, time and cost are major factors in discouraging therapists from becoming approved supervisors. In addition to the concerns over time and cost, liability also appears to be a major deterrent to becoming a supervisor.

Implications

These findings have important implications for the MFT profession in Utah.

These implications will be discussed based on what the findings tell us about the current state of approved supervision, the findings in terms of systems theory, and recommended courses of action.

Current Conditions in Approved Supervision

Currently there are enough supervisors to provide supervision in the more populated areas of the state. However, interns in rural areas will have difficulties in obtaining the required supervision. Though there are enough supervisors, MFT interns still run into difficulties when looking for work. Only a little over half of the respondents (56.7%) indicated that they worked in facilities that have approved supervisors. Less than half (48.6%) of the respondents indicated their practice setting hires MFT interns. In other words, MFT interns are at a disadvantage over interns from other mental health fields in regards to finding a place to work and receive supervision.

On the other hand there were several supervisors and supervisors in training who are having difficulties finding interns to supervise. Though there were no questions about the availability of interns, there were 5 respondents who wrote comments about not being able to find any MFT interns.

Therapists that find themselves working in a rural setting may find themselves in a difficult bind. A therapist that wants to become an approved supervisor will need to attract interns before being able to proceed. This supervisor will also have to be willing to travel up to 400 miles to be able to get supervision of supervision. There will likely need to be a high demand for supervision in the area before a therapist will see the benefits of becoming a supervisor worth the cost and effort.

Though the respondents seem to believe that MFT interns are viewed favorably in the agencies, they clearly felt that the current supervision process is making it more difficult for MFT interns to find jobs and agencies are less willing to hire MFT interns.

Systems Theory

Theoretically the current relationship between interns and supervisors is homeostatic. In other words, it will take a paradigmatic shift in the approved supervision process to increase the number of supervisors as compared to interns. Any therapist who desires to be an approved supervisor will need to find an intern to help satisfy the supervision of supervision requirement. Thus the number of approved supervisors is limited by the number of available interns. For supervisors that also are AAMFT approved there is a yearly fee. The cost of maintaining the approved supervisor designation will make it prohibitive for supervisors to keep the designation if there are not any interns to make the cost worthwhile. The number of supervisors may actually decrease to a more useful intern-to-supervisor ratio. The survey showed that there was a plethora of therapists willing to become approved supervisors. If the number of interns increased there would also likely be an increase in the number of approved supervisors to a similar ratio.

Applying the example of the thermostat that was used previously, the ratio of intern to supervisor is like the temperature that is set into the thermostat. Changes in the number of interns will increase or decrease the number of supervisors to keep the ratio (or temperature) in balance.

Implications for Professional Organizations

Based on the responses of this survey it appears that therapists do not feel there is enough information about approved supervision being provided by UAMFT and AAMFT. There are several areas the respondents identified that they would like the professional organizations to provide information on. First, many respondents reported that they would like to know more about what is required to become an approved supervisor. Second, respondents indicated that information regarding the benefits of the approved supervision process should be given during conferences and to agencies. Finally, some respondents also indicated that they would like directories to be made available to help interns find approved supervisors. It is important to note that AAMFT provides a directory of approved supervisors on their web page. However, UAMFT will need to create their own directory because not all of the state approved supervisors are AAMFT approved.

The results of this study also appear to indicate that there is a discrepancy between the policies created by the professional organizations and the desires of their members. If the results accurately reflect the opinions of therapists in Utah, many do not approve of the current policies regarding approved supervision. Though this study was promoted by UAMFT in an effort to identify the opinions of therapists in Utah, a convenient way for members to regularly give feedback should be created. However, any major policy changes made by UAMFT may create inconsistencies between the Utah organization and AAMFT. It is also important for AAMFT to provide convenient ways for members to give feedback.

