

**Marriage and Family Therapy Graduate Student Stress:  
A Survey of AAMFT Student Members**

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Abstract

The purpose of this study was to examine stress that MFT graduate students experience in their personal lives. The researcher developed a 31-item quantitative and qualitative questionnaire to identify factors that relate to stress experienced by MFT graduate students and coping resources and strategies that MFT graduate students use to handle their stress. Fifty-seven percent (57%) of the 500 student members surveyed responded to the mailed questionnaire. Descriptive statistics, as well as quantitative and qualitative analyses were conducted.

Quantitative results revealed that 94% MFT graduate students in this sample were moderately to highly stressed. The results also revealed that “Considering Dropping Out” is the strongest indicator of high levels of stress. Other statistically significant relationships found were age and student status (full-time or part-time). Qualitative results revealed students’ coping skills and suggestions for MFT program directors to improve their assistance to students dealing with stress.

*For John*

with special thanks to Karen Rosen

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## CHAPTER ONE: INTRODUCTION

### *Statement of the Problem*

Stress affects all human beings. In the general population, over 19 million adults in the United States suffer from depressive disorders, and in any given year approximately 4 million Americans will be diagnosed with generalized anxiety disorder (National Institute of Mental Health [NIMH] 1999, 2002). NIMH also states that experiencing stress is one factor associated with depression and anxiety disorders. Clearly, unresolved stress is a problem in the United States, and Marriage and Family Therapy (MFT) graduate students are not exempt from many of the stressors that the general population faces.

Many studies have examined stress in graduate students. Some of the particular areas covered by these studies include the medical, law, and clinical psychology fields (Clark & Zeldow, 1988; Hainer & Palesch, 1998; Heins, Fahey, & Leiden, 1984; Hsu & Marshall, 1987; Katz, Monnier, Libet, Shaw, & Beach, 2000; Kreger, 1995; Platt & Schaefer, 1995; Toews, Lockyer, Dobson, & Brownell, 1993). In addition, the stress of graduate school for women who are mothers has also been examined and found to be substantial in terms of role conflict and role ambiguity (Anderson & Mieзитis, 1999; Gigliotti, 2001), and time management and availability (Nelson, Dell'Oliver, Koch, & Buckler, 2001).

However, little research has been conducted on the stress that MFT graduate students experience. MFT graduate students not only face the stress of graduate level classes, but also the task of becoming therapists as well as competent researchers. It is not surprising to find that what research has been done regarding MFT graduate students has focused primarily on general concepts of clinical training during graduate school (Bischoff, Barton, Thober, & Hawley, 2002; Liddle, Breulin, & Schwartz, 1988; Liddle & Schwartz, 1983; Patterson &

Magulac, 1994; Polson & Nida, 1998). Those concepts include supervision style (personalities of supervisor and supervisee or interaction style of the two), form of supervision (live, video, reflecting group), training in clinical models, and development of therapeutic skills.

Certainly, the transformation from student to therapist is significant, and the transformation of the individual in the process is substantial. What has been largely ignored in clinical training research, however, is the stress that the process exacts on the lives of individuals. Students experience internal stressors and many external program stressors, and any unresolved stress may then be problematic for students (Polson & Nida, 1998). In addition, what research has been conducted on MFT student trainees' stress is exploratory and primarily descriptive.

#### *Definition of Stress*

To study stress in graduate students, the word "stress" requires definition. "Stress" is not something that can be measured directly; therefore, it is usually assessed using physiological measurements or self-report measures (Heins et al., 1984).

Lazarus (as cited in Street, 1995) writes, "Stress is identified only when individuals believe that any given situation will place demands on them that will tax or exceed the resources available to them" (p. 70). Therefore, "stress" is a belief that one's resources will be insufficient in a specific situation. In addition, "eustress" is the kind of stress that motivates one to do something or to carry on (Alluisi, 1982; Chiles, 1982). Both kinds of stress may be a part of the graduate student's life. Indeed, graduate school is not expected to be stress-free (Heins et al., 1984). In this study, the researcher examines stress that is threatening, harmful, or challenging, and good stress (or eustress) is considered to be a motivating factor.

## *Significance*

Going to graduate school is stressful, and no one expects graduate school to be stress-free. There is a gap in the literature regarding trainees' stress in their personal lives, and statistical studies are needed to identify what variables relate to MFT graduate student stress. This study partially fills this gap by quantifying variable and stress relationships with survey research. This study is an effort to further the theoretical and practical knowledge of the stress that MFT graduate students experience. As mentioned above, stress has been well documented in other areas of graduate study, but almost no literature exists on the stress that MFT graduate students experience. There has only been one descriptive study that attempts to identify some of the stressors affecting MFT graduate students (Polson & Nida, 1998). Otherwise, nearly all of the MFT graduate student research focuses on the clinical training aspect of becoming a therapist (Liddle et al., 1988; Liddle & Schwartz, 1983; Patterson & Magulac, 1994; Polson & Nida, 1998).

In addition, this study explores coping resources and strategies MFT graduate students employ to manage stress. Almost no detailed literature exists regarding coping skills used by MFT graduate students. Other fields have examined coping to some extent, but this information is effectively missing in MFT student research.

More specifically, the significance of this study is that it applies quantitative research techniques to analyze the stress that MFT graduate students endure, and this information furthers the theoretical and practical knowledge of the relationships between MFT graduate study and students' stress. The results of this study may assist colleges, universities and professors in identifying aspects of their programs that are likely to be stressful, and help them to identify distress in students. In addition, this study may raise student awareness of factors

that relate to stress. Once this awareness is in place, students may then be better able to care for themselves by using coping strategies that are identified in this study. Ultimately, directors and professors in MFT programs may be better able to aid distressed students, and perhaps reduce program attrition using the results of this project.

### *Rationale for the Study*

In a descriptive study by Polson and Nida (1998), the authors uncovered some possible sources of stress, and expressed an expectation that some stressors would affect some students more than others. Polson and Nida's exploratory study asked participants a variety of questions that they hypothesized reflected sources of stress. The current project attempts to build upon that study by examining in more detail the relationship of possible stressors on individuals undertaking graduate school course work and clinical training in Marriage and Family Therapy. This study examines the relationship between MFT students' level of perceived stress and several variables, such as: relationship status; parental status; working for financial support (number of hours student and/or partner works); work flexibility; annual household income; type of degree sought; student status (full-time or part-time); place in clinical training; and whether the respondent considered dropping out of the program. Gender, age, and ethnicity are factors included in the analysis.

Research regarding stress has been conducted in several other areas of graduate study, including clinician training: medical schools; psychology programs; law programs; humanities; social sciences; life sciences; and physical sciences (Heins et al., 1984; Hodgson & Simoni, 1995; Hudson & O'Regan, 1994; Kjerulff & Wiggins, 1976; Koeske & Koeske, 1989; Toews et al., 1993). In all cases, sources of stress and degree of stress were examined ultimately for the benefit of program directors and for the students most at risk. However, very little research

in Marriage and Family Therapy has examined stress in students enrolled in such programs, and even less research has reviewed the impact on the personal lives of students.

Similarly, coping has been largely ignored in the MFT student literature. Other fields, including medical, law, humanities, sciences, clinical psychology, social work, have examined coping skills (Heins et al., 1984; Hodgson & Simoni, 1995; Hudson & O'Regan, 1994; Kjerulff & Wiggins, 1976; Koeske & Koeske, 1989; Toews et al., 1993). However, this information has yet to be explored in the MFT graduate student field. The current project identifies coping skills that MFT graduate students use to deal with stress.

### *Theoretical Framework*

The theoretical model that guided this study is the Family Adjustment and Adaptation Response (FAAR) Model (Patterson, 1988). This model is based on the ABCX Family Crisis Model developed by Hill (1949): “A (the stressor event) interacting with B (the family’s crisis-meeting resources) interacting with C (the definition the family makes of the event) produces X (the crisis)” (p. 141).

Hill’s ABCX model was the primary model of family stress for thirty years. McCubbin and Patterson proposed a Double ABCX Model to incorporate postcrisis variables that helped “explain how families recover from crisis and achieve adaptation” (Patterson, 1988, p. 208). Patterson sought to improve on the Double ABCX Model by proposing the FAAR Model (see Figure 1), which is a process model that takes into account families’ precrisis adjustment and postcrisis adaptation.

Patterson (1988) theorizes that homeostasis is pursued by meeting *demands* (stressors and strains) with *capabilities* (resources and coping). The author asserts that the meanings

ascribed to the demands and capabilities “are a critical factor in achieving balanced functioning” (p. 209).

The FAAR model has two phases: adjustment and adaptation. In between the phases is *family crisis*. The adjustment phase is a stable period where the family is balancing demands with capabilities. The adaptation phase is the response to a crisis, in which the family changes in order to achieve a postcrisis balance. A family may score anywhere from poor to good on a continuum for both the adjustment phase and the adaptation phase. Patterson (1988) asserts that this model takes into account multiple levels of the systems, including the individual. Patterson (2000) further advanced the FAAR Model to incorporate the construct of family resilience. She clarifies her model by examining resilience as a capacity and as a process.

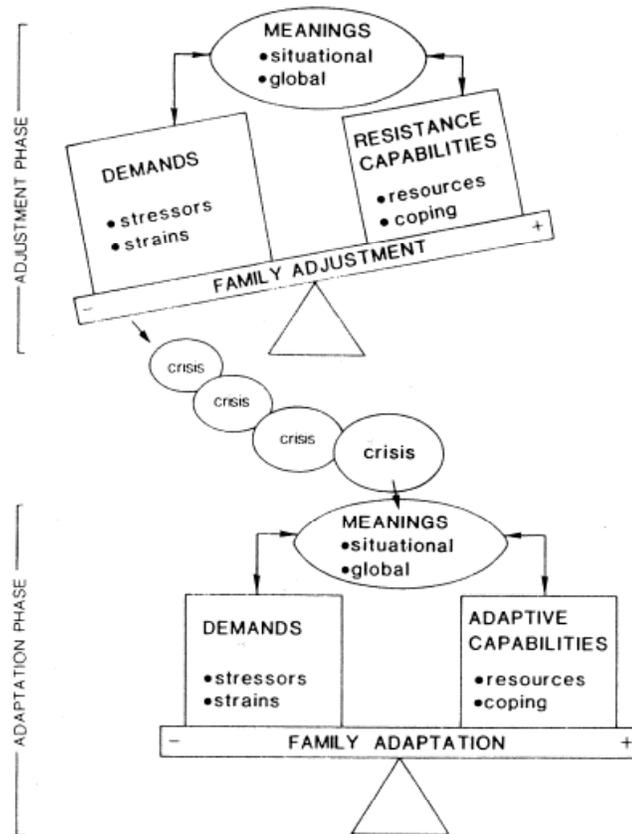


Figure 1. Patterson’s Family Adjustment and Adaptation (FAAR) Model.

This study uses Patterson's FAAR Model as the guiding theoretical framework, but applies it to the individual graduate student's experience. Therefore, the current study examines relationships between sources of stress (demands in Patterson's vocabulary) and variables that are indicators of high levels of stress. Implicit in the researcher's framework is that lower stress levels are likely to be associated with the development of appropriate capabilities (resources and coping skills), and this study identifies at least some of these skills.

### *Purpose of the Study*

As noted earlier, there is a gap in the research regarding stress on MFT graduate students' personal lives. Most research has reviewed the clinical training aspects of graduate training, and there has been some descriptive research identifying possible stressors for students. The objective of this study, however, is to identify (a) factors that relate to stress experienced by MFT graduate students and (b) coping resources and strategies that MFT graduate students use to handle their stress.

In this study, the researcher surveyed a random sample of MFT graduate students, who are student members of AAMFT, with a self-report questionnaire. Through analysis of the responses, the researcher shows the relationship between age, gender, ethnicity, marital status, parental status, student status (full-time or part-time), working for financial support, work flexibility, income level, place in clinical training, type of degree sought, considering dropping out of the program, and (a) level of perceived stress, (b) concern about one's level of perceived stress, and (c) how much of one's stress one attributes directly to MFT graduate school education.

