

CAREER ASPIRATIONS AND PERCEIVED LEVEL OF PREPAREDNESS AMONG MARRIAGE AND FAMILY THERAPY DOCTORAL STUDENTS

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The authors conducted a survey of marriage and family therapy (MFT) doctoral students in programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). MFT doctoral students (N = 82) from across the United States responded to a web-based survey that focused on career aspirations, training opportunities, and the level of preparedness they experienced during their doctoral education. Results of this survey indicated that students felt they were well prepared for many aspects of their chosen career path. Some respondents desired more training to prepare them for careers in academia. More men than women indicated a career in academia as their primary career aspiration. While most of the respondents perceived that their internship experiences were beneficial, some expressed the desire for more opportunities to supervise master's-level students, to write grants, and to teach graduate-level MFT courses. The authors conclude with a discussion of how these findings may influence the development of core competencies specific to doctoral education in MFT.

The ranks of doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) have grown since the first program was awarded accreditation in 1982. In 1988, there were nine accredited doctoral programs, in 1996 there were 14, in 2004 there were 17, and as of 2007 there are 21 accredited doctoral programs. In the past several years there has been a rapid increase in the literature related to training issues in doctoral programs. Specifically, this literature has highlighted topics such as internship training (Ivey & Wampler, 2000), scientist-practitioner models of education (Hodgson, Johnson, Ketring, Wampler, & Lamson, 2005; Crane, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002), marriage and family therapy (MFT) educational process (Imber-Black, 2005; Nelson & Smock, 2005), and supervision (Morgan & Sprenkle, 2007; Lee, Nichols, Nichols, & Odom, 2004).

The field's dedication to providing the best training for students is reflected in the steadily increasing numbers of MFT education articles that emphasize student perspectives of their graduate training. Attention has focused on graduate students' experiences of their internships (Brucker et al., 2005), supervision (Murphy & Wright, 2005), research training (Piercy et al., 2005), personal and professional growth during clinical training (Paris, Linville, & Rosen, 2006), and selection of and satisfaction with MFT graduate programs (Hertlein & Lambert-Shute, 2007). Much of the information from these more recent investigations has focused on feedback from MFT students.

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Inclusion of doctoral students' expectations and experiences of their graduate training has received attention in nonclinical graduate programs. The first major study to examine the effectiveness of doctoral education through the eyes of students was conducted by Golde and Dore (2001). Their widely cited report entitled "At Cross-Purposes: What the Experiences of Doctoral Students Reveal About Doctoral Education" is based on a survey of career aspirations and the educational experience of over 4,000 doctoral students from 11 disciplines (Golde and Dore, 2001). The disciplines included were art history, philosophy, English, history, sociology, psychology (nonclinical), ecology, molecular/cellular biology, chemistry, geology, and mathematics. Based on the data from their survey, Golde and Dore (2001) suggest that in today's doctoral programs there is a three-way mismatch between student goals, training, and actual careers. While the surveyed doctoral students report general satisfaction with the quality of their doctoral education, many indicate that the training received does not prepare them for the jobs they take. Many universities across the nation have followed with their own surveys of graduate student opinions, expectations, and experiences of their graduate training and have had similar results (e.g., Miami University, 2005; Stanford University, 2005; University of California, San Diego, 2005; University of Colorado, Boulder, 2005). These independent surveys only include graduate programs in the arts, humanities, biomedical sciences, engineering and the natural sciences, and agriculture. The exclusion of clinical graduate programs in previous studies raises the question of whether MFT graduate students face similar experiences.

This study investigated MFT doctoral students' career aspirations and their perception of how well their training opportunities meet their needs. Secondly, the authors sought to understand students' perceptions regarding their level of preparedness about performing professional tasks associated with their career aspirations. A web-based survey of MFT students from 17 COAMFTE-accredited doctoral programs was used for this study.

METHODS

Participants

The sample population consisted of MFT students from COAMFTE-accredited doctoral programs in the United States. At the time of this study there were 17 eligible doctoral programs based on the listings in the 2004 Directory of MFT Training Programs obtained from the COAMFTE website. Programs with "candidacy status" were not included in the survey. The authors contacted the program directors from all 17 COAMFTE-accredited programs and asked them to forward the web-based survey to their doctoral students. Of the 17 MFT program directors contacted, all 17 confirmed that they passed along the web-based survey to their doctoral students. The surveys were completed by 82 MFT doctoral students (see Table 1).