Policy

Though it would take a paradigmatic shift to put MFT interns on the same level as interns from other mental health professions in regards to ease of obtaining supervision, there are some first order changes that could streamline the process. First, both interns and supervisors are having difficulties finding each other. There are several things that can be done to help with this problem. The Utah Association for Marriage and Family Therapy could create directories of approved supervisors, supervisors in training, and interns. The directory could include information about the agency or practice setting of the supervisor as well as their orientations. The MFT programs at the universities can help by insuring that their students are familiar with agencies and approved supervisors in the community. This will provide a smoother transition, for the student, from depending on the university to provide for supervision needs to finding resources in the community. Supervisors that are looking for interns can also build better relationships with the MFT programs so that they can more easily recruit graduating students. Finally, agencies should be targeted for marketing rather than individual supervisors. Therapists in agencies with no approved supervisors should be given incentives to become supervisors and the benefits of having an approved supervisor should be advertised to the agency. This will open up doors for MFT interns and create a more even distribution of MFTs in Utah.

There were many respondents who gave reasons for not becoming approved supervisor. However, despite the various reasons such as time, cost, and liability, there were still many therapists that were willing to become supervisors. Therefore, it is not essential for resources to be focused on remedying these issues for therapists in general.

Nevertheless, it will be important to make the approved supervision process less burdensome and more attractive for therapists in rural settings. Some ideas for reducing the burden include scholarships or grants to pay for training, an in-state training provided at low cost, reimbursement for travel expenses for the supervision of supervision, helping the therapists identify supervisors willing to provide supervision of supervision at no cost, and/or allowing supervision of supervision over the phone.

If the goal is for MFT supervision to be as available and abundant as it is in other mental health professions, it will require major changes in the current policy. The simplest change would be to increase the number of interns that a supervisor may supervise. However, this may encourage groups of MFTs where supervision is available rather than an even distribution in agencies across the state. In turn, there would likely continue to be negative attitudes towards the MFT profession in the agencies that do not have MFTs working there.

The next possible policy change is removing the supervision of supervision requirement. This would decrease the homeostatic nature of the relationship between interns and supervisors. Therapists would no longer need to pair up with an intern in order to become a supervisor and all therapists desiring to be supervisors could do so regardless of the number of interns. However, there would still be the inhibiting factors of the time and cost of training.

The final policy change that could be made is discontinuing the training requirement. This change would be nearly pointless if not done in conjunction with removing the supervision of supervision requirement. On its own, discontinuing the training requirement would probably not increase the number of supervisors because they

would still need to find an intern to supervise. However, in conjunction with removing the supervision of supervision requirement it could be helpful in encouraging the therapists who are reluctant to spend time and money to become supervisors. If both changes in policy were made it would eliminate the homeostatic relationship between interns and supervisors. Nevertheless, it is important to consider that many of the respondents are in favor of the training requirement and feel that it helps produce a higher quality supervisor. Thus it is possible that the costs of discontinuing the training requirement may not outweigh the benefits. Another way to address this problem is having regular in-state training at a low cost. This may not be as effective at increasing the number of supervisors as discontinuing the requirement, but it could be a mediating factor.

Limitations

There were several limitations to this study. First, the cover letter of the study talked about the supervision as if there was a problem. There was a tone of crisis in the letter which included phrases such as "As students have graduated...they are making us aware of two glaring and growing problems: the dearth of MFT internship sites within the state, and the dearth of approved supervisors." The tone of the cover letter could have created a negative bias towards the approved supervision process and the issues that were to be measured by the survey. The responses and comments made by the participants may have been more negative than they otherwise would have been. On the other hand, it may have also created more concern about a possible lack of supervision. Many respondents might have indicated that they would be willing to become supervisors or provide

supervision when otherwise they might not have. This would create an overestimation of the resources available to increase the number of supervisors.

The second limitation is that there are several questions that require the respondent to assess the attitudes of the agency they work in. Due to the continually changing conditions and opinions about approved supervision it is difficult to test for reliability and validity. In addition, this study was based on the perspectives of the therapists. Any opinions expressed about the views of agencies and their willingness to support the approved supervision process is based solely on the therapist's interpretation and may not reflect the opinions of the agencies' administration.