Finally, the study identifies coping skills used by MFT graduate students. Coping skills, strategies, and resources were examined at the personal, familial, and community levels. Also,

participants' suggestions were gathered for ways that MFT program directors can improve their programs regarding student stress. The coping data are qualitative in nature and will serve as preliminary information that may inform future research.

## CHAPTER TWO: LITERATURE REVIEW

### *Overview*

The purpose of this study was to identify factors that relate to stress experienced by MFT graduate students, and coping resources and strategies that MFT graduate students use to handle their stress. While there is some research regarding clinical training and possible stressors of MFT graduate students, there is very little research regarding stress in MFT students' personal lives. This study contributes to filling in this gap in the literature concerning personal stress and coping during the training of budding therapists in MFT programs.

### *Stressors*

There is a vast amount of literature regarding stress relating to all areas of human life and biological science. Because "stress" is used in many different fields the definition of the word varies according to the area of interest. As mentioned above, the definition of stress used in this study is from Lazarus (as cited in Street, 1995): "Stress is identified only when individuals believe that any given situation will place demands on them that will tax or exceed the resources available to them" (p. 70). Therefore, the researcher infers that "stress" is a belief that an individual's resources will be insufficient in a specific circumstance.

The next logical issue is the measurement of stress. There is no independent way to operationalize the belief of "stress." The amount, degree, or level of stress is "usually inferred from physiological measurements or from self-report measures of various kinds" (Heins et al., 1984, p. 171). Therefore, to assess "stress" in this study regarding graduate students in MFT programs, the researcher used a self-report questionnaire. This questionnaire is the sole source of information.

### *External Stressors*

External stressors are pressures coming from outside of one's self. External stressors are much easier to identify and measure than internal stressors, and therefore, external stressors are examined more often than internal stressors. For example, number of hours worked per work (external stressor) is much easier to define accurately than level of depression (internal stressor).

Many studies of professional training have focused on external stressors. Time, and lack of time, are stressors that routinely were mentioned in previous studies. For example, Heins et al. (1984) defined time stress as the amount of time studying, and/or lack of time for self or family. Toews et al. (1993) defined time stress as the "time available to learn new material," and Nelson et al. (2001) defined time stress as "time management and availability."

Another frequently found stressor for professionals in training was money. Some authors classified concerns regarding money as economic stress (worrying about money and inflation); another called it "finances" or "financial situation" or "income level"; and yet another was so bold as to say "lack of money" (Heins et al., 1984; Hodgson & Simoni, 1995; Hudson & O'Regan, 1994; and Nelson et al., 2001).

Academic stress was another area of interest. Terms relating to academic stress in various studies were: demands of the program, volume of material to know, complexity of subject matter, examinations and evaluations, or simply "scholastic work" (Heins et al., 1984; Hodgson & Simoni, 1995; Hudson & O'Regan, 1994; and Nelson et al., 2001). One study identified a subcategory called "classroom stress" meaning primarily the degree to which students worry about being called on in class (Heins et al., 1984). "Relationships with teachers and supervisors" is another category of stressor relating to academic stress (Toews et al., 1993).

While not directly an academic stress, it is closely related because relationships with professors are a necessary part of one's academic process.

Closely related to academic stress was dissertation work, including the need to do research and the need to publish (Nelson et al., 2001; Toews et al., 1993). Others include such work in categories mentioned above, such as academic stress.

Practicum placement process, internship expectations and working with clients is an area of interest that appeared only some of the time in a review of the professional training literature (Nelson et al., 2001). Not all programs require internships, and not all graduate students work in fields in which they have clients in the sense that medical personnel, counselors, or therapists do.

A few remaining categories of external stressors were "world stress," defined as worrying about pollution, political unrest and nuclear war, (Heins et al., 1984) and daily hassles (a separate category from time stress or work stress or academic stress) (Nelson et al., 2001).

### *Internal Stressors*

Some studies regarding graduate and professional training examined internal stressors, usually in conjunction with external stressors. As mentioned above, external stressors are more readily measurable and therefore examined with more frequency. However, internal stressors must not be overlooked. Internal stressors are defined as those factors that create stress from within one's self. Again, for the purpose of the current research, stress occurs when the demands in a certain situation overly tax the individual's coping resources (Lazarus as cited in Street, 1995). Therefore, internal stress manifests itself in some of the following ways: perceptions, beliefs, mood, worry, anxiety, depression, self-esteem, role conflict, and expectations.

Role conflict occurs when the student role is added to an already established set of roles. The current thinking is that certain combinations of roles may create more stress than other combinations, and that certain combinations of roles may create more stress than purely the number of multiple roles one takes on.

Koeske and Koeske (1989) studied three particular groups of graduate students in social work: full-time students without jobs, full-time students working part-time, and part-time students working full-time. The multiple roles are defined as being a full-time student *and* working part-time, or being a part-time student *and* working full-time. They found that the full-time students who work part-time experience the greatest degree of stress while the other two categories experience nearly identical but lower levels of stress. The authors note that the full-time students working part-time was a previously unidentified group; hence their findings are of particular interest.

Other types of role strain include parents who add on the role of student. In particular, parents of children under age six may be at most risk for stress symptoms (Koeske & Koeske, 1989). Andersen and Mieзитis (1999) found that parents with pre-school children report that their parental role most conflicted with their student role. They also found that some students struggled with role strain in terms of being a student and a member of their cultural group. One student stated that her role strain was stressful because she was the first in her community to attempt graduate school.

Several authors of articles on graduate and professional training examined depression and anxiety. In the medical field, many studies describe the relationship between medical school and depression. Medical school is an intense experience but with a defined time period. Depression occurs more often in certain years of training and then decreases. Certainly,

individual factors affect one's predisposition to depression, and this was found in medical students as well (Clark & Zeldow, 1988; Hainer & Palesch, 1998; Hsu & Marshall, 1987; Toews et al., 1993).

Koeske and Koeske (1989) and Toews et al. (1993) used the questions from the Symptom Checklist-90 to assess stress. Koeske and Koeske surveyed social work graduate students, while Toews et al. surveyed residents, medical students, and graduate science students. The internal stressors they asked about were: depression and/or anxiety (did the student feel blue, fearful, or tense); and somatic complaints (was the student experiencing headaches or upset stomachs, for example). In addition, Toews et al. examined these internal stressors: ambiguity of expectations, feeling a lack of competence, thinking about quitting the program, and uncertainty regarding available work upon degree completion. Heins et al. (1984) examined the internal stressor of "fear of failure stress" whereby students reported the degree to which they were concerned about failing, lacking ability, or having to repeat a course.

### *Summary*

External stressors, that is stressors that originate in the environment, are explored much more often than internal stressors. External stressors are easily measured. The most frequently explored external stressors, cited in graduate and professional training literature, are: time management or lack of time; financial situation; academic concerns; hours spent working; and working with clients.

Internal stressors originate within one's self, and are often much more difficult to assess. The current literature on stress in professional training examines internal stressors much less often compared to external stressors, when they are examined. The internal stressors most

frequently explored are self-perceptions of depression and anxiety; role strain conflict; fear of failure; feeling incompetent; and ambiguous expectations.

### *Common Stressors of Students in Graduate Programs*

Graduate student stress has been examined across many fields. Some of the particular areas covered by these studies include the medical, law, chemistry, clinical psychology, and humanities fields.

In the medical realm, students are expected to learn vast amounts of academic material, work in clinical settings (some of which are highly stressful such as emergency rooms or intensive care units), and work long hours and be on-call for extended periods. In addition, they must meet rigorous academic standards (Clark & Zeldow, 1988; Hainer & Palesch, 1998; Hsu & Marshall, 1987; Toews et al., 1993).

Heins et al. (1984) studied perceived stress in medical, law, chemistry and psychology graduate students. The respondent profile was as follows: 105 second-year law students (98%); 122 medical students (68 second-year students equaling 77% and 54 third-year students equaling 64%); 61 psychology students (70%); and 72 chemistry students (58%). Their hypotheses were: (a) law and graduate students would report lower stress levels than medical students; (b) there would be “universal stressors” that would not vary among the groups, but that there would be certain unique stressors that would be more stressful for some of the groups; and (c) the groups would vary on their use of support systems.

Interestingly, Heins et al. (1984), found that the medical and law students were slightly more stressed than the chemistry and psychology students, but not significantly, as they had hypothesized. The authors also found that the law students reported the highest levels of stress. Law students said they were stressed because of the small number of examinations

(infrequency of tests) and competition among the students. In very competitive programs they had few chances to do well. Medical students were stressed primarily by lack of time to spend at home. Psychology students were most stressed about their financial situations. And chemistry students were most stressed because of too frequent examinations.

While Heins et al. (1984) found that no group sought the help of outside professionals often, psychology students were three times as likely as the other groups to seek out therapy. Medical students were more likely to talk to a school advisor for help. Law and chemistry students reported that they would not seek out anyone for help.

Toews et al. (1993) did a comparative study of medical residents, medical students and graduate science (master's and doctoral) students. The purpose of the study was to (a) assess the levels of stress among these groups of students, (b) identify the types of stressors affecting trainees, and (c) compare stress levels and stressors among different groups of students. Those groups were: (a) medical students, MSc/PhD students, and residents; (b) between men and women trainees; and (c) between trainees at different levels of training.

The response rate in this study was 61% (150 or 69% of the medical students, 154 or 55% of the residents, and 102 or 61% of the MSc/PhD students). The students were all enrolled in a single medical university in Canada, and responded to a written survey. The authors used two psychometric tests to measure external stressors, and to measure the amount of change a person had to adapt to in the last year. An additional and original questionnaire was developed to measure the extent to which 15 stressors affected the respondents. The original questionnaire was developed based on a review of the literature and a small pilot study.

Interestingly, Toews et al. (1993), found that the greatest levels of perceived stress existed among the graduate science students, although clearly all groups experienced stress. This study also found that female trainees in all fields reported more stress than males.

Other studies have generated similar results. Role conflict and role ambiguity have been found to be substantial in women who are mothers and who also attend graduate school (Anderson & Miezeitis, 1999; Gigliotti, 2001). Nelson et al. (2001) found that women who are mothers and graduate students struggle with time management and availability regarding course demands and family needs.

Nelson et al. (2001) hypothesized that more successful clinical psychology graduate students would be physically healthier, report less stress, report more social support, and report utilization of more positive and fewer negative coping styles. They surveyed 53 clinical psychology graduate students concerning health, stress, social support, and coping styles. The response rate was 87% and consisted of an equal number of male and female respondents. Five measures were collected from or about each student: Grade point average, an original demographic and stress questionnaire, the General Health Questionnaire-28, The Multidimensional Support Scale, and the COPE scale.

The results generally supported the hypotheses, although the correlations were weak. Nelson et al. (2001) hypothesized and found that more successful clinical psychology graduate students reported “less stress, less distress, greater health, greater social support, and utilization of more positive and fewer negative coping strategies than would less successful graduate students” (p. 760). Unexpectedly, they found that women were likely to be more successful students, report a higher degree of venting emotion as a coping style, reported an increased usage of medical care, and reported increased stress regarding academic coursework. The

authors note that perhaps the most salient finding is that increased interpersonal relationships and support were significantly correlated with decreased psychological distress. Nelson et al., state that social support should be actively sought by graduate students.

Hudson and O'Regan (1994) conducted a study at the Minnesota School of Professional Psychology. The response rate was 65%: of the 171 questionnaires received, 156 were usable. The authors explored the following factors as they related to graduate psychology stress: (a) student's gender; (b) year in program; (c) income level; (d) relationship status; (e) age of student; (f) number of children the student is responsible for; and (g) hours worked in a week (employment).

Hudson and O'Regan (1994) found that no one variable alone predicted stress. They also found that students who had one child and were not in a committed relationship reported a higher level of stress. In general the results show that those students who did not have a significant other reported greater levels of stress. Lastly, the authors found that the women who worked full-time and were not in a committed relationship reported the greatest level of stress.

