THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

Family Therapy

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Membership Survey Report

SUMMARY

The survey had three specific goals:

1. Establish benchmark data for future comparison points when AAMFT members include other behavioral healthcare disciplines.
2. Identify areas needing further research and understanding.
3. Better understand the "why not" type of responses so that adjustments can be made to better meet the needs and expectations of members.

In relation to the stated goals, the 2011 All Member Survey provided very useful information. With a high response rate, baseline data points can be set for comparison with future surveys. The sample size was robust and the AAMFT will be able to assess if an influx of other behavioral healthcare disciplines alters needs and expectations.

There are clearly areas that the AAMFT needs to monitor, research and develop.

Academic trends. Of the data reported in this survey, one of the most encouraging points is the increased diversity among students when compared to other membership categories. This increased diversity suggests many potentialities for marriage and family therapy to grow in awareness and acceptance among a wide variety of cultures. Such acceptance will have an impact on education, as well as international relevancy of the AAMFT. Concerning, however, are the data suggesting that students are increasingly pursuing master's degree education over doctoral level education. **Although speculative, the decreased interest in doctoral education would suggest a diminishment of research about marriage and family therapy, thereby beckoning the question, "Who will engage in the study of marriage and family therapy if not marriage and family therapists?"**

Membership transition. The survey results indicate that Clinical Fellows having a higher earning potential, as well as contribute a greater percentage to household income than other membership categories. This data point strongly suggests that tools and resources assisting Pre-Clinical Fellows and Students in attaining the Clinical Fellow credential are critically important to assist members in achieving greater financial success. In future surveys, it will be interesting to compare these data points with those members in the new "Member" category.

Divisions. Division dues may be acting, or have the potential to act, as an impediment for membership recruitment and retention since they are mandatory in the AAMFT two-tier system. As division dues increase, the AAMFT continues to be less attractive to other similar associations as the total dues amount passes a price point of attractiveness. That being said, divisions can offer conference and continuing education opportunities locally, less expensively, and more conveniently to members who would otherwise need to travel to the AAMFT annual conference and clinical Institutes. Finally, members seem to be less aware and satisfied of division advocacy efforts when compared to the AAMFT at the federal/national level. These results suggest further investigation is needed involving the role of divisions in providing this valued member benefit.

Practice building. The topic of practice building seems complex and nuanced. Membership clearly indicates practice building is an area the AAMFT needs to develop. Yet, practice building products and services are ranked a very distant third in terms of products useful to members' practices or settings. Combining the knowledge that nearly 50% of Clinical Fellows identifying in private practice with the significant earning potential differences between Clinical Fellow and Pre-Clinical Fellow, it is important that the AAMFT better understands what membership is wanting or expecting regarding practice building products and services.

TherapistLocator.net. TherapistLocator.net is clearly a member benefit that Clinical Fellows and Members will need to see changed in order to perceive value. It is highly probable that TherapistLocator.net is a service that lacks a clearly defined mission. As a therapist locator service, it is not providing a significant number of referrals to those who are listed in the directory. At the same time, there are far too many Clinical Fellows and Members not expanding their profiles to be attractive to consumers. It is quite likely that TherapistLocator.net is too heterogeneous. Clinical Fellows and Members who do not engage in private practice, and thereby are not seeking referrals, may need to be reconsidered for inclusion. Members with incomplete profiles deter consumers from using this service, as searches do not yield marriage and family therapists seeking clients.

Professional identity. Although the AAMFT is viewed positively in promoting the profession and advocacy efforts, with 91% of Clinical Fellows licensed as marriage and family therapists, will an increase in other licensing groups in the category of "Member" alter the identity of the AAMFT? As the "Member" category increases in numbers, so will the potential of competing interests among the general membership. AAMFT's leaders will likely face a time when a segment of the membership is invested in a specific advocacy initiative, while another component could be vehemently opposed to the same effort.

Products and services. The survey clearly demonstrates that members are not aware of the numerous products and services available through the AAMFT. Those members who are aware of services generally are very satisfied and find value in those services. Therefore, the AAMFT must find a more effective set of methods to help the general membership become better educated about these products and services so that more members can take advantage of opportunities.

The final goal of better understanding "why not" reasons toward purchasing and engagement of AAMFT products and services received some hints at areas needing development. In relation to conferences and Clinical Institutes, the most cited reasons for members not attending are related to cost and "other." The "other" category was almost exclusively related to the opportunity of members to attain and attend continuing education events locally. These local opportunities were nearly all related to divisions offering quality conferences and educational events. This factor is important because divisions can play a very important role in providing members value by offering such events conveniently, and less expensively, since travel and lodging costs become less of a factor than attending AAMFT annual conference and Clinical Institutes. As far as purchasing or engaging in specific products and services, "why not" is a bit more complicated and needs further investigation. However, at first glance it appears that members are not purchasing or engaging because they perceive a lack of relevancy to their needs or practice setting.