Another limitation is the survey that was used. The survey was short and the majority of the questions were "yes" or "no." Both these factors limited the amount of information and detail that could be collected. In addition, on question 7 respondents were instructed to skip to question 8 if they were not an approved supervisor. However, many of the questions that were skipped could have been answered by supervisors in training as well. The result of this was that six of the supervisors in training did not respond to these questions. Another problem with the survey is that there was no instruction to look on the back side of the page. There were 3 surveys that were only completed on the front side of the page. Finally, because of the format of the survey it is difficult to measure the reliability of the answers.

The purpose of this study was to measure supervision in Utah. Thus the results may differ from groups of MFTs elsewhere. The information may not be generalizable to the profession in general. If the study were done in other states there would likely be different results because of the differences in population distribution and state laws

regarding supervision for MFTs.

Recommendations for Future Research

There are several directions that should be taken to help understand the impact of the current approved supervision process. First, this assessment focused on the perspective of MFTs in Utah. However, agencies might provide a more objective view of the MFT supervision process as compared to other professions. Also, the opinions of the agencies impact the profession in that it is the agency who decides which interns are hired and from what field. A survey that is more oriented towards agency administration and human resources could provide valuable information about the impact of the approved supervision process on the profession.

Additionally, outcome studies should be performed to measure the benefits of the current approved supervision process. It is folly to hinder the profession with burdensome requirements without knowing if the requirements have any beneficial effects. Only with outcome studies can the effects be measured and a decision be made of whether the benefits outweigh the costs.

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Code, R156-60b

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APPENDICES

Appendix A. Questionnaire

This survey is available online at <http://www.usu.edu/mft/websurvey.html>. Please ask the MFT interns you work with to complete the online version of this survey as they will not be receiving a copy in the mail.

1. Zip code of your primary practice setting _____ Gender _____ Age _____
2. Describe your practice setting.
- | | |
|--|--|
| <input type="checkbox"/> Private practice | <input type="checkbox"/> Medical center (inpatient) |
| <input type="checkbox"/> State or community agency | <input type="checkbox"/> Employee assistance program |
| <input type="checkbox"/> Private, non-profit agency | <input type="checkbox"/> IIMO |
| <input type="checkbox"/> Medical center (outpatient) | <input type="checkbox"/> Other (specify) _____ |
3. What is your highest professional degree?
- PhD M.A. M.S. M.S.W. Other (specify) _____
4. In what year did you receive your highest degree? _____
- | | No | Yes | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 5. Does your practice setting hire MFT interns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you a state approved supervisor until 1995? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently a state and/or AAMFT approved supervisor?
(If no, skip to question 8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you currently supervise any MFT graduates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How many? | 1 | 2 | 3 |
| b. If not, would you be willing to supervise MFT graduates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What is the total number of interns you would be willing to supervise? | 1 | 2 | 3 |
| d. Are you currently training any MFT supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If not, would you be willing to train MFT supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Would you be willing to train MFT supervisors if you were given support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are you currently providing supervision of supervision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How many do you currently supervise? | 1 | 2 | |
| h. If not, would you be willing to provide supervision of supervision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. In total, how many supervisors would you be willing to supervise? | 1 | 2 | |
| j. Would you be willing to provide supervision of supervision,
at no charge, to help the profession? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you an intern? (Graduate but not yet licensed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently in the process of becoming a state approved supervisor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | No | Yes | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 10. Are you currently a supervisee? (For licensure or to become a supervisor)
(If no skip to question 11) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. How far do you drive for supervision? _____ miles | | | |
| b. How much do you pay for supervision? _____ | | | |
| c. Does your agency support you in time off, travel expenses, or actual costs
for your supervision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you currently looking for supervision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Would you be willing to become an approved supervisor?
(Requirements listed on next page) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Would your place of work be willing to pay a portion of the fee, for you to become
approved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Would your place of work be willing to give you paid leave for training purposes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are there state approved MFT supervisors at the agency (not including you) who
could supervise you or others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If there are no approved MFT supervisors at the agency, does the agency pay for
outside supervision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the lack of approved supervision make it more difficult for MFT graduates to
get hired at this agency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If an In-State training workshop were offered, at a very low cost, would you want to
attend? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are there any factors that would hold you back from becoming a trained supervisor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please explain:

- | | | Poorly | | | Favorably |
|--|-----|--------|---|---|-----------|
| | N/A | 1 | 2 | 3 | 4 5 |
| 19. How are the MFT interns looked upon at the agency? | | | | | |

20. This survey is meant to assess the extent of the problem and the willingness of clinical members and agencies to become part of the solution. Any additional comments concerning the ideas and attitudes of you or your employer would be helpful, along with any issues or concerns not covered in this questionnaire:

Appendix B. Cover Letter



UTAH ASSOCIATION FOR
MARRIAGE AND FAMILY THERAPY
493 N. 700 E., Logan, UT 84321

A NEEDS ASSESSMENT OF MARRIAGE AND FAMILY THERAPY
APPROVED SUPERVISION IN UTAH

Dear Marriage and Family Therapist:

Over the years, there has been little attention paid to the availability of Approved Supervisors in Utah by the state association or by the academic training institutions. Recent changes in the law have highlighted this problem. As students have graduated and begun to look for internships and supervision to meet the requirements for post graduate clinical training, they are making us aware of two glaring and growing problems: namely, the dearth of MFT internship sites within the state, and the dearth of approved supervisors, especially within agencies/sites suitable for providing internship experiences.

Predicted Results if No Action Is Taken

- 1) Students will be unable to find internship sites/supervisors and will be forced to leave the state.
- 2) Students will choose to pursue another profession.
- 3) MFTs in either case will decrease in numbers, and the MFT profession in Utah will be in jeopardy.
- 4) Academic Training Programs will be less needed, could experience falling numbers.

The purpose of this study is to better understand the scope and depth of the dearth of approved supervision in Utah. Surveys will be sent to 300 licensed Marriage and Family Therapists in the state of Utah. The survey will take approximately five minutes to complete. Included with the survey is a pre self-addressed and stamped envelope.

The Board for UAMFT has decided to make solving this the first priority for our organization for the next two years. The survey included with this letter is the first step in developing a program to overcome the shortage of approved MFT supervisors. Please help us by completing this brief survey.

Your participation is voluntary and you can choose to withdraw at any time without consequence. In order to gain an accurate picture of the condition of MFT supervision in Utah, it is important for each questionnaire to be completed and returned. The information you provide will be used to better understand the needs for MFT supervision.

You may be assured of complete confidentiality. Please do not put your name on the questionnaire. If you would like more information a return slip is available on the last page. This will be separated from the questionnaire immediately upon receipt. The numbers located in the top right corner of the survey are random numbers that will be used for the sole purpose of calculating the number of participants that responded to the study. Any link between identifying information and the random number will be destroyed upon receipt of the survey. The questionnaires will be kept in a locked facility, where only Dan Woodbury and Dr. Algood will have access to the information contained in the questionnaires. The questionnaire will be kept on file for the duration of the research project and will be destroyed upon completion. There is minimal risk associated with participation in this study. Returning the questionnaire will constitute your informed consent. The Institutional Review Board (IRB) for the protection of human subjects at Utah State University has reviewed and approved this research project.

Your contribution to this effort is greatly appreciated. If you would like a summary of results, please print your name and address on the back of the return envelope, not on the questionnaire. We would be happy to answer any questions you might have. This is part of a masters thesis project and you are welcome to contact either one of us. Dan can be reached email at dawoo@cc.usu.edu or by phone at (435) 757-3284. Scot Allgood can be reached by email at allgood@cc.usu.edu or by phone at (435) 797-7433.