Hodgson and Simoni (1995) surveyed 529 graduate students in humanities, social sciences, life sciences, and physical sciences at a large urban university. The response rate was 60%, and the sample's demographics were quite representative of the university's. Hodgson and Simoni used the Graduate Student Stress Survey to gather their data. The instrument contained questions regarding demographic variables, graduate social support, finances, perceived academic functioning, and psychological distress.

Hodgson and Simoni (1995) "hypothesized that students in humanities and social (i.e., the 'soft') sciences would report less graduate social support and greater financial problems than students in life or physical (i.e., the 'hard') sciences" (p. 246). Next, they hypothesized

that “students in humanities and social sciences would report more psychological distress and lower perceived academic functioning than students in life or physical sciences” (p. 246).

The first hypothesis was not supported. That is, students in the “soft” sciences did not experience less social support than those in the “hard” sciences. Students in the “soft” sciences did experience greater financial problems than the “hard” sciences students: therefore the second hypothesis was confirmed. No relationships between field of study and psychological functioning were found. Lastly, students in humanities and physical sciences both reported low levels of graduate social support and low levels of perceived academic stress, even though Grade Point Averages were high. Physical science students were the most dissatisfied with their overall graduate experience.

Hodgson and Simoni (1995) expected that differences in social support, financial stresses, and perceived academic functioning would create differences in psychological distress between the groups. This was not the case. The authors suggest that students in the “hard” sciences were more likely to receive teaching and research assistantships, thereby lessening the strain of financial concerns. Indeed, Hodgson and Simoni report that the students in the “soft” sciences thought about dropping out to a greater degree than students in the “hard” sciences (33% versus 24%) due to financial problems.

Hodgson and Simoni (1995) suggest that individual differences may have the greatest impact on psychological distress, accounting for no differences found between the groups regarding psychological functioning. And lastly, the authors suggest that the non-respondents may have been the group experiencing the most psychological distress.

### *Summary*

A review of the literature reveals some common factors or stressors that all graduate students share, regardless of their field (medical, law, social sciences, biological sciences).

Those common stressors are: (a) amount of academic material to be learned; (b) working long hours (either at a job or an internship); (c) examinations; (d) classroom performance; (e) lack of personal time for self and family; and (f) financial concerns.

### *Factors Specific to Marriage and Family Therapy Graduate Students*

Few studies exist regarding the stress that MFT graduate students experience. MFT graduate students grapple with academic hurdles, becoming sound researchers, and the paramount task of becoming competent therapists. Most of the research regarding MFT graduate students has focused on the stresses of clinical training (Liddle et al., 1988; Liddle & Schwartz, 1983; Patterson & Magulac, 1994; Polson & Nida, 1998). While this line of research is logical, it is only one area of stress in MFT graduate students' lives.

What has been largely ignored in clinical training research, however, is the stress that the process exacts on the lives of individuals. Students experience internal stressors and many external program stressors, and any unresolved stress may then be problematic for students (Polson & Nida, 1998). In addition, what research has been conducted on MFT trainees' stress is exploratory and primarily descriptive. This section will explore those aspects of stress that are unique to graduate students in Marriage and Family Therapy programs.

In 1993, Polson and Piercy reported on a focus group study, the purpose of which was to explore how program stress affects married family therapy trainees and their families. The authors gathered information on the strengths of the MFT program, sources of stress, and coping strategies. The specific details of these areas will be discussed below. Not surprisingly,

the authors found that program stress affected every family in their focus groups, and that the levels of stress were spread out along the continuum. Perhaps the most important concept gleaned from this study was that students did not recommend that faculty decrease the amount of work in order to decrease students' stress. Rather, students expressed a need for "greater faculty awareness and verbal acknowledgement of student and family efforts in the program" (p. 89). Affirmation and validation is, in essence, what the students desired.

Polson, Piercy, and Nida (1996) set out to construct a psychometrically reliable and valid self-report measure by which they could assess students' adjustment to program lifestyle stress. They called their measure the TAPS Scale. The scale yields a single score, and the lower the score the higher the level of perceived stress. The major constructs of the project were: Training Program Demands, Graduate Student Lifestyle Demands, Perceived Professional Development Resources, and Personal/Interpersonal Coping. Regarding coping, the TAPS scale contained 18 items measuring personal/family definition of stressors, personal/family resources, adaptive coping strategies, and social support. In the final product however, the scale measured only one factor which is a combination of two original constructs: Graduate Student Lifestyle Demands and Coping, eventually called "Adjustment." The correlation ( $r = -.489$ ) between the two subsets is too great to produce two factors: the items are dependent on the other, or have too great shared variance. A few of the questions are, as follows:

5. I can't influence the amount of control the program has in my life.
13. I seldom have time to get away and relax from program or university demands.
17. I have a set routine that helps to make my life relatively stable and predictable.
27. The pressures within my program and also graduate student life style are generally manageable.

The authors use a five-point Likert scale for the responses, ranging from strongly disagree to strongly agree.

Polson et al. (1996) discuss the development of their instrument, including the standards of internal consistency, test-retest reliability analyses, content validity, and construct validity. Of particular interest here are the hypotheses used in construct validity assessment. The first hypothesis, which was confirmed, was that MFT students who worked for financial support had a higher degree of stress than those students who did not work for financial support. The second hypothesis, which also was confirmed, was that MFT students who considered dropping out of the program due to program stress were experiencing a greater level of stress than those students who did not consider dropping out due to program stress. The third hypothesis, in which the authors speculated that student members who work for financial support and consider dropping out of their program due to program demands will have greater levels of stress than student members who do not work for financial support or have not considered dropping out, was surprisingly not confirmed. Polson et al. concluded that “Considering Dropping Out” is the strongest indicator of high levels of stress.

Lee, Eppler, Kendal, and Latty (2001) conducted a study concerning critical incidents in the lives of first year MFT students. The seven students logged in a journal critical incidents—ones that “captured” them regarding their professional development—for every day, Monday through Thursday, for 15 weeks. Students included thoughts and feelings about the incident. At the end of the semester students categorized their critical incidents, and finally wrote a paper about their emerging professional self. The authors, however, identified the following areas of stress from the journals: peer relations; clinical exposure; academic stress; and multiple role stress. Lee et al. conclude that programs bear responsibility for providing a place for students to

talk about their stress and insecurities. Programs could use interviews, group forums and supervision as modes to promote dialogue.

In a survey study of MFT graduate students conducted at a single university in which personal therapy for the students is encouraged and provided, Strozier, Bowen, and Vogel (2003) found that only one of their variables correlated with use of personal therapy services: number of semesters enrolled in program. Students who were in the program the longest were more likely to be in therapy themselves. The authors examined other variables such as gender, age, ethnicity, program enrollment (therapy or services program), marital status, and birth order, but none of these were proven to be predictors of utilization of therapy services. While the authors failed to ask the students why they sought therapy when they did, Strozier et al. propose that as trainees begin seeing clients, they themselves become burdened with their own family issues and therefore seek therapy to resolve such issues. The authors also suspect that all of the pressures of home, school, and work combined with beginning to see clients are particularly stressful for students, who then seek therapy. Lastly, the authors suspect that close supervision may lead to supervisors suggesting therapy to supervisees, because the supervisors note student difficulties.

Perhaps the most important research affecting the current study is Polson and Nida's (1998) study of AAMFT student members. The authors developed a questionnaire regarding lifestyle stress on trainees. Three hundred twenty-nine students responded (37%) out of 900 surveyed. Polson and Nida performed an exploratory study to gather baseline data regarding the most prevalent stressors of being an MFT graduate student. In addition, the authors' goal was to "provide beginning focal points for further investigation" (p. 97) regarding demographic variables and training stressors.

Polson and Nida (1998) had a respondent pool that consisted primarily of Caucasian females in their thirties and forties who were married and had one or more children. Eighty percent of the respondents worked for financial support (90% of those worked 10 or more hours a week, and over a third worked 31 or more hours a week), and 90% of their spouses or significant others worked (88% of those worked more than 30 hours a week).

Polson and Nida (1998) asked two other questions that were central to their study: (a) whether the student member currently used antidepressant medication and (b) whether the student member considered dropping out due to program demands. Nearly 11% of the respondents disclosed that they used antidepressants. While the authors state that antidepressant use would be a more reliable indication of depression than asking participants if they thought they were depressed or if they had been given a diagnosis of depression, they failed to ask *why* student members were taking the medication. Causation between usage and being enrolled in a MFT program cannot be inferred.

Polson and Nida (1998) were interested in narrowing the concept of “considering dropping out” to “considering dropping out of the program due to program demands” (p. 106). They state that people may drop out of graduate school for a host of reasons, many of which cannot be addressed by program directors. However, program demands are within the university’s director’s or directors’ control. Nearly 28% of the respondents reported “yes” to this question. Only six student members out of 89 actually made plans to drop out. It seems that most MFT student members remain in their program of study despite struggling with the demands of a graduate MFT degree.

The authors go on to suggest reasons for student member distress: working long hours, having a spouse that works a lot, and a pile-up of stressors. However, their suggestions are

merely that. While their study was useful for gathering baseline or preliminary data, statistical analysis would have added clarity. The current research endeavors to conduct such analysis.

### *Summary*

A focus of this literature review was to determine whether other investigators had identified sources of stress that were specific only to MFT graduate students. While the general stressors that appear often across all fields of graduate study also apply to MFT graduate students (e.g., program stress, working outside the home for financial support, considering dropping out, peer relations, multiple role stress, and clinical training), there was one factor that appears in the MFT literature that does not appear in other fields. That factor is that MFT students want validation and affirmation *from faculty members*. In the absence of this support from professors, MFT students may report increased levels of stress.

MFT is a field in which students are transformed into professional therapists and diagnosticians. Unlike physicians, therapists work intimately over extended periods of time with clients in the clients' reality to effect changes in perceptions, cognitions, and behaviors. This is rare for doctors, who most often meet with patients for a few moments, make a diagnosis and prescribe a treatment program that may involve prescriptions or further medical procedures. As a result, an important ingredient in training MFT students is to ensure that they receive some of the empathy, awareness, and acknowledgement from professors that they are expected to be skilled at once they begin delivering therapeutic services to their clients. Such modeling on the part of the professors likely provides MFT students with the opportunity to observe and learn skills that will be vital to their success as therapists, and the absence of such faculty modeling is likely to leave MFT students less accomplished in these critical areas of

practice, thereby increasing the stress they feel as they make the transition from classroom to therapy room.

### *Coping Strategies*

All graduate students, regardless of their field of study, experience stress. The response to stress is coping—the actions one takes to alleviate or reduce such stress. Haan (1982) defines coping as: “... an attempt to overcome difficulties on equal terms; it is an encounter wherein people reach out and within themselves for resources to come to terms with difficulties” (p. 256). This section focuses on the methods, techniques, and strategies students have used to cope, as found in the literature.

Andersen and Mieztis (1999) qualitatively researched “Stress and Life Satisfaction in Mature Female Graduate Students.” For their purposes, “mature” was defined as being between 32 and 49 years of age; and the mean age of their sample was 40.2. Coping strategies their respondents reported were: exercising; taking time out; coordinating schedules (with significant others or professors); relaxing standards; delegating tasks; reducing course loads; changing one’s thinking; and communicating with family members.

Heins et al. (1984) found that psychology graduate students were three times as likely to engage in individual psychotherapy compared to medical, law, and chemistry graduate students. Even so, the psychology students did not seek the support of a therapist frequently.

Nelson et al. (2001) used the COPE scale to assess 15 different coping strategies or styles among their sample of clinical psychology doctoral students at one university. The response rate was 87%. The COPE measure consists of 60 items. Positive coping strategies consist of: active coping; planning; seeking instrumental social support; seeking emotional social support; suppression of competing activities; religious coping; positive reinterpretation

and growth; restraint coping; acceptance; and humor. Negative coping strategies are: denial; mental or behavioral disengagement; and alcohol/drug use.