Procedures

A web-based survey was developed consisting of 30 questions, asking either simple and available facts or opinions and estimates. This survey was created to explore the needs and career goals of doctoral students in these programs. The advantages of a web-based survey include low cost, faster return rates, and confidentiality. The limitations of this mode of data collection include the depersonalizing nature of a mass mailing and the tendency this has to thwart respondent participation (Dillman, 1991; Hertlein and Lambert-Shute, 2007; Raj & Sivadas, 1995). To encourage participation, the authors first contacted the 17 program directors by mail, including a description of the study and the survey link, and invited any questions about the project. This letter was followed up by an email with the same information. Greater anonymity of respondents was facilitated by having the program directors forward the survey link directly to their students. This method of data collection follows previous similar efforts to study the experiences of MFT students (Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Hertlein & Lambert-Shute, 2007).

Table 1
COAMFTE-Accredited Doctoral Programs Surveyed and Their Response Rate
 (N = 82)

Program name	Participants (n =)
Alliant International University	5
Brigham Young University	5
Florida State University	8
Iowa State	2
Kansas State University	2
Michigan State University	3
Nova Southeastern University	7
Ohio State University	3
Purdue University	8
St. Mary's University	2
Syracuse University	4
Texas Tech University	8
University of Akron	4
University of Connecticut	4
University of Georgia	5
University of Louisiana	4
Virginia Tech	8

The web survey included open-ended and closed-ended questions, multiple-option questions, and Likert scale items. The closed-ended questions asked about demographic information, such as gender, age, marital status, ethnic background, MFT doctoral program institution, and internship status. Survey questions highlighted areas of career aspirations, career preparedness, internship experiences, and training opportunities in doctoral education. A more detailed description of these questions is explained in the analysis section below.

ANALYSIS

Three-Point Likert Scale Items

Two categories of questions were used. The first question included a list of 21 questions aimed to assess students' self-perceived level of preparedness to accomplish each of the listed tasks. The list of 21 professional tasks (see Table 2) was generated through heuristic inquiry (Patton, 2002). The authors initially developed a list of professional tasks based on literature and personal experiences. This initial list was edited after consulting with several other MFT faculty members, clinicians, researchers, and supervisors from around the country. The second question was used to assess the students' self-perceived level of preparedness to meet their career goals. The data from these Likert scale questions were summarized as frequencies and percentages occurring in the various response categories of the scale.

Multioption Variable Items

Six items in the survey were formatted as a checklist where more than one answer could be selected in response to the question. Table 3 represents the training and educational opportunities doctoral students in their internship phase of study ($n = 24$) reported they experienced

Table 2
Self-Perceived Level of Preparedness to Perform Professional Tasks as Reported by Marriage and Family Therapy (MFT) Doctoral Students (N = 82)

Level of preparedness											
Professional tasks	1 = Not at all			2 = Somewhat			3 = Very much			f	%
	Internship, n = 24		Preinternship, n = 58	Internship, n = 24		Preinternship, n = 58	Internship, n = 24		Preinternship, n = 58		
	f	%	f	%	f	%	f	%	f		
Designing and conducting treatment	0	0	0	0	0	0	0	24	100.0	58	100.0
Collaborate with other treatment providers	0	0	2	3.4	0	0	5	24	100.0	51	87.9
Evaluation of student academic and clinical competence	1	4.2	26	44.8	11	45.8	27	12	50.0	5	8.6
Incorporate information technology into the classroom	1	4.2	6	10.3	9	37.5	22	14	58.3	30	51.7
Create a classroom climate inclusive of diversity	1	4.2	7	12.1	9	37.5	22	14	58.3	5	8.6
Individual supervision	1	4.2	5	8.6	8	33.3	24	15	62.5	5	8.6
Group supervision	2	8.3	10	17.2	9	37.5	31	13	54.2	17	29.3
Collaborate with others in interdisciplinary research	2	8.3	5	8.6	11	45.8	44	11	45.8	9	15.5
Take part in recruitment and selection of students	2	8.3	10	7.2	7	29.2	24	15	62.5	24	41.4
Teach MFT graduate classes	2	8.3	11	19.0	7	29.2	23	15	62.5	24	41.4
Advise undergraduates	2	8.3	38	65.5	5	20.8	16	17	70.8	4	6.9