We appreciate your input and time. It will greatly assist us in resolving this issue.

Sincerely,

Daniel J. Woodbury
Student Researcher

Scot M. Allgood, Ph.D.
Associate Professor

Appendix C. State Requirements

State requirements to qualify as a MFT training supervisor include:

1. Be licensed and in good standing.
2. Have lawfully practiced therapy for at least two years.
3. Complete a 30-hour course covering the theory, practice, and process of supervision.
4. Complete 36 hours of supervision training under the direction of a qualified MFT training supervisor. (Supervision of supervision)

Note: If you are an AAMFT approved supervisor you already qualify for state approval.

As a state approved supervisor you must:

1. Be responsible for the actions and practices of the supervisee.
2. Be independent of the supervisee (This includes not receiving payment for supervision directly from the supervisee.)
3. Be available for advice, consultation, and direction.
4. Provide periodic review of client records for the supervisee.
5. Comply with confidentiality requirements.
6. Monitor the supervisee for compliance with laws, standards, and ethics and report violations to the division.
7. Supervise only a supervisee who is employed at a public or private mental health agency.
8. Submit documentation to the division including an evaluation of the supervisee's competence.
9. Complete four of the 40 continuing education hours in course directly related to supervisor training, every two years.
10. Supervise no more than three supervisees at a time.
11. Provide at least one hour of face-to-face supervision for each ten hours of client contact by the supervisee.

If you would like to receive information on supervision workshops and training, remove this portion and return it along with the questionnaire. (Any identifying information will be separated from the questionnaire to keep your answers confidential)

.....

Name: _____ Email: _____

Address: _____

Appendix D. Post Card Reminder



UTAH ASSOCIATION FOR
MARRIAGE AND FAMILY THERAPY
493 N. 700 E., Logan, UT 84321

Your ID #

Dear Marriage and Family Therapist:

Recently UAMFT sent you a survey that will help develop an effective program to make MFT supervision more readily available for graduating students. You can be a tremendous help to the MFT profession by completing this survey. Every therapist's opinion is important and will help UAMFT form a better plan.

Please respond as soon as possible. If you have misplaced the Supervision Survey or did not receive one you can complete the survey on the Internet at www.usu.edu/mft/websurvey.html

If you have already returned the survey, we sincerely appreciate your input in this matter.

Thank you for you time and consideration!

Appendix E. IRB Letter



Marriage and Family Therapy Program
2700 Old Main Hill
Logan UT 84322-2700



UTAH ASSOCIATION FOR
MARRIAGE AND FAMILY THERAPY
493 N. 700 E., Logan, UT 84321

A NEEDS ASSESSMENT OF MARRIAGE AND FAMILY THERAPY
APPROVED SUPERVISION IN UTAH

Dear Marriage and Family Therapist:

Over the years, there has been little attention paid to the availability of Approved Supervisors in Utah by the state association or by the academic training institutions. Recent changes in the law have highlighted this problem. As students have graduated and begun to look for internships and supervision to meet the requirements for post graduate clinical training, they are making us aware of two glaring and growing problems: namely, the dearth of MFT internship sites within the state, and the dearth of approved supervisors, especially within agencies/sites suitable for providing internship experiences.

Predicted Results if No Action Is Taken

- 1) Students will be unable to find internship sites/supervisors and will be forced to leave the state.
- 2) Students will choose to pursue another profession.
- 3) MFTs in either case will decrease in numbers, and the MFT profession in Utah will be in jeopardy.
- 4) Academic Training Programs will be less needed, could experience falling numbers.