Nelson et al. (2001) found that the following factors mitigated stress: relationships with friends; relationships with peers; personal spirituality; and relationships with mentors, supervisors, and professors. In addition, the authors described the extent to which the following coping styles were used:

Emotion-focused coping style of positive reinterpretation and growth was reported as utilized most by graduate students as a whole. Students reported utilizing planning, active coping, and seeking emotional social support “a medium amount to a lot.” Also, focus on and venting emotions, restraint coping, acceptance, seeking instrumental social support, and religion were reportedly utilized a “medium amount” by students.

Furthermore, students reported utilizing mental disengagement, suppression of competing activities, and humor “a little bit.” Finally, respondents reported that they did not typically utilize alcohol and drugs, denial, or behavioral disengagement. (p. 764)

Grant-Vallone and Ensher (2000) explored the effects of peer mentoring on graduate student stress. The authors state that a mentoring program is “one specific type of prevention strategy to increase social support and coping skills,” (p. 637) citing studies by Bowman, Bowman, and Delucia (1990) and Gustitus, Golden, and Hazier (1986). The authors studied 35 pairs of graduate students at a psychology department in a private graduate school. Within the department of psychology and within the study, four disciplines of psychology were represented: Organizational, Social, Developmental, and Cognitive. The mentoring program was independently established by the department and hence the pairing process was not a part of the study. The established roles of the peer mentor were: (a) information provider, (b)

supporter of students, and (c) role model. The authors gathered questionnaires from both mentor and protégé, and matched the appropriate pairs using a coding system. Two instruments were used to gather information on psychosocial and instrumental support offered by a peer mentor. A stress scale, developed by Cohen and Williamson (1988), was used to measure perceived stress levels of first year students. One item was used to assess satisfaction with the peer mentoring program.

Grant-Vallone and Ensher (2000) found that peer mentoring provides psychosocial and instrumental support, and “that those with high levels of support are more satisfied with their peer mentoring relationships” (p. 640). The authors hypothesized that students who had higher rates of contact with their peer mentor would report lower levels of perceived stress, but this was not the case. Lastly, the authors found that the responses of the mentors and the protégés were consistent and therefore that “the findings were not due to self report bias ... or common method variance problems” (p. 640). Looking to the future, peer mentoring programs should be designed or adjusted to focus on psychosocial support versus instrumental support, which advisors or professors are better able to provide.

Graham, Furr, Flowers, and Burke (2001) sampled 115 counseling graduate students regarding religion and spirituality in coping with stress. The students surveyed were enrolled in a master’s level counseling program at a large southeastern university. The response rate was 78%. The following survey instruments were used: the Spirituality Health Inventory; the Religious/Spiritual Affiliation Self-Report; the Combative Coping Appraisal Inventory; the Preventive Coping Resources Inventory; and the Comfort Level Self-Report. The authors were interested in three questions: (a) does the religious/spiritual affiliation of counseling students influence their comfort level regarding counseling clients with religious/spiritual issues?; (b)

does the religious or spiritual affiliation of counseling students influence their own spiritual health and their own level of coping with stress?; and (c) is there a relationship between the spiritual health of counseling students and their level of coping with stress? The last two questions are pertinent to the study at hand. The authors found that:

[S]tudents who expressed their spirituality through their religious beliefs had greater spiritual health and greater immunity to stressful situations than counseling students who identified themselves as spiritual with no set of religious beliefs. This finding suggests that counseling students are identifying religion as an important component of coping with stress .... Furthermore, this study indicated that there were no significant differences for combating stressful situations when comparing these two groups (counseling students expressing spirituality through religious beliefs and students indicating being spiritual with no set of religious beliefs). The question remains about why there were significant differences for having greater immunity to stressful situations but not for combating stressful situations. (p. 9)

Graham et al. (2001) found a significant positive relationship between counseling students' spiritual health and coping, indicating that the more important and central one's spiritual health is, the greater the number of coping skills available to that individual.

Polson, Piercy, and Nida (1996) examined coping skills of MFT graduate students. As mentioned in detail above, the TAPS instrument (Trainee Adjustment to Program Stress) measures only one factor, which is Graduate Student Lifestyle Demands and Coping (eventually called "Adjustment"). Polson et al. purport that "Considering Dropping Out" is a stronger variable (produces greater stress) than working for financial support. It would seem,

therefore, that coping with “considering dropping out” thoughts is a skill many MFT graduate students must attend to.

As mentioned above, Strozier et al. (2003) conducted a survey of MFT students, that focused on personal therapy of MFT graduate students. They found a correlation between the use of personal therapy and the number of semesters enrolled. In other words, the further into the MFT program, the more likely the student was to seek therapy. Seeking and using therapy for one’s self is a coping strategy that MFT graduate students may be more likely to use than other graduate students.

### *Summary*

A review of the literature yields a long list of coping resources. Some of the most frequently noted are: (a) relationships with others, including family members, peers, supervisors, professors, and peer mentors; (b) changing one’s thinking, including altering one’s expectations and positive reinterpretation; (c) personal spirituality and religion; (d) and practical actions such as planning, coordinating schedules, delegating tasks, reducing course loads, and exercising. One of the most interesting coping mechanisms that MFT graduate students use is therapy for one’s self. As suggested in the Stressors section above, emotional support from others in the field, be it professors, supervisors, a therapist, peers or peer mentors, may provide a very important resource for MFT graduate students.

### *Chapter Summary*

The purpose of this study is to identify factors that relate to stress experienced by MFT graduate students and coping resources and strategies that MFT graduate students use to handle their stress. A review of the literature has shown that there are common external and internal stressors that affect graduate students across many fields, as well as those in other fields of

professional training. Those external stressors most commonly cited are: time management or lack of time; financial situation; academic concerns; hours spent working; and working with clients. The internal stressors most commonly explored across the fields of study are: self-perceptions of depression and anxiety; role strain conflict; fear of failure; feeling incompetent; and ambiguous expectations.

One factor that appears in the MFT literature that does not appear in other fields, is that MFT students desire validation and affirmation *from faculty*. It appears that students perceive that their level of stress would be reduced if they had such support from professors.

Graduate students use many resources to cope with their stress. The literature yielded a substantial list of such mechanisms. Among them were social relationships, ranging from the most personal to peer relationships to professional relationships. Spirituality and religion, altering one's expectations, and positive reinterpretation were also coping resources graduate students used to manage their level of stress. Interestingly, graduate students in MFT may be more likely to seek therapy in order to alleviate stress. Clearly, social support, whether from family, peers, peer mentors, supervisors, professors, advisors, or a therapist, is a very important part of coping for MFT graduate students, who themselves seek to provide emotional support to others professionally.

This literature review covers material from several graduate student fields and other areas of professional training. This review examines aspects of the stress and coping research to provide a platform for the investigation into MFT graduate students' experience of stress and how they cope with such stress.

## CHAPTER THREE: METHODS

The researcher surveyed a random sample of students from the AAMFT student member list obtained from AAMFT. There is a gap in the research regarding stress on MFT graduate students' personal lives. Therefore, the objective of this study is to identify factors that relate to stress experienced by MFT graduate students, and coping resources and strategies that MFT graduate students use to manage their stress.

### *Participants and Selection Process*

Five hundred master's and doctoral students who have the status of "student member" of AAMFT were surveyed based on a list purchased from AAMFT. AAMFT reviewed and approved the entire mail package (letter and questionnaire) prior to selling the list to the researcher. As of April 2003 there were 4,341 student members. AAMFT generated the random list of potential participants. All addresses were within the United States.

### *Procedures*

A questionnaire was developed to assess participants' perceived level of stress, stressors, coping strategies, and coping resources. The researcher developed a questionnaire with input from her professor, Karen H. Rosen, Ph.D. The researcher and Dr. Rosen developed, reviewed, and revised the questionnaire several times in order to create an instrument that reflected the best means for gathering the desired data, namely, perceived level of stress, the degree to which students are concerned about their level of stress, the degree to which they attribute the stress in their lives to graduate school, and the coping mechanisms they employ to deal with the stress. This questionnaire included an expansive request for demographic information. The Internal Review Board of Virginia Polytechnic Institute and State University approved this study with "exempt" status. Minimal risks were anticipated in this study.

The researcher surveyed the potential participants via the United States Postal Service. An addressed, stamped envelope was included for participants to use to return the questionnaire. The initial mailing was sent on March 29, 2004.

The letter that accompanied the questionnaire is found in Appendix A. The informed consent included in the letter states that any information provided by participants would be kept confidential. Questionnaires were numbered for purposes of a follow-up mailing to the non-respondents. The numbered list and the completed questionnaires were and are kept in a locked file cabinet and will be destroyed at the end of the study.

On April 19, 2004, a reminder notice, including a duplicate questionnaire, was sent to those potential participants who did not return their forms within three weeks of the initial mailing. This letter can be found at Appendix C. A self-addressed stamped envelope was included. No further reminders were sent to potential participants.

### *Instrument*

The questionnaire contains 31 items, and was designed specifically for this study. It is found at Appendix B. The questionnaire contains demographic questions including gender, age, ethnicity, relationship status, number of children, years of seeing clients, and whether the student is enrolled in a master's program or a doctoral program. Another question is whether the student's program is accredited through AAMFT's COAMFTE. In addition, the questionnaire asks the student to rate his or her current level of stress.

Another demographic item on the questionnaire asks whether the student works for financial support, and if so, how many hours. A similar question is asked regarding the student's spouse or partner, if applicable. Students were asked to write a household annual income amount. And lastly, the survey asks questions regarding whether a participant has

considered dropping out of the program, and if so, why. Participants who considered dropping out but who remained enrolled were asked why they stayed, and students were asked about strategies they employed to help manage the stresses they experienced.

The questionnaire asks students to rate their level of stress, rate the degree to which they are concerned about their level of stress, and to what extent the stress in their lives is attributable to being in graduate school, generally in a Marriage and Family Therapy program.

Another section of the questionnaire asks students to describe the coping strategies that they use to manage their stress. This section includes open-ended questions and asks about how helpful the program is (i.e., the faculty members, supervisors, mentors, fellow students) in helping the student deal with stress.

The questionnaire contains space for participants to add additional comments. While the majority of the questionnaire is quantitative, this open-ended question was designed to provide qualitative information that might stimulate ideas for future research.

The last item on the questionnaire asks if the participant would like to receive the results of this study. A brief one or two-page synopsis of the results will be mailed to such participants in May 2005.

### *Design and Analysis*

#### *Analysis*

Univariate, multivariate, and qualitative analyses were conducted on the data collected in this study.

#### *Univariate analyses*

First, to understand the overall level of stress the study participants were experiencing, simple frequencies were computed for each of the three stress variables. Next, in order to begin

exploring the relationship between stress levels and the various predictor variables, univariate analyses were conducted. For each of the three stress dependent variables, either correlations or comparisons of means were conducted using the independent variables of age, gender, relationship status, parental status, ethnicity, working for financial support, income level, student status (full-time or part-time), degree sought, number of years seeing clients and considering dropping out of the program. For continuous independent variables, correlation coefficients were calculated to assess the degree of relationship. For categorical independent variables, t-tests were calculated to examine differences between groups.

#### *Multivariate analyses*

Finally, in order to explore the ability of combinations of independent variables to predict the three stress variables, multivariate analyses were conducted. Again, for each of the three stress variables, a multinomial test was used to see which independent variable or variables in combination best predicted the dependent variables.

#### *Qualitative analyses*

For the short answer and open-ended questions, open coding (Strauss & Corbin, 1990) was used to develop themes that represented the main themes in the data. The researcher made index cards of the written data, and put the cards into categories. The researcher carefully re-read the responses and adjusted the categories as necessary.

## CHAPTER FOUR: RESULTS

The purpose of this study was to fill a gap in the literature regarding stress on MFT graduate students' personal lives. To accomplish this objective, the researcher sought to identify (a) factors that relate to stress experienced by MFT graduate students, and (b) coping resources and strategies that MFT graduate students use to handle their stress. Specifically, the researcher examined the statistical relationships between three stress variables and several selected independent variables such as age, gender, relationship status, parental status, ethnicity, income level, number of years seeing clients, and considering dropping out of the program, among others. The data on coping skills are qualitative in nature, and serve as baseline information for future research.