The 2011 all member survey provided rich and useful data points for the AAMFT to consider when moving forward with research and development of programming and services. Further drilling down of data will continue and be reported in future issues of FTM. Furthermore, those areas needing more investigation will be followed up with micro surveys and focus groups.

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Researching Your Own Practice

Eli A. Karam, PhD

The gap between clinical research and practice has traditionally been a challenge facing marriage and family therapy. Many MFTs may view research as a disparate science far removed from the skillfully applied art of psychotherapy. I contend, however, that effective practice is the marriage of both art and science. The research informed clinician framework (Karam & Sprenkle, 2010), as opposed to the Scientist-Practitioner model, supports the notion that MFTs should be good purveyors of research to stay current with the field and evolve with the profession, even if they do not intend to create original research of their own. In addition to reading research friendly publications like this one, another way to stay "research informed" is to begin to document your own client and therapist practice patterns. For research phobic clinicians, please don't stop reading here . . . it's easier than you might think!

Why should I track statistics about my practice?

Many clinicians, especially those in private practice, are looking for ways to validate that what they do is actually effective. Others, striving to compete in a competitive mental health marketplace, are looking for concrete numbers that accurately represent their practice in order to answer the questions of discriminating consumers and potential clients. You cannot speak intelligently about your services, however, if you cannot somehow quantify your practice patterns and client outcomes. In an era of managed care, some third party reimbursement may indeed depend on documenting exactly what happens in therapy. Progress research (Pinsof & Wynne, 2000), which combines therapeutic process and outcome, also demonstrates the benefits of studying your clients. Significant improvements in both retention in and outcome from treatment may occur when therapists have access to formal, real-time feedback from clients regarding the process and outcome of therapy (Duncan, Miller, & Sparks, 2004). Michael Lambert's research (2001; 2010a; 2010b) has demonstrated that utilizing systematic feedback based around common factors like the therapeutic alliance and other client variables consistently improves therapy outcomes and can greatly improve treatment effectiveness for clients

at risk of treatment failure. By studying your own practice and clients, undocumented therapeutic experiences once considered subjective and abstract may become more objective and concrete.

What should I track?

When thinking of what types of client and therapeutic variables to track, first tap into your own curiosity—what are you interested in knowing about your practice? For many, a good place to start is to aggregate some of the objective data you already collect on clients and your practice (through routine paperwork or client intakes) into a more usable, therapist-friendly format. Some client variables that may be of interest include:

- Age
- Occupation
- Income Level
- Presenting problem
- Diagnosis
- Client motivation (stage of change - precontemplation, contemplation, preparation, action, maintenance)
- Marital status
- Referral source
- Type of insurance
- Previous history with therapy
- Medication

Another source that may help you discern on which statistics to report comes from potential clients and their frequently asked questions. Generally, clients want to know about the following therapist practice variables:

- How long does therapy usually take? For how many sessions do you normally see clients?
- What percentage of couples and families do you see as compared to individuals?
- What is your average fee?
- What type of homework do you give most often?

Other data should be collected directly from client self-report, as they are the true experts into the therapeutic process. Not only is the collection of client satisfaction survey data important, but research has shown that clients are more accurate than therapists in representing key relationship variables, like the therapeutic alliance (Horvath, 2001).

How do I design my own survey?

In designing your own client survey to track client progress and satisfaction, it is important to ask questions that are relevant to therapy outcomes and require minimal effort on the part of the client (in answering them) and the therapist (in recording the data). A client survey should generally begin with a brief introduction stating how the information will be used and outlining relevant confidentiality protocols. The introduction should also contain simple, straightforward instructions on completing and returning the survey. The layout of the survey should be easy to follow, as a visually confusing or badly formatted questionnaire can contribute to missed questions and incomplete data.

Use closed-ended questions and require clients to choose from a pre-selected number of responses. When designing closed-ended questions, make sure that categories do not overlap. For example, the question, "How many times in the past month did you experience the problem that brought you to therapy—1 to 3 times, 3 to 6 times, or more than 6 times?" does not give a clear choice of category to select if the answer is "3 times." Remember to cover all possible responses. For example, the statement, "My therapist was responsive to my phone calls—always, sometimes, rarely?" does not allow for the possibility that the therapist was never responsive. Also, include a balanced numbers of favorable and unfavorable response categories on rating scales. For example, the response scale "completely agree, agree, neither agree nor disagree, disagree" should also contain the possibility "completely disagree." Lastly, use the same response categories across questions if possible. It is easier and less confusing to clients if response categories are consistent and do not change from question to question.