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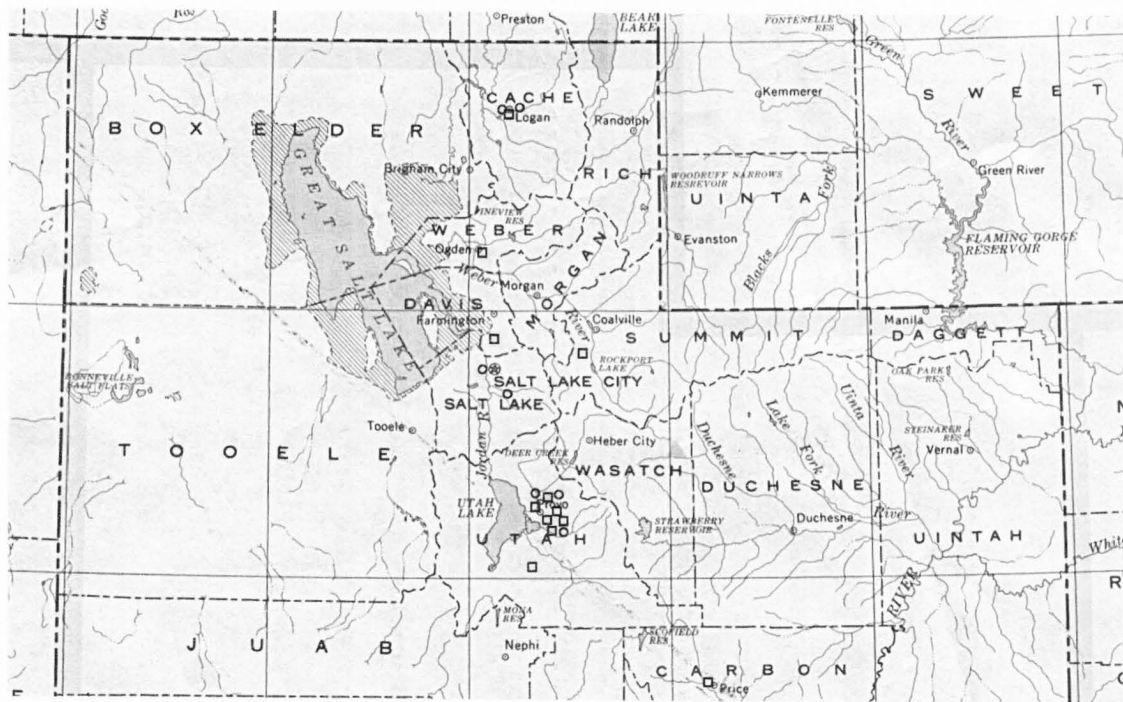
The Board for UAMFT has decided to make solving this the first priority for our organization for the next two years. The survey included with this letter is the first step in developing a program to overcome the shortage of approved MFT supervisors. Please help us by completing this brief survey.

Your participation is voluntary and you can choose to withdraw at any time without consequence. In order to gain an accurate picture of the condition of MFT supervision in Utah, it is important for each questionnaire to be completed and returned. The information you provide will be used to better understand the needs for MFT supervision.