### *Response Data*

Of the 500 student members surveyed, 286 (57%) responded. None of the questionnaires were unusable, although because some participants did not answer every question on the survey, the total sample size for each question may not equal 286.

### *Demographics*

The average respondent was a Caucasian female, married, age 38, has seen clients for two years or less, had at least one child living in the home, and an annual household income of \$59,000. She worked outside the home, an average of 28 hours per week, and was a full-time graduate student working towards her master's degree in a COAMFTE accredited MFT program. Her husband worked outside the home an average of 40 hours per week.

Table 1 presents general demographic data about the composition of the sample: age, gender, marital status, race, age, and income level. A total of 151 (53%) respondents had children, and 112 (40%) of the respondents had children who live with them.

Table 1  
AAMFT Student Member Sample Demographics

Variables	<i>n</i>	%
Age	286	100
Range = 22-68; Mean = 38; Median = 35		
Gender		
Male	52	18
Female	234	82
Total <i>n</i>	286	
Marital Status		
Married	182	64
Single	64	22
Living with a Partner	12	4
Divorced	23	8
Separated	2	1
Widowed	2	1
Total <i>n</i>	285	
Race		
Caucasian	227	80
African-American	13	5
Hispanic	19	7
Native American	2	1
Asian/Pacific Islander	11	4
Other	13	4
Total <i>n</i>	285	
Income (\$)		
0 to 20,000	44	17
20,001 – 40,000	61	24
40,001 – 60,000	51	20
60,001 – 80,000	37	15
80,001 – 100,000	35	14
100,001 – 150,000	21	1
Over 150,000	7	0
Total <i>n</i>	256	

Table 2 displays the program demographics of the student sample. The average student works on his or her master's degree, attends an accredited MFT program, is a full-time student,

and has been seeing clients for less than two years. Interestingly, 16% of the sample did not know if their graduate program was accredited by the COAMFTE.

Table 2  
Program Demographics of AAMFT Student Members

Variables	<i>n</i>	%
<b>Degree</b>		
Master's	182	77
Doctorate	54	23
Total <i>n</i>	236	
<b>AAMFT Accredited Program</b>		
Yes	144	52
No	90	32
Don't know	44	16
Total <i>n</i>	278	
<b>Student Status</b>		
Full-time	145	73
Part-time	54	27
Total <i>n</i>	199	
<b>Clinical Experience</b>		
None	31	11
1 year or less	76	28
Less than 2 years	72	26
Less than 3 years	52	19
3 years or more	44	16
Total <i>n</i>	275	

Table 3 details the variable of working outside the home for financial support. This table also includes information on the spouse or partner's work status, annual household income, and the degree to which the respondent's work schedule or environment was flexible. The average respondent works 28 hours per week, and his or her spouse or partner works 31 or more hours a week. The average respondent said their work situation was "somewhat" flexible.

Table 3  
Stressor Variables: Working for Financial Support

Variables	<i>n</i>	%
<b>Respondent Working?</b>		
Yes	207	72
No	71	25
Total <i>n</i>	278	
<b>Respondent's Hours/Week</b>		
1-9	13	8
10-20	58	33
21-30	33	19
31-40	57	33
41+	13	8
Total <i>n</i>	174	
<b>Does Partner Work?</b>		
Yes	184	89
No	23	11
Total <i>n</i>	207	
<b>Partner's Hours/Week</b>		
1-9	4	2
10-20	11	6
21-30	6	3
31-40	75	41
41+	89	48
Total <i>n</i>	185	
<b>Work Flexibility on a scale of 1 (inflexible) to 5 (very flexible)</b>		
<i>n</i> = 232	Mean = 3.35 ( <i>SD</i> = 1.20)	

Table 4 contains the data gathered concerning whether respondents considered dropping out of the program. Over half of the respondents who answered the question “why consider dropping out?” replied that they were unable to balance their family, job, and graduate student (“schoolwork”) demands. A detailed discussion of those who wrote in an alternative explanation in the “other” field is found in the *Qualitative Analysis* section below, as is the

discussion regarding the 93 responses to “why stay?” in graduate school if one did consider dropping out.

Table 4  
Considering Dropping Out of the Program

Variables	<i>n</i>	%
Considered Dropping Out?		
Yes	93	33
No	186	67
Total <i>n</i>	279	
Reasons Considered for Dropping Out?		
Too much schoolwork/school work too difficult	15	NA
Unable to balance job with schoolwork	17	NA
Unable to balance family with schoolwork	21	NA
Unable to balance family, job and schoolwork	48	NA
Other – <i>see description in text</i>	65	NA
Total <i>n</i>	92	
Why Stay?	93	NA
<i>see description in text</i>		

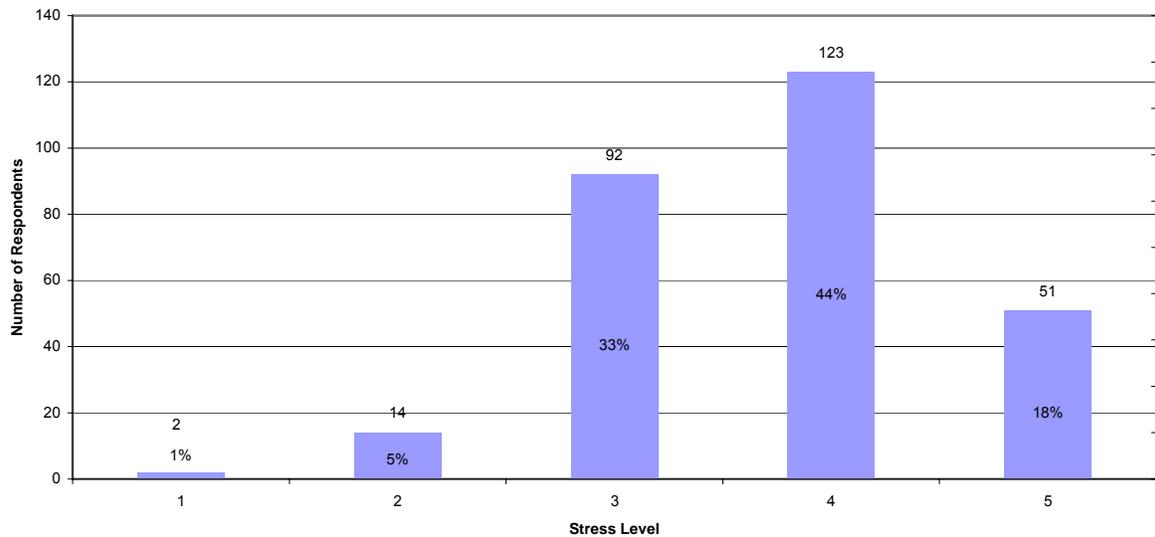
NA – Not Applicable

### Responses to Stress Questions

Beyond descriptive statistics, the purpose of this study was to examine statistical relationships between the three stress questions and several independent variables.

Chart 1 displays the responses to the first stress question: “What is your current level of overall stress?” The respondents were provided a Likert scale for their answer, in which “1” equaled “very low” and “5” equaled “very high.” Ninety-four percent reported a medium to very high level of overall stress. MFT graduate students appear to be under a fair to considerable amount of stress.

**Chart 1**  
**Distribution of Respondents by Stress Level**



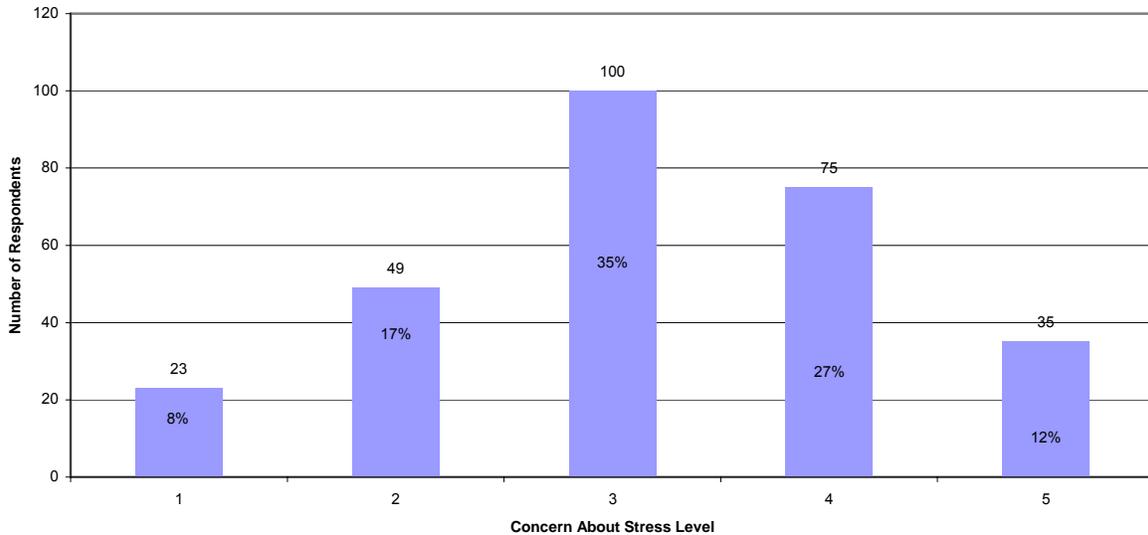
1 – very low

3 – medium

5 – very high

Chart 2 displays the responses to the second stress question: “To what degree are you concerned about your level of stress?” Again, the possible responses were given on a five-point scale, in which “1” equaled “not concerned” and “5” equaled “very concerned.” Seventy-four percent were moderately concerned to very concerned about their current level of overall stress. Therefore, most students (94%) reported experiencing a fair amount of stress; however, the number of students at least moderately concerned about that stress level is reduced by twenty percent.

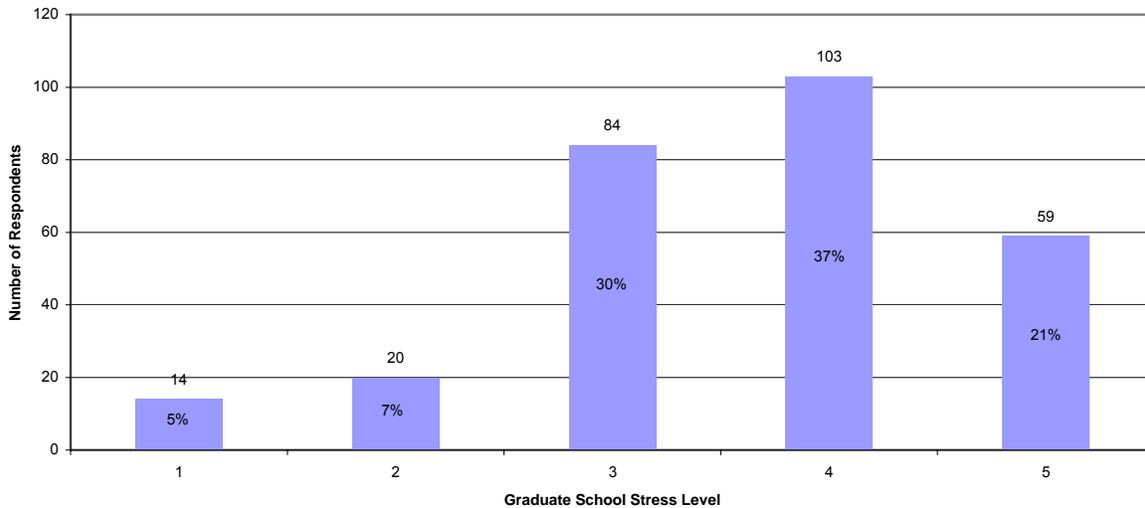
**Chart 2**  
**Distribution of Respondents by Concern About Stress Level**



1 – not concerned      3 – concerned a medium amount      5 – very concerned

The last stress question was: “How much of your current level of stress is directly related to your graduate education?” The answer scale ranged from “1” (not concerned) to “5” (very concerned). Chart 3 visually displays the responses, in which 88% of participants report that their current level of stress is somewhat to highly related to being in a MFT program.