Table 2
(Continued)

		Level of preparedness											
		1 = Not at all			2 = Somewhat			3 = Very much					
Professional tasks	f	Internship, n = 24		Preinternship, n = 58		Internship, n = 24		Preinternship, n = 58		Internship, n = 24		Preinternship, n = 58	
		%	f	%	f	%	f	%	f	%	f	%	f
Advise graduate students	3	12.5	14	24.1	9	37.5	20	34.5	12	50.0	24	41.4	
Present research at a national conference	3	12.5	9	15.5	6	25.0	37	63.8	15	62.5	12	20.7	
Publish research findings	4	16.7	11	19.0	12	50.0	24	41.4	8	33.3	23	39.7	
Take part in recruitment and selection of faculty	4	16.7	10	17.2	11	45.8	31	53.4	9	37.5	17	29.3	
Serve on departmental and institution-wide committees	7	29.2	29	50.0	10	41.7	22	37.9	7	29.2	7	12.1	
Articulate a teaching philosophy	10	41.7	24	41.4	8	33.3	5	31.0	6	25.0	16	27.6	
Self-directed research	11	45.8	33	56.9	9	37.5	15	25.9	4	16.7	10	17.2	
Review scholarly articles	13	54.2	33	56.9	8	33.3	18	31.0	3	12.5	7	12.1	
Engage in university governance/policy	14	58.3	34	58.6	7	29.2	17	29.3	3	12.5	7	12.1	
Write a grant	15	62.5	37	63.8	5	20.8	12	20.7	4	16.7	9	15.5	

Table 3
Opportunities From Doctoral Internship (N = 24)

Opportunity	Frequency
Work with families	22
Work with groups	19
Work with children	17
Work with specialized populations	17
Work with couples	15
Work with managed care	10
Teach	9
Collaborate with other disciplines	9
Present (e.g., guest lectures, presentations)	9
Supervise individuals	9
Present research at a national conference	7
Conduct research	6
Publish an article	6
Clinically evaluate trainees or others	5
Mentor students	4
Be on committees	4
Advise students	4
Conduct group supervision	3
Learn about how to run private practice	0

during their internship. Table 4 details the opportunities experienced during doctoral education that helped the respondents prepare for careers as clinicians, teachers, researchers, and supervisors. Table 4 delineates responses from students who were in preinternship ($n = 58$) and those who were engaged in their internship ($n = 24$). The authors considered each checklist item as a separate variable and tabulated the frequencies into percentages. Again, each checklist item was generated in the same manner as described for the list of professional tasks.

Open-Ended Questions

To gain more insight into doctoral students' perspectives of career aspiration and doctoral training, open-ended questions were used to generate supplemental data. The open-ended questions were designed to elicit recommendations from students on how doctoral programs can better prepare students for obtaining their career goals. Responses to the open-ended questions were examined by using inductive content analysis (Bogdan & Biklin, 1998). The authors used open coding to note common themes, important insights, and unforeseen topics. The evaluation of the importance of insight and recommendation was based on its frequency.

RESULTS

A total of 82 surveys were completed and used in the analysis. Based on the 2004 COAMFTE doctoral program demographic breakdown, the response rate for this study was 26.4% of doctoral students (at the time of data collection). According to COAMFTE records, there were 310 students enrolled in doctoral programs (Commission on Accreditation for Marriage and Family Education, 2004). The sample size consisted of 67% ($n = 55$) women and 32.9% ($n = 27$) men, with an age range between 24 and 59 years ($M = 34.9$ years). The ethnic

Table 4
Opportunities During Doctoral Education That Helped Prepare for a Specific Career Role as Reported by Marriage and Family Therapy Doctoral Students (N = 82)