Although most questions will likely be closed-ended, it can be quite useful to include a few open-ended, qualitative questions that may give more insight into the therapeutic process. It is especially useful to ask for explanations of negative ratings to provide insight and suggestions for corrective actions. It is also good practice to end a client survey with a question like, "Is there anything else you would like to tell me about the therapy you received that wasn't already captured in this survey?" These qualitative responses may not only help you interpret the findings from the responses to your closed-ended questions, but may also demonstrate additional patterns in your practice that can be developed into closed-ended questions for use in future iterations of your survey. It is suggested to limit the survey to one to two pages, as clients may refuse outright or need more incentive or motivation to complete a longer questionnaire. The client survey should conclude with a way to contact the therapist about additional questions and a statement of appreciation for participation.

How often should I track?

Data that describe your practice patterns on a whole and are taken from your previously existing paperwork (i.e., modality percentages, average number of sessions, types of presenting problems, etc.) could be aggregated once or twice per year, as needed, and could be used as reference points for future years. The most efficient

way to do this is to audit each client file (both electronic and physical) to collect desired information before subsequently entering the data into a new spreadsheet. While we can discern many interesting patterns about our clients by reviewing intake data (i.e., presenting problem, previous experience with therapy, use of medication, etc.), other information may only be collected at the conclusion of treatment. These types of data could be collected in the form of termination or a client satisfaction survey. As termination is not always planned, some therapists make it standard operating procedure to mail this survey out with a final letter before they officially "close" a case. Others may elect to call the client on the phone to collect relevant info, including why the clients terminated and if they experienced relief from the problems that initially brought them to therapy. Data may be the most useful, however, if they are collected on a regular basis from clients in order to provide feedback to make modifications in treatment, if needed. Research strongly indicates that outcomes improve when therapists receive formal and consistent, real-time feedback on client progress (Lambert, 2010a, 2010b). Feedback provided to therapists regarding client progress has also been found to reduce rates of client deterioration and can improve treatment outcomes especially for clients predicted to be poor responders or potential treatment failures.

How do I analyze my practice data?

Computer manipulation is usually preferred. While data may be tabulated "by hand," this approach is usually only feasible if the size of your caseload is small, and the number of questions is limited. Although it minimizes the use of technical resources, manual tabulation restricts possible analyses to simple frequency counts and some rudimentary summary statistics. A more realistic and efficient option is the use of simple spreadsheets that don't require much technical knowledge in order to organize and perform various tabulations and analyses.

One example of a simple analysis may consist of calculating the percentage of clients giving each response to each individual question. For example, if responses to the question, "How satisfied are you with the quality of this therapy?" include "completely satisfied," "somewhat satisfied," "not very satisfied," "not at all satisfied," and "I don't know," the responses may be computed in several straightforward ways. Dividing the number of clients giving each response (such as for those responding "very satisfied") by the total number of participating respondents in your caseload produces a percentage. All such percentages constitute the percentage distribution for that question. You may also choose to assign numerical values to each response to produce an average score. For example, a value of 4 can be given to all "very satisfied" responses, a value of 3 to "somewhat satisfied" responses, and so on. Multiplying the number of clients responding "very satisfied" by 4,

the number responding "somewhat satisfied" by 3, and so on, then summing the products and dividing by the total number of respondents, results in an average score that can range from 1 to 4. In this case, the higher the number, the higher the level of client satisfaction. These data are the most easy to interpret when formatted as simple graphs or tables. These calculations also provide a single number that serves as an outcome indicator that may be used in future promotional materials for your practice.

Although these kinds of simple analyses can be done routinely without much previous experience, common neophyte fears surround the inability to use technology or compute statistics. If you are overwhelmed with the prospect of designing your own spreadsheet from scratch, obtaining initial assistance from those clinicians in your network who have done this type of data analysis in their practice before, statistical consultants at a local university or your former MFT training program, may be a useful first step. This assistance will help to establish a basic analytic routine to follow and a recommended format for regular reporting.

Where do I find existing resources?