**Chart 3**  
**Distribution of Respondents by the Degree to Which Their Stress is Directly Attributable to Graduate School**



1 – not related

3 – somewhat related

5 – highly related

### Statistical Analyses

The researcher used a program, Statistical Analysis Software (SAS), to generate the statistics in this study. The researcher conducted means analyses, Spearman  $r$  correlations,  $t$ -tests and multinomial analyses. Using the three stress questions as dependent variables, the researcher first ran univariate tests with age, gender, relationship status, parental status, ethnicity, income, work status, work flexibility, student status, type of degree sought, number of years seeing clients, and considering dropping out of the program as independent variables.

#### *No Statistical Relationships Found*

Gender, having children (whether or not they live in the respondent's home; and those with children versus those who are not parents), degree sought (master's or doctorate), and ethnicity appear to have no relationship to any of the stress measures. The  $t$ -tests showed no

differences between the two groups for each variable (male/female; children in the home/out of the home; children/no children; master's sought/doctorate sought; Caucasian/non-Caucasian) concerning any of the stress variables. In addition, the number of years the student has been seeing clients is not related to any of the stress measures. For all of these relationships, the Spearman Correlation Coefficient was substantially below the threshold for statistical significance.

Three independent variables, "Work Flexibility," "Relationship Status" and "Work Status," show marginally significant relationships to the stress measure "Concern About Stress" (that is, the degree to which the respondent was concerned about his or her stress level). The Spearman Correlation Coefficient between "Work Flexibility" and "Concern About Stress" was -0.11562 with a  $p$  value of 0.08. In sum, there is a suggestion that the greater the respondent's work flexibility the less he or she was concerned about his or her level of stress.

To measure the relationship between "Relationship Status" and "Concern About Stress," the researcher ran a  $t$ -test of those "Single" respondents versus those "Non-Single" (those who reported being married, separated, widowed, or living with a partner) respondents. The  $t$  value was -1.70 and the  $p$  value was 0.09. Therefore a relationship exists between "Relationship Status" and "Concern About Stress," and that relationship is significant at the 91% level of confidence. In essence, single respondents tend to be more concerned about their stress level than non-single respondents.

"Work Status" and "Concern About Stress" are also closely related. The  $t$  value is -1.76 with a  $p$  value of 0.0788. This  $t$  value of -1.76 is closely approaching the significance threshold, and the researcher can say with a 92% level of confidence that a statistically significant

relationship exists. In other words, those who work for financial support report that they are more concerned about their level of stress than those who do not work.

#### *Statistically Significant Relationships Found*

Six statistically significant relationships were found at the univariate level of analysis. The first relationship is “Age” with “Graduate School Stress.” The Spearman Correlation Coefficient is -0.16660 with a  $p$  value of 0.0067. It appears that as one ages he or she attributes less of his or her stress to graduate school demands and requirements. However, when the correlation coefficient is squared it yields a value of 0.028. Therefore, while the relationship between “Age” and “Graduate School Stress” is statistically significant, the relationship only accounts for approximately three percent (3%) of all the possibilities of factors related to “Graduate Student Stress.” The relationship, while statistically significant, is not very meaningful.

“Income” showed a statistically significant relationship with “Graduate School Stress.” The Spearman Correlation Coefficient is -0.20363 with a  $p$  value of 0.0020. As income increases respondents attribute less of their stress to graduate school. However, when the correlation coefficient is squared it shows that this relationship accounts for four percent (4%) of the total variance of “Graduate Student Stress.” Again, while the relationship of “Income” to “Graduate Student Stress” is significant, it is not very meaningful.

“Student Status,” meaning whether the respondent was a full-time or part-time student and “Graduate School Stress,” i.e., the degree to which the respondent directly attributed his or her stress to graduate school, have a statistically significant relationship. The  $t$  value is 3.55 and the  $p$  value is 0.0005. The mean for full-time students was 3.8819 while the mean for part-time students was 3.3019, leaving a difference of 0.5801. The response scale was a five-point Likert

Scale in which “1” was “not related” and “5” was “highly related.” It appears that full-time students attribute more of their stress to graduate school demands and requirements than do part-time students.

“Work Status,” (working or not working for financial support) was found to have a significant relationship with “Level of Stress.” The  $t$  value was -2.83 and the  $p$  value was 0.0050. The difference in the means was -.032, with non-workers reporting a mean of 3.5 and workers reporting a mean of 3.8195. Again, the response scale was a five-point Likert Scale in which “1” was “very low” and “5” was “very high.” Those respondents who work for financial support report higher levels of stress than those who do not work for financial support.

“Considering Dropping Out” and two stress measures proved to be related. The  $t$ -test for “Level of Stress” and “Considering Dropping Out” yielded a  $t$  value of -3.28 and a  $p$  value of 0.0012. Those respondents who considered dropping out of their MFT program reported a greater level of stress. For the students who considered dropping out, the “Level of Stress” mean was 3.9677 on a five-point Likert Scale in which “1” was “very low” and “5” was “very high.” The mean for the students who did not consider dropping out was 3.6237.

The  $t$ -test for “Considering Dropping Out” and “Concern About Stress” produced a  $t$  value of -5.43 and a  $p$  value of  $<.0001$ . The mean for students who did not consider dropping out was 2.9355, while the mean for the students who did think about leaving the program was 3.6667; the difference is -.0731. The response scale a five-point Likert Scale in which “1” equaled “not concerned” and “5” equaled “very concerned.” Students who considered dropping out of their MFT program reported that they were significantly more concerned about their stress level than those respondents who did not consider dropping out of their program.

*Multinomial Analyses*

After conducting the univariate analyses above, the researcher chose to test several of the independent variables’ effect on the dependent variables at the same time. This combination approach allowed the researcher to explain more of the variation in stress levels than the univariate analyses alone.

Multivariate analyses were used to construct three simple multinomial choice models, one for each of the three stress measures: (a) level of stress; (b) the degree to which the respondent was concerned about his or her level of stress; and (c) the degree to which the respondent attributed his or her stress directly to being in graduate school. The multinomial models take into account all independent variables. Those variables that showed no relationship to the dependent variable were systematically removed from the analysis, leaving only those variables that were statistically related to the stress variables measured.

The first multinomial model concerned “Level of Stress.” The variables that were related to “Level of Stress” were: “Work Status,” “Consider Dropping Out,” and “Income.”

Table 5 displays the results.

Table 5  
Multinomial Results for Level of Stress

Variable	Degrees of Freedom	Chi-Square	p Value
Did not work for financial support	1	3.66	0.0558
Did not consider dropping out	1	9.64	0.0019
Income	1	3.35	0.0671

The results show that holding work status and income constant, people who did not consider dropping out had less stress than those who did consider dropping out.

While the remaining two relationships are statistically significant at the 93% level of confidence, they do not meet the standard threshold for significance, and therefore they should

not be included in future research. When “Income” and “Considering Dropping Out” are held constant, people who did not work had lower levels of stress. And when “Work Status” and “Considering Dropping Out” are held constant, people with higher incomes had less stress.

For the second of the stress questions (“To what degree are you concerned about your stress level?”), the multinomial model showed only one significant independent variable, “Considering Dropping Out.” The Chi-Square value is 28.53, and the *p* value is less than .0001. Therefore, there is a very significant relationship for the people in this sample who did not consider dropping out: they were less concerned about their level of stress compared to those who considered dropping out. In other words, those students who considered dropping out reported being much more concerned about their stress level than those student who did not consider dropping out.

The model for the last stress question (“How much of your current level of stress is directly related to your graduate education?”) showed that three variables were statistically significant: “Student Status,” “Considering Dropping Out,” and “Age.” The results are displayed in Table 6.

Table 6  
Multinomial Results for Attributing Stress to Graduate School Education

Variable	Degrees of Freedom	Chi-Square	p Value
Full-Time Student	1	9.32	0.0023
Did not consider dropping out	1	8.64	0.0033
Age	1	6.44	0.0112

The first relationship shows that full-time students attribute more of their stress directly to being in graduate school when “Age” and “Considering Dropping Out” are held constant.

When “Student Status” and “Age” are held constant, those students who did not consider dropping out attributed much less of their stress directly to graduate school. And lastly, the older the respondent, the less likely he or she was to attribute his or her stress to graduate school, when holding “Student Status” and “Considering Dropping Out” constant.

One last interesting fact that emerged from the multinomial analyses is that “Considering Dropping Out” was the only independent variable found to be significant in all models. “Considering Dropping Out” may be a concept that requires additional attention from students and program directors. The researcher’s statistical results confirm the view, expressed in Polson et al. (1996), that this variable is the strongest indicator of high levels of stress.

### Qualitative Analyses

Two parts of the questionnaire provided space for qualitative data. The first section concerned reasons for dropping out of graduate school, and the second section concerned coping resources.

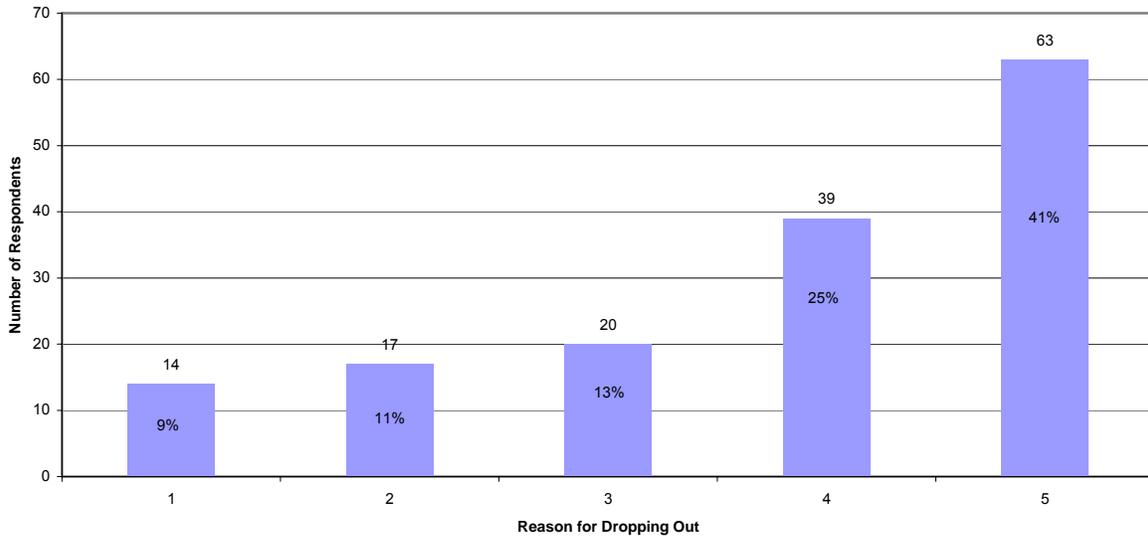
#### *Reasons for Dropping Out*

Question 20 asked those respondents who had considered dropping out to explain why. Respondents were asked to “check all that apply” from the choices provided. The results are displayed below in Chart 4.

In addition, participants were provided space to write in another answer, shown as “Other” in Chart 4. Sixty-three participants responded, giving 65 responses (a respondent could give more than one response). From these “Other” responses, the following themes emerged: (a) uncertainty (competency, health, program “fit,” and isolation); (b) program difficulties (no Ph.D. offered, internship difficult to obtain, bureaucratic and political, program was not challenging, professors and supervisors difficult to get along with); (c) not enough time for self,

family, schoolwork; (d) financial reasons (program was too expensive or the student needed to work full-time); and (e) comparison of price of education to anticipated earnings is poor. All themes were equally popular.