Career role	Opportunities	Internship <i>n</i> = 24		Preinternship <i>n</i> = 58	
		<i>f</i>	%	<i>f</i>	%
Clinician	Worked at my doctoral program's on-site clinic	23	95.8	44	75.9
	Observing colleague's work with clients	21	87.5	41	70.7
	Do "self-of-the-therapist" work	19	79.2	36	62.1
	Do cotherapy	17	70.8	41	70.7
	Participate in a reflecting team	17	70.8	37	63.8
	Attend advanced training/seminars/workshops	17	70.8	29	50.0
	Collaborate with other treatment providers	16	66.7	17	29.3
	Specialized training for a particular model of therapy	15	62.5	22	37.9
	Worked at an off-site clinic	13	54.2	34	58.6
	Supervision by phone (not live)	13	54.2	36	62.1
	Specialized training for a particular client population	10	41.7	24	41.4
	Cotherapy with supervisor	9	37.5	16	27.6
	Live supervision	1	4.2	28	48.3
	Observing supervisor's working with clients	0	0.0	32	55.2
	Incorporate information technology in the classroom	20	83.3	42	72.4
	Teacher	Receive feedback about teaching	19	79.2	34
Teach a lecture course (not as instructor of record)		17	70.8	43	74.1
Participate in the recruitment and selection of students		17	70.8	24	41.4
Progressively take on more responsible roles in teaching		17	70.8	26	44.8
Develop grading criteria for a course		17	70.8	21	36.2
Attend a workshop/seminar/class on teaching effectiveness		16	66.7	29	50.0
Design a class	16	66.7	21	36.2	

Table 4
(Continued)

Career role	Opportunities	Internship <i>n</i> = 24		Preinternship <i>n</i> = 58	
		<i>f</i>	%	<i>f</i>	%
	Evaluate the academic competency of students	16	66.7	19	32.8
	Participate in campus or department governance	14	58.3	16	27.6
	Participate in the recruitment and selection of faculty	13	54.2	16	27.6
	Supervised/mentored while teaching a class	12	50.0	16	27.6
	Coteach a class with a professor	11	45.8	19	32.8
	Opportunity to engage in forms of service to my profession	6	25.0	5	8.6
	Serve on a departmental and institution-wide committee or help craft policy	5	20.8	3	5.2
	Attend a workshop/seminar on organization and administration of colleges/ universities	4	16.7	4	6.9
	Teach a graduate course in family therapy	4	16.7	6	10.3
	Review academic articles, serve on disciplinary society committees	2	8.3	2	3.4
Researcher	Be on a research team	21	87.5	37	63.8
	Conduct research	20	83.3	32	55.2
	Present at a regional or national meeting	19	79.2	24	41.4
	Work with an experienced researcher	18	75.0	30	51.7
	Be mentored by a researcher	15	62.5	32	55.2
	Take more progressive roles in research	11	45.8	22	37.9
	Publish your research	11	45.8	17	29.3
	An opportunity to attend a workshop/seminar/class on writing a grant	10	41.7	12	20.7
	An opportunity to work on a grant	9	37.5	16	27.6
	An opportunity to lead a research project	7	29.2	15	25.9
	An opportunity to collaborate with others in interdisciplinary research	7	29.2	11	19.0
	An opportunity to make a grant proposal	6	25.0	9	15.5
	Be on a research committee as an evaluator	2	8.3	3	5.2

Career role	Opportunities	Internship <i>n</i> = 24		Preinternship <i>n</i> = 58	
		<i>f</i>	%	<i>f</i>	%
Supervisor	Attend a class on supervision of supervision	23	95.8	21	36.2
	Participate in supervising an individual	23	95.8	16	27.6
	Be supervised while supervising	22	91.7	15	25.9
	Collaborate with other supervisors supervising trainees	16	66.7	13	22.4
	Evaluate the clinical competency of a trainee	13	54.2	12	20.7
	Attend a workshop/seminar on supervising	7	29.2	6	10.3
	Participate in supervising a group	6	25.0	7	12.1
	I have not had any of the opportunities listed above	1	4.2	9	15.5

backgrounds of the respondents were Caucasian (80.5%), African American (8.5%), Hispanic/Latino (8.5%), and Asian American (2.5%). Over half of the students were married or partnered (65.5%) and the remaining either single (33.3%) or divorced (1.2%). Furthermore, 91.7% of the MFT doctoral students were enrolled full-time and 8.3% were part-time. Approximately one third (29.3%) of the students indicated that they were in their internship phase of their doctoral education. The respondents' ethnic backgrounds in the categories of African American, Hispanic/Latino, and Asian American were smaller than the estimates provided by COAMFTE (15.1%, 9.5%, and 5.4%, respectively). Data from COAMFTE reflected a significantly higher number of women than men enrolled in doctoral programs (72% women and 28% men) as well as those in their internship phase (40%). The gender breakdown in this sample is similar to the gender distribution for all COAMFTE doctoral students as reported by COAMFTE records (Commission on Accreditation for Marriage and Family Education, 2004).