It may be helpful to use previously established instruments or templates when beginning data collection in your practice. Proprietary software has been developed to track client progress and systematically provide clinical feedback to therapists. The Systemic Therapy Inventory of Change (STIC), an example of this type of applied research tool, tracks clinical change through the use of online, self-report questionnaires in multiple systemic domains—individual adult, couple, family/household and child functioning (Pinsof et al, 2009). Although this technology is currently being utilized in several university and community mental health settings, it may be unavailable or not cost effective for the average MFT in private practice. Other useful tracking tools and templates may be available for free. Both Scott Miller and colleagues' Session Rating Scale (SRS) (2000a) and Outcome Rating Scale (ORS) (2000b) are practical performance metrics that come in both child and adult versions, and are licensed free of charge to all mental health practitioners at www.scottmiller.com. Many practice management software companies currently used by MFTs may also have the pre-existing capability to track relevant statistics, but often we find the best way to proceed is to create your own idiosyncratic, practice specific tracking protocol. Existing resources available to AAMFT members can also be found online at www.aamft.org, www.familytherapyresources.net, as well as specific workgroups or forums in the AAMFT Community (www.aamft.org/Community).

In conclusion, please remember that becoming a "research informed clinician" is an ongoing journey that cannot be completed solely by creating a simple survey or reading an introductory article. Be curious not only about your practice patterns, but also about the emerging science in our field and related mental health disciplines that legitimizes the art behind the practice of MFT. ■

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MAINE

MEAMFT CONFERENCE

Fundamentals of Emotionally Focused Therapy - EFT: Treating Couples and Families

Speaker:
Paula Zerfoss, M.S.W.

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Contact: Maine Division website
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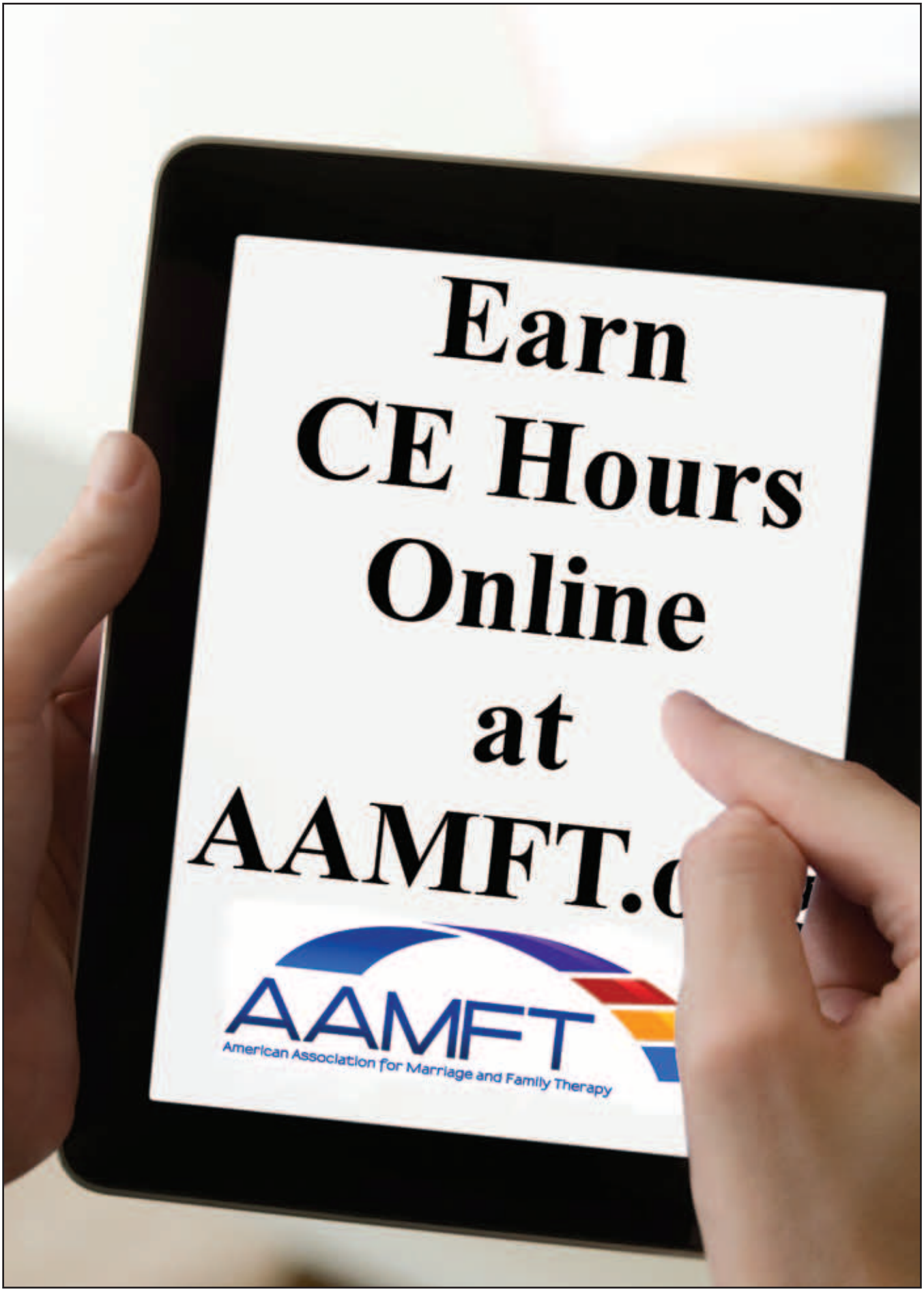
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THERAPISTLOCATOR.NET: This free online therapist directory is a public service of the AAMFT. Clinical Fellows receive a free listing that they can personalize with practice and biographical information and their photograph. The AAMFT regularly advertises this service to the media and the public. Visit www.therapistlocator.net to learn about this valuable service.