**Chart 4**  
**Distribution of Respondents by Reason for Dropping Out**



- 1 - Too much schoolwork/schoolwork too difficult
- 2 - Unable to balance job with schoolwork
- 3 - Unable to balance family with schoolwork
- 4 - Unable to balance family, job, and schoolwork
- 5 - Other

Two examples for the “uncertainty” category follow. One student wrote that he or she rethought personal goals after the events of September 11, 2001 took place. Several respondents wrote that they were unsure about the value of graduate work and whether the program fit their needs.

Eight people wrote that they were concerned that the cost of education was too great given the salaries paid post-graduation (“comparison of price of education to anticipated

earnings” category). Several said the amount of student loans and the risk of losing current income simply did not warrant the pursuit of a MFT degree.

Another person wrote about multiple factors, but primarily financial reasons, that affected his or her thinking about dropping out:

Because of balancing parenting (at the time 6 and 13 years old), working half time and doing clinical work and academic courses (which I did successfully) going on for the doctorate would have taken 8 more years. No kidding. As much as I wanted the Ph.D. and was a very talented student it would have taken far too long. I could have quit my job but we needed the health insurance and I would have lost the seniority I had built up over 15 years. With no financial help from the department, I couldn't take the risk of quitting to free up more time.

A follow-up to the previous question asked: “If you considered dropping out of the program but stayed, why did you stay?” Ninety-five people responded, giving 100 responses. The categories that emerged from this question are: (a) perseverance (close to the end, afraid to quit, pride, honor my commitment, reach my goals); (b) personal growth/achieve dream; (c) support; and (d) doing well and enjoying the program. Four respondents said they remained in the program because they felt a “divine calling” to be a MFT, while two people reported that they stayed for the “sake of the community.”

Overwhelmingly, “perseverance” was the main category for staying in the program if a respondent considered getting out. One person wrote: “Once enrolled, I never considered dropping out.” Another wrote “[I stayed] to reach my goals; to have a better and easier future; to have better income and less financial stress in the future.” Yet another wrote: “I realized that the state of stress I was in at that time was temporary.” The last person quoted here wrote: “For

me, I wanted the degree, pride and recognition. I know having the degree will open more doors for me.”

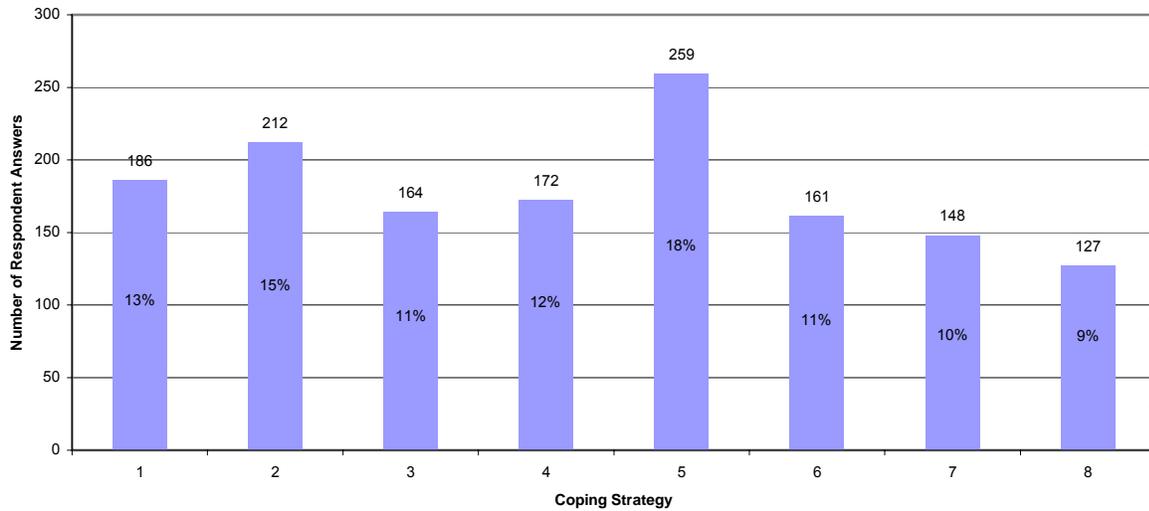
### *MFT Student Coping Strategies*

#### *Coping Strategies Used*

The coping section of the questionnaire is contained in questions 27-29. Question 27 of the questionnaire asked: “What coping strategies do you use to deal with stress related to being in graduate school?” Respondents were asked to check all boxes that applied. The options included: exercise, humor, religion/spirituality, vent emotions, family/friends, positive self-talk, self-confidence, and “other.” Talking with family and/or friends, humor, and exercise were the top three coping strategies chosen. The results to the checked boxes are set forth in Chart 5.

In addition to those boxes, 127 people filled in the “other” option. The first group of themes (those with the most occurrences) from this open-ended part of the question consisted of: hobbies, therapy, vacations or breaks away from graduate school, and support from others. The next group of themes (by number of occurrence) included: personal care; watching television or listening to music; food, wine, or smoking; meditation, going out. Some themes that were chosen, but chosen infrequently, were: faith in God; time management; pets; chanting; and shopping. Some of the ideas that were only mentioned once were: going to the library; working; imagery; and letting things go.

**Chart 5**  
**Distribution of Respondent Answers by Coping Strategy Category**  
**(Question 27)**



Strategy 1 – exercise

Strategy 2 – humor

Strategy 3 – religion/spirituality

Strategy 4 – vent emotions

Strategy 5 – family/friends

Strategy 6 – positive self-talk

Strategy 7 – self-confidence

Strategy 8 – other

*Supports within the MFT Program*

Question 28 of the questionnaire asked respondents “What are the supports or resources within your MFT program that help you deal with stress related to being in graduate school?

Please indicate on the line to the right of each item ‘how’ that person(s) is helpful.” The options provided were: advisor, fellow students, mentor(s), professor(s), supervisor(s), and other(s).

Chart 6 displays the results. Overwhelmingly, students turned to other students in the program for support. One student wrote: “We are all in the same boat trying to balance family, jobs, education. My peers are my saviors.” Another said that his or her peers were “kindred spirits.”

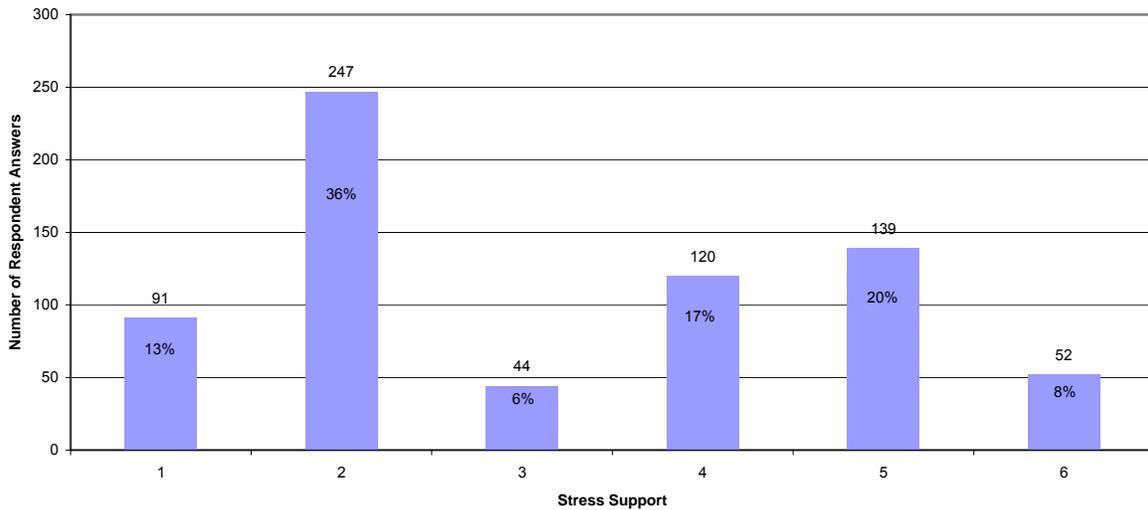
Supervisors were relied on more than professors, but not nearly to the extent that fellow students were. Advisors and mentors were the least utilized. Many programs do not provide

advisors or have a mentoring program; therefore it is not surprising that mentors are consulted the least.

Regardless of role of the person that the respondent turned to for support, those persons provided encouragement, provided validation, normalized the respondent’s experience, allowed the respondent to vent, and shared his or her experience with the student.

Of the “Other” responses to Question 28, the following categories evolved from 52 participants: the department head, the clinic staff, other administrative staff, student support center, former graduates, and mandatory therapy provided by the university or college. One student said that his or her therapist acted as an advisor. The therapist “listens, reflects, [and is] nonjudgmental.” A few respondents said that no one in the program was helpful, and therefore the lack of support was a hindrance.

**Chart 6**  
**Distribution of Respondent Answers by Stress Support Category**  
**(Question 28)**



Resource 1 – advisor  
Resource 2 – fellow students  
Resource 3 – mentor(s)

Resource 4 - professors  
Resource 5 - supervisors  
Resource 6 - other

*Possible MFT Program Improvements for Student Stress Support*

Question 29 asked “What else could faculty members or your program do to support your efforts to deal with stress related to being in graduate school?” Many categories emerged from the 238 comments given by 234 respondents, as shown in Table 7.

Interestingly, “nothing” was the second most chosen suggestion. Respondents either reported that their program adequately or more than adequately addressed their personal stress needs, or that graduate school is stressful and one ought to be able to find his or her own balance. Essentially both answers suggest that the respondent’s MFT program is doing all it should or can do to help the individual manage his or her stress.

Table 7  
Suggested Supports MFT Programs Could Provide

Suggested Support	Number of Responses
Professors –increase availability/flexibility/empathy	39
Nothing: Stress is inherent and/or my program does well in helping me manage my stress	36
Provide activities, such as support groups, classes, or workshops on stress; provide socials for spousal-family support	27
Professors - give clear expectations; be consistent; be organized; be a model of living a balanced life	23
Mentor/Advisor – provide or require advisors or mentors; require monthly meetings with advisor/mentor	21
Internships – be more helpful in finding placements	18
Decrease schoolwork, especially “busywork”	15
Help with the transition to professional life after graduation ( <i>i.e.</i> , licensure process)	15
Therapy – require or offer at low-cost	12
Scholarships/Financial Aid/Assistantships – increase opportunities	8
Professors - be ethical and competent	5
Others	19

An overarching theme that could emerged from several of the suggestions above is that professors could be more supportive in their relationships with students. Being clear and

consistent about program requirements; being more empathetic; being flexible about assignment due dates; and being flexible about work and parenting responsibilities, as they affect assignment dates or class meetings, would help reduce student stress levels. One person wrote:

Be more “human” in their relationship with students. Be flexible concerning numbers (of pages/lines/bibliographical sources) or deadlines. Have a more future oriented perspective, treating us as their future colleagues. Incorporate the spiritual component into the program; pray with and for us. Embrace us holistically and work on molding persons, forming therapists, not grading assignments, papers, tests, exams.

“Advisors and Mentors” could be a sub-category under professors. Many respondents said that a regular meeting with an advisor or mentor would have been helpful during graduate school. A few respondents said they never had an advisor and thought that an advisor would have helped them greatly when planning their individualized program of study.

Many respondents felt that the program should have or could have done more to help them find quality internships. The requirements of a placement are quite specific and finding opportunities, especially new opportunities, apparently added stress for some respondents.

A few participants stated that professors could decrease the workload, especially what students perceived as “busywork.” In addition, participants noted that many projects are due at the same time of each semester, and that it would be helpful if the due dates were spread out more throughout a semester.

Requiring or providing therapy for students was a popular suggestion. Students reported that learning to be a therapist affects the individual and his or her family, and that those issues

need to be addressed along the way. Of course, if a student has to pay for therapy, the financial issue can become an additional stressor.

The last major way identified for programs to increase their support for students was to be more helpful at graduation, when a student's focus turns from classes and assignments and theses to licensure requirements and finding employment. Many students reported that they had very little guidance at the end of their course of study, and struggled to move forward alone.

Some of the outlier suggestions were: (a) provide a student lounge with a sofa and television; (b) slow the pace of the program; (c) increase the pace of the program; and (d) provide babysitting, low-cost health insurance, and discounted health club memberships.