Career Aspirations of MFT Doctoral Students

Over half of the students (57.3%) were reported to have a career goal of becoming a professor in a college or university. The remaining indicated they wanted to be in private practice (22%) or pursue employment at a nonprofit agency (20.7%). When delineated by gender, findings indicated that more men than women desired careers in academia. Twenty-two out of 27 men (81.5%) and 25 out of 55 women (45.4%) reported that they wanted to be a professor. Sixteen women (29.1%) and one man (3.7%) reported that they wanted to do nonprofit agency work. Additionally, 14.8% ($n = 4$) of the men and 25.5% ($n = 14$) of the women reported that they wanted to get into private practice upon graduating from their doctoral program (see Table 5).

Opportunities Experienced During Doctoral Training

The 24 students who indicated that they were in their internship phase of their MFT doctoral education reported having many opportunities for clinical work during their internship. Specifically, doctoral interns indicated that they had many opportunities to work with families, groups, children, specialized populations, and couples (see Table 3). They also indicated that they had fewer opportunities to supervise groups, advise/mentor students, clinically evaluate trainees, and conduct research. None of the students indicated that they had the opportunity to learn how to run a private practice.

Table 4 represents the various training opportunities provided that students reported had helped prepare them for career roles (clinician, teacher, researcher, and supervisor). Regarding opportunities that helped in the preparation to become clinicians, MFT doctoral interns indicated that observations of colleagues' clinical work, participation in reflecting teams, and collaborations with other treatment providers were most often experienced. Students indicated that they had fewer opportunities to do cotherapy with a supervisor and receive live supervision. In relation to the career role of a teacher, MFT doctoral interns indicated that incorporating

Table 5
Marriage and Family Therapy Doctoral Students' Career Aspirations (N = 82)

Gender	No. participants		Professor		Private practice		Nonprofit agency	
Female	$n = 55$	67.1%	$n = 25$	45.4%	$n = 14$	25.5%	$n = 16$	29.1%
Male	$n = 27$	32.9%	$n = 22$	81.5%	$n = 4$	14.8%	$n = 1$	3.7%

Note: $\chi^2 = 4.10, p = .042$.

information technology in the classroom, teaching a lecture course, and participating in the recruitment and selection of students were the most frequent opportunities available to them. Reviewing articles and serving on disciplinary committees were infrequent opportunities reported. For the career role of researcher, doctoral interns reported more frequent opportunities to be on a research team, work with an experienced researcher, and be mentored by a researcher. Opportunities to write grants and to be an evaluator on a research committee were rarely experienced. Finally, responses indicated fewer opportunities to be a supervisor. Attending a class on supervision of supervision, supervising an individual, and being supervised while supervising were opportunities most frequently experienced that helped interns prepare for the role of supervisor.

Preparedness for Professional Tasks

Table 2 represents the results of students' reports of their preparedness to perform professional tasks as reported by MFT doctoral students who are in their internship phase of their program. Noteworthy was that these students felt "very much" prepared to perform the tasks of designing and conducting treatment, collaborating with other treatment providers, providing individual supervision, participating in the recruitment and selection of students, and teaching MFT classes. Predominant professional tasks that the students indicated "not at all" prepared were writing grants, engaging in university governance/policy, reviewing articles, conducting self-directed research, and articulating a teaching philosophy.

Results of the self-perceived preparedness to meet career goals based on stated career aspiration as reported by the doctoral students are given in Table 6. Students who are in earlier phases of their doctoral training (preinternship) and students in their internship phase are delineated into Table 6a and 6b. Students of COAMFTE doctoral programs typically completed a clinical internship in their last year of study, after they had completed the bulk of their

Table 6

(a) *Self-Perceived Level of Preparedness to Meet Career Goals Based on Career Aspiration as Reported by Marriage and Family Therapy (MFT) Doctoral Students in Their Internship Phase (N = 24).* (b) *Self-Reported Level of Preparedness to Meet Career Goals Based on Career Aspiration as Reported by Noninternship MFT Doctoral Students (N = 58)*