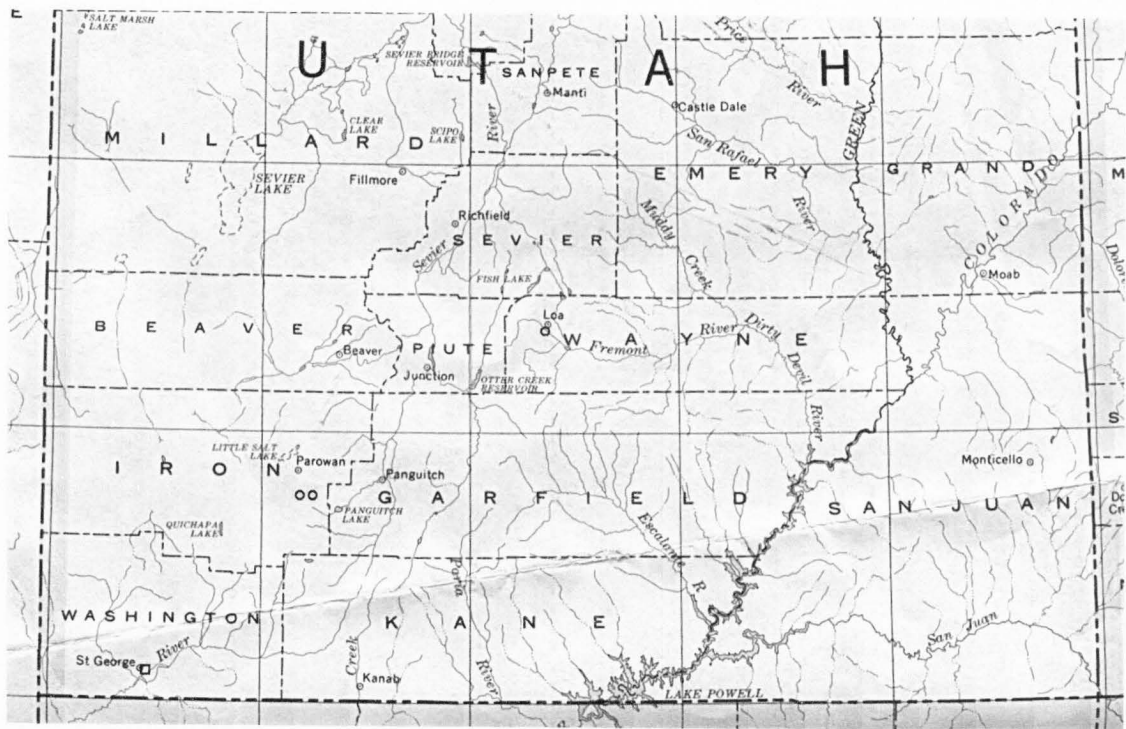
You may be assured of complete confidentiality. Please do not put your name on the questionnaire. If you would like more information a return slip is available on the last page. This will be separated from the questionnaire immediately upon receipt. The numbers located in the top right corner of the survey are random numbers that will be used for the sole purpose of calculating the number of participants that responded to the study. Any link between identifying information and the random number will be destroyed upon receipt of the survey. The questionnaires will be kept in a locked facility, where only Dan Woodbury and Dr. Allgood will have access to the information contained in the questionnaires. The questionnaire will be kept on file for the duration of the research project and will be destroyed upon completion. There is minimal risk associated with participation in this study. Returning the questionnaire will constitute your informed consent. The Institutional Review Board (IRB) for the protection of human subjects at Utah State University has reviewed and approved this research project.