JOB CONNECTION: Search for the ideal job or internship, or find the perfect employee with the AAMFT's Job Connection. Anyone can post a job, but searching the listings is an exclusive AAMFT member benefit.

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CONTINUING EDUCATION: The AAMFT offers several opportunities for MFTs to earn continuing education credit, including an Annual Conference in the fall, as well as yearly Institutes for Advanced Clinical Training. AAMFT members also can earn continuing education online. AAMFT members receive discounts on all continuing education opportunities. For more information, visit www.aamft.org.

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PROFESSIONAL LIABILITY INSURANCE: AAMFT membership gives you access to comprehensive liability coverage and rates, specifically designed for your practice. Call CPH and Associates for more information at (800) 875-1911 or visit their website at www.cphins.com.

HEALTH, DISABILITY, AND GROUP TERM LIFE INSURANCE: The Marsh Company provides AAMFT members with a list of plans from which to choose, depending on individual needs. To find the right plan, call (800) 621-3008 or visit http://aamft.healthinsurance.com.

LEGAL CONSULTATION: AAMFT Clinical Fellows and members who need consultation on legal matters relating to their professional practice of marriage and family therapy can consult with the AAMFT legal representative free of charge. To make an appointment to seek legal consultation please call (703) 253-0471, email legalconsult@aamft.org, or visit www.aamft.org and click on Legal and Ethics Information.

FREE ETHICAL PRACTICE INFORMATION: The AAMFT offers comprehensive ethical advice and resources based on the AAMFT Code of Ethics. Marriage and family therapists can obtain FREE informational ethical advisory opinions, plus training and resources to protect and inform you about how to maintain an ethical practice. To reach this benefit visit www.aamft.org and follow the Legal and Ethics Information link.

DIVISION MEMBERSHIP: The AAMFT divisions advocate for members at the state and local level and offer a variety of networking opportunities. Access the division directory and find out how you can get involved at www.aamft.org.

ONLINE NETWORKING DIRECTORY: AAMFT members have exclusive access to the membership directory located at www. aamft.org. Use the directory to make referrals, develop a peer supervision group, locate students to supervise, or find the perfect supervisor for your internship.

PUBLICATIONS: AAMFT members receive free subscriptions to the *Family Therapy Magazine*, AAMFT's bimonthly publication, as well as the quarterly *Journal of Marriage and Family Therapy* (*JMFT*).

DISCOUNTED WEB HOSTING: from TherapySites.com (www. therapysites.com/AAMFT). This web hosting company provides therapist websites that bundle all the tools you need into one all-inclusive package. The service is designed to give you everything you need to make your online presence a profitable investment for your practice including: Personalized domain name, integrated email service, easy-to-use editing tools, website hosting, unlimited pages, HIPAA compliant technology, client forms, appointment requests, website statistics and many other services.

DISCOUNTED CREDIT CARD PROCESSING: The AAMFT has collaborated with First National Merchant Solutions to help provide additional cost savings for members. Some of the benefits of the program include: Discounted group rates on Visa, MasterCard and Discover transactions, dedicated account management team, additional merchant processing services, including debit card acceptance, an interest-bearing account, and check verification/guarantee services, free online statements and account access and much more. An additional benefit of this service is an account management system that allows you to set up automatic client billing, the ability to obtain insurance pre-authorizations and setting up recurring payments.

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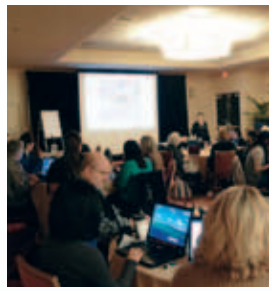

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