Career	Level of preparedness						Mean	Mode	
	1 = Not at all	2 = Somewhat	3 = Very much						
(a)									
Professor	<i>n</i> = 15	<i>f</i> = 6	40%	<i>f</i> = 5	33%	<i>f</i> = 4	27%	1.87	1
Private practice clinician	<i>n</i> = 5	<i>f</i> = 0	0%	<i>f</i> = 2	40%	<i>f</i> = 3	60%	2.60	3
Nonprofit agency	<i>n</i> = 4	<i>f</i> = 0	0%	<i>f</i> = 1	25%	<i>f</i> = 3	75%	2.75	3
(b)									
Professor	<i>n</i> = 32	<i>f</i> = 14	43.8%	<i>f</i> = 13	40.6%	<i>f</i> = 5	15.6%	1.72	1
Private practice clinician	<i>n</i> = 13	<i>f</i> = 1	7.7%	<i>f</i> = 4	30.8%	<i>f</i> = 8	61.5%	2.54	3
Nonprofit agency	<i>n</i> = 13	<i>f</i> = 1	7.7%	<i>f</i> = 8	61.5%	<i>f</i> = 4	30.8%	2.23	2

Table 7

Responses by Marriage and Family Therapy (MFT) Doctoral Students to the Question, "What Advice Would You Give Your Program That Would Help Them Better Prepare Doctoral Students for Obtaining Their Career Goals?" (N = 63)

Items listed	Frequency
Have real research projects, not "practice articles," and more research in the clinical setting	19
More mentoring during and even after graduation	15
Aids in writing grant proposals	11
More opportunities to supervise master's-level students	9
More live supervision	8
Encourage the field to provide internships for MFT students	1

coursework (Commission on Accreditation for Marriage and Family Education, 2004). Of the doctoral interns who indicated "private practice" as their career aspiration, more than half (60%) reported feeling "very much" prepared to meet their career goals. Similar reports were made by students in earlier phases of their doctoral training (preinternship). Doctoral interns felt best prepared to meet their career goals of nonprofit agency work, while noninternship student reported feeling best prepared to meet career goals of private practice work. Of those who indicated becoming a professor as their career aspiration, the percentage who reported they were "not at all" prepared was slightly higher with noninternship students than with doctoral interns (42.6% and 40%, respectively).

Feedback From MFT Doctoral Students for Program Improvement

Approximately 76% ($n = 63$) of all respondents provided comments to the open-ended question, "What advice would you give your program that would help them better prepare doctoral students for obtaining their career goals?" Responses to this question were evaluated using inductive content analysis. This involved reading through all the responses to identify themes. Similar responses were grouped together. The frequency of each thematic response was tabulated and presented in table form (see Table 7). Six main themes emerged from this review of the responses. The leading recommendations by doctoral students included "having real research projects, not just practice articles," "mentoring with supervisors/faculty members," "writing grant proposals," and "having more opportunities to supervise master's-level students."

DISCUSSION AND IMPLICATIONS

Our findings indicate that over half of the MFT doctoral students have career aspirations of becoming a professor, with more men than women choosing this path. Becoming a private practice clinician or working in a nonprofit agency as a clinician or an administrator are the other leading career aspirations indicated. Students felt they were less adequately prepared for the role of professor, and felt most prepared for the role of clinician. In regard to gender, males were more likely to choose careers in private practice over careers in nonprofit agencies.

The fact that the students felt most prepared in the essentials of clinical practice and somewhat prepared to conduct research is reassuring, and reflects that the MFT doctoral programs are successfully conveying the skills associated with advanced clinical practice and research methods. One third of the students (32.9%) reported feeling "very much" prepared to meet career goals based on their career aspiration. The results of the survey indicated 41.7% of the students

in their internship phase reported feeling “very much” prepared to meet their career goals, while 23.6% of the preinternship students reported feeling very much prepared. Not surprisingly, those who had more years in their doctoral training felt more prepared than those who had less training. While this finding is intuitively logical, additional research is needed to differentiate what aspects of the internship experience support a greater sense of preparedness. For example, the various types of internship opportunities students experience may contribute to feeling better prepared. It is also likely that the dissertation experience leads to a higher level of thinking and practice skills, which are then transferred to feeling more confident and better prepared.

The areas where students indicated feeling least prepared warrant further discussion and investigation. Most students indicated feeling less prepared for writing grants, engaging in university governance/policy, reviewing scholarly articles, and conducting self-directed research (see Table 2). These results are consistent with prior studies in other fields regarding the need to prepare future faculty members (Austin, 2003; Gerdeman, Russell, & Eikey, 2007; Golde & Dore, 2001; Koblinsky, Kovalanka, and McClintock-Comeaux, 2006).