Appendix F. Maps

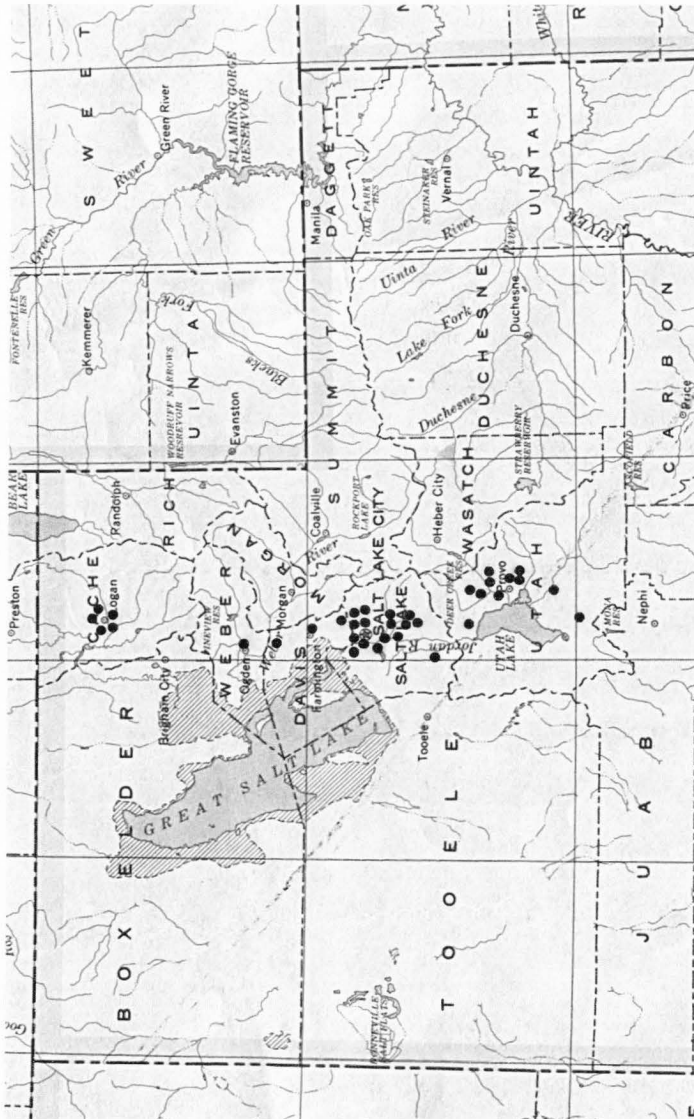


- Intern
- Supervisor in Training

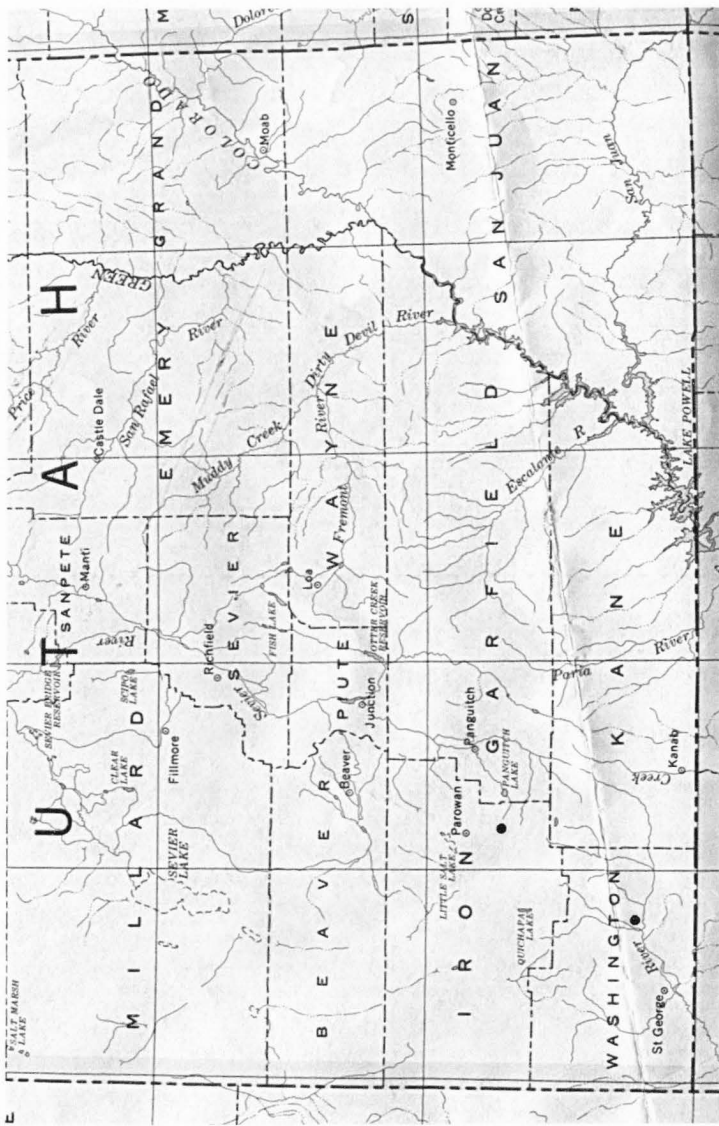


□ Intern

○ Supervisor in Training



● State Approved Supervisor



● State Approved Supervisor