Gender Differences in Career Aspirations

Most of the male doctoral students (81.5%) and less than half of the female doctoral students (45.4%) reported a desire to have a career in academia. These results were consistent with previous findings that more men than women intend to pursue academic careers (Golde & Dore, 2001; Van Anders, 2004; White, 2005). In this study, we did not specifically inquire about training opportunities for women, and it is unclear what doctoral programs could do, if anything, to encourage more women to pursue academic careers. Perhaps this indicates a need to provide more training opportunities for women in doctoral programs as well as encouragement, mentorship, and support to pursue an academic career. Gender differences might arise because women and men faced with the same options and opportunities have made different choices in their careers (Van Anders, 2004). A recent study conducted by Van Anders (2004) found that women self-select away from academia in response to perceived systemic barriers related to parenthood. Mason and Goulden (2002) found that the weight of family formation pressures and continuing childrearing responsibilities fell disproportionately on women. White (2005) documented that although 42% of PhD recipients were women, only 13.8% were in tenured faculty positions. Women often left academia to take on part-time, adjunct, and lecture positions (White, 2005). It seems many female MFT doctoral students self-select other career paths at the start of their graduate career. Further research is needed to explore the factors that contribute to decisions to pursue nonfaculty careers.

Previous research regarding master’s and doctoral students’ experiences suggests that a primary interest of doctoral students choosing a graduate program is the opportunity to teach classes (Hertlein & Lambert-Shute, 2007). The results of this study indicate that a career in academia is the primary goal of many doctoral students, and that their doctoral programs are indeed preparing them for many of the tasks associated with this career. Specifically, the majority indicated they had opportunities in their doctoral programs to incorporate information technology into the classroom, receive feedback about teaching, teach a lecture course (not as an instructor of record), and participate in the recruitment and selection of students. However, the same students reported that they lacked enough opportunities to review academic articles, teach graduate courses in family therapy, serve on departmental and institution-wide committees, write grants, lead research projects, and supervise groups.

Core Competencies for Doctoral Education in MFT

The field of MFT has recently developed “core competency” standards related to clinical practice (American Association for Marriage and Family Therapy, 2004; Miller, Todahl, & Platt, 2007; Nelson et al., 2007). These standards attempt to identify the minimum skills required to be considered competent to practice as a master’s-level, licensed professional. The

process of developing the core competencies for MFT also involved attempting to clarify the unique skills needed to practice MFT versus other types of counseling (American Association for Marriage and Family Therapy, 2004). Fundamentally, the core competency orientation involves a shift in philosophy with regard to training. Whereas previous training standards were based on an input-based system (i.e., competence is achieved by accumulating certain training experiences), the core competency orientation is an output-based system where students are expected to demonstrate certain competencies in specified areas (Miller et al., 2007; Nelson et al., 2007). Skills such as a systemic family assessment, circular questioning, and systemic intervention are examples of core competencies related specifically to clinical practice of MFTs.

In the future, doctoral programs may decide to develop core competency standards for training doctoral students in MFT, similar to current efforts to develop standards for MFT master's-level clinical practice. These competencies may include standards such as androgological issues specific to MFT training, grant writing, research skills, teaching graduate classes, and advising graduate students. The results of this survey indicated that doctoral students felt they were less prepared to address these areas. Other areas of development for doctoral core competencies in the field of MFT could include standards for culturally sensitive supervision, systemically oriented research, and other aspects of relational scholarship and leadership.

Limitations

There are a number of limitations to the survey data, and results should be viewed in the context of these limitations. First, this study used a convenience sampling of MFT doctoral students who participated in the study; not all MFT doctoral students from all COAMFTE-accredited programs participated. Specifically, the sample from this study included slightly fewer participants from diverse ethnic backgrounds than indicated in the COAMFTE reports for the same year (Commission on Accreditation for Marriage and Family Education, 2004). Another limitation is that we were essentially surveying students in different stages (or years) in their doctoral education. Thus, our results might not truly reflect the perceptions of doctoral students at the completion of their studies. Graduate programs are complex, and many factors are involved in carrying out the mission of the programs. The intent of this study is to provide information about the career aspirations of MFT doctoral students. Further investigation is needed to explore the experiences of doctoral graduates once they are employed in their chosen career.

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