### *Summary*

In this chapter the researcher detailed the findings from the survey, including both quantitative and qualitative analyses. The quantitative analyses yielded results of univariate and multivariate tests, showing simple correlations, *t* statistics, and more complex structural relationships. The relationships that were not found were as interesting as many of the relationships found to be statistically significant. The fact that no relationships were found involving gender, having children, ethnicity, and degree sought surprised the researcher. Also surprising from the multinomial analyses, was that "Considering Dropping Out" was a significant independent variable in all three models.

The qualitative analyses allowed the researcher to gather information in the respondents' own words and helped the researcher to gain a better understanding of respondents' experiences. Responses to the three questions provided confirmation and insight into what strategies MFT students use to manage their stress, what mechanisms are already provided by their MFT program and what programs the faculty might want to consider to aid

students who have trouble managing their stress. Students rely heavily on their family and friends for support, and within the program, they rely heavily on their fellow students. Many students said that their MFT program provides adequate or excellent support for student stress management. Many students also expressed a need for a relationship within the program but with someone other than a student with whom they could meet regularly, for the sole purpose of attending to the needs of the student in his or her personal life yet in the context of graduate education.

## CHAPTER FIVE: CONCLUSIONS

Graduate school is a stressful time in an individual's life, regardless of field of study. Medical, psychology, and law programs, as well as humanities, social sciences, life sciences, and physical sciences have established this fact (Clark & Zeldow, 1988; Hainer & Palesch, 1998; Heins et al., 1984; Hodgson & Simoni, 1995; Hsu & Marshall, 1987; Hudson & O'Regan, 1994; Katz et al., 2000; Kjerulff & Wiggins, 1976; Koeske & Koeske, 1989; Kreger, 1995; Platt & Schaefer, 1995; Toews et al., 1993). MFT graduate students are no different from other graduate students, as this study confirms. Approximately 95% of the respondents in the present sample reported moderate to high levels of stress; three-quarters were moderately to very concerned about their stress level; and 88% said that their stress is somewhat to highly related to their graduate school education.

Most of the research regarding MFT graduate students has focused on the stresses of clinical training (Liddle et al., 1988; Liddle & Schwartz, 1983; Patterson & Magulac, 1994; Polson & Nida, 1998). Yet clinical training is only one component of MFT graduate work. The current study begins to fill this gap in the literature because this study assessed students' overall stress and the extent to which they attribute their stress directly to graduate school. Again, approximately 95% of the respondents were moderately to highly stressed, and 88% of the respondents said that their stress was somewhat to highly related to their graduate school education. In sum, nearly all students report that they are under at least a fair amount of stress, and they attribute most of that stress to their graduate school education. While there may be other stressors in life, for example, stress from work or parenting, students still report that being in a MFT program contributes to their level of stress to a substantial degree. Moreover, MFT graduate students are no different in their level of stress from other graduate students in other

fields. Graduate school is inherently stressful, regardless of field of study. At least one difference between MFT students and those from other fields is that MFT students want affirmation and validation from their professors. The researcher suspects this is because students are transformed into therapists while in graduate school and seek some of the support that they are learning to provide professionally to their clients.

These findings may be more important for program directors than for individual students. Students appear to be aware of the stress they experience; and the coping part of the study shows that students employ a variety of resources and strategies to help them cope with their level of stress. Program directors, however, may not be cognizant of high stress levels in their students. It may be helpful for program directors to develop ways of assessing student stress levels and/or ensuring that students feel free to discuss their stress and their concern about their stress with professors, advisors, supervisors, or program staff including directors.

#### *Polson and Nida*

The concept of this study was based on Polson and Nida's (1998) survey. Their study focused on stressor variables, and the results were descriptive in nature. The researcher concluded that determining relationships between variables was the next level of progression, using Polson and Nida's study as the starting point. The results of this current study confirm much of what Polson and Nida theorized about. Therefore, the results of the current study, in conjunction with Polson and Nida's study, further the knowledge for the MFT field regarding the stress in the personal lives of MFT graduate students. In addition, the researcher strove to provide some preliminary data regarding coping skills and resources of MFT graduate students that may inform future research.

Polson and Nida's (1998) research focused on five variable groupings: sample demographics, program demographics of student sample, working for financial support, student antidepressant use, and considering dropping out due to program stress. The authors sent their questionnaire out in November, a very stressful point in the semester. They had a 37% response rate; only 8.5% of their total respondents were of a race other than Caucasian. Both students and their spouses worked for financial support, and worked a fair number of hours (Mean for students was 21-40 and over 62% of spouses worked more than 40 hours per week). The current study's average respondent is similar to Polson and Nida's (1998). However, the current study's response rate of 57%, with minority representation at 20%, is a marked difference.

The principal difference in the two studies, however, is that Polson and Nida did not assess the level of relatedness between variables, and therefore all of the relationships, or absence of relationships, found in the current study advance the state of knowledge about MFT graduate students' stress and coping. For example, Polson and Nida included "Income" as a variable but failed to distinguish levels of income above \$30,000. The present research considers income increments up to \$150,000. Because the researcher ran statistical analyses, she found that as income goes up, students attribute less of their stress to directly to graduate school. Also, when "Work Status" and "Considering Dropping Out" were held constant, participants who had higher incomes reported having less stress. It is possible that, because Polson and Nida lumped income of \$30,000 or greater into a single category, the relationships found in the present study would not have been detected had the same statistical test been run using Polson and Nida's data.

Another comparison of the two studies is that in Polson and Nida's (1998) research, 27.7% of the sample considered dropping out. In the current study 33% considered dropping out. It appears that the trend toward considering dropping out is increasing. Polson and Nida conclude that 27.7% is a relatively small percentage that is consistent with experience in other fields. They state that four percent (4%) to 22% of psychiatry residents are "distressed," (Campbell, 1982; Russel, Pasnau, & Taintor, 1975, 1977; Taintor, Morphy, Seiden, & Val, 1983, as cited in Polson and Nida, 1998). However, the research is unclear regarding whether these "distressed" students considered dropping out. Perhaps no one knows how many graduate students consider dropping out of their programs.

### *Theoretical Model*

Patterson's FAAR model (1988) informed this study by showing how demands (stressors) may strain one's capabilities (coping skills) in the adjustment phase, which may lead to crisis, and ultimately to adaptation (the development of new coping strategies). The current study confirms Patterson's stance that no single variable in itself predicts who will have the most difficulty with stress.

In addition, respondents submitted several ideas for ways in which MFT programs could improve to help students deal with their graduate student stress. These suggestions included new coping strategies which align with Patterson's (1988) adaptation phase. Clearly, many students had experienced crisis while in graduate school and thoughtfully considered constructive ideas for program improvements regarding student stress. Respondents' ideas conveyed ways in which programs could aid students in restoring homeostasis in their lives. This restoration of balance reflects Patterson's adaptation phase.

## *Stress*

In the current study, the lack of certain relationships was surprising. The researcher, using her intuition and experience in her MFT program, had anticipated finding significant relationships involving gender, race, marital status, whether students have children, work flexibility, and whether a student is working toward his or her doctorate degree rather than a master's degree. The results show that none of these variables is important when assessing for stress. The researcher had anticipated that students who are parents would have greater levels of perceived stress than students who are not parents. Similarly, the researcher anticipated that students who have a partner or spouse would report lower levels of stress than single students. Also, the researcher anticipated that people of a minority race would report greater levels of stress, but this too was unsubstantiated. She certainly expected that doctoral students would report higher levels of stress than master's students, because doctoral students have greater demands placed on them (dissertation, publishing articles, etc.). However, none of these relationships proved to be significantly correlated to levels of stress. Therefore, program directors need to know that everyone experiences stress, and that no one variable singles out those students at greater risk from high stress.

Essentially, no relationships were found for two other variables: income and work status. While both of these variables showed marginally significant relationships in the univariate analyses, they became insignificant in the multinomial analyses. The researcher asserts that these variables should be considered in future research because they were quite close to being statistically significant. Again, no single variable was an indicator of high levels of stress.

While many variables were unrelated to the stress questions, there were three which were significant. Those variables are age, student status, and considering dropping out. The analysis showed that as people age they attribute less of their stress to graduate school. While older students may have just as much stress as younger students, the research results suggest that less of their stress is from graduate school and more of it is probably from their job and family demands. In addition, it is likely that as students mature they are less concerned about excellent grades on every paper and every exam. Maturity may bring with it wisdom that allows older students to worry less or be less concerned about grades than younger students.

Alternatively, older students may report that less of their stress is directly attributable to graduate school because MFT study may be a source of motivation. Many students return to graduate school after working for several years, and they do so because they finally have the means and opportunity to pursue a career of study that they have wanted, but were unable to previously attempt.

Full-time students attribute more of their stress to graduate school than do part-time students, when holding age and considering dropping out constant. This is not a surprising finding. Full-time students may be immersed in their program, certainly more so than part-time students, even though part-time students may have the same perceived level of stress as the full-time students. For those full-time students who have graduate assistantships, their work and school responsibilities may blend together, and therefore it would not be surprising that they attribute more of their stress to graduate school than do part-time students. Most full-time students probably do not work full-time, and therefore their job stress may be much less than those who do work, or non-existent if they do not work for financial support.

Conversely, part-time students may attribute more of their stress to their jobs or their families, for example, than to graduate school. Program directors may want to be more aware of their full-time students, knowing that graduate education is likely to be a substantial contributor to their levels of stress, as compared to non full-time students. If a full-time student is in distress, academic or clinical responsibilities are more likely part of the problem than for part-time students. Program directors may be better able to intervene on behalf of the full-time student, because he or she can actually effect a change in the possible source (e.g., class assignment, difficulty with a professor) of the problem.

From the complex statistical analyses, one independent variable emerges as most clearly related to levels of stress: “Considering Dropping Out.” It was the only variable common to all three multinomial models that produced significant relationships with the dependent stress variables. This finding confirms the conclusion reached by Polson et al. (1996), that “Considering Dropping Out” is the strongest indicator of high levels of stress.

The present analysis showed that if a student had considered dropping out, his or her stress level was likely to be higher than a student who did not consider dropping out, holding income and work status constant. If a student considered dropping out he or she was much more likely to be concerned about the level of stress than the student who did not consider dropping out. And the person who considered leaving the program was much more likely to attribute his or her stress directly to graduate education than the person who did not think about leaving, when holding age and student status (full-time or part-time) constant.

Because thinking about dropping out is a prevalent factor in this study, it may be beneficial for some program directors to consider ways of assessing for “Considering Dropping Out” on a regular basis so that they may proactively address the needs of students who are

thinking about leaving the program. One way to do this would be to develop a short questionnaire that students could complete once a semester. Professors or advisors would then review the questionnaires to determine if students might be at risk of dropping out. The professor could, at a minimum, have a conversation with the at-risk students. If necessary, the professor or an advisor could schedule more regular meetings with the student or recommend therapy or other changes (such as taking fewer courses for one semester and instead attend summer school). Students wrote that regularly scheduled one-on-one meetings with an advisor/professor/supervisor/mentor would have helped them cope with their stress.

Alternatively, program directors may rely on students to disclose their high stress levels to directors or professors, rather than the onus being on the program director. Students are responsible for dealing with their stress, and therefore it is the student's job to assert him or herself. Program directors, professors, and advisors could become intrusive in a student's life by attempting to regularly monitor whether students are considering dropping out. Program directors and others may prefer to have a more informal method by which high levels of stress are discussed. Establishing such an open atmosphere may be the necessary element in order to provide a space or forum to discuss stress.

“Considering Dropping Out” could be seen as a self-selection variable. Perhaps program directors and professors prefer that students seek out their own sources of support and strength (perhaps even inner strength) to withstand the pressures of graduate education, even in a field that strives to teach its students to be nurturing and supporting, among other things, of their clientele.

## *Coping*

Students reported a wide range of coping skills and strategies. Students reported many healthy strategies (exercise, taking vacations) as well as a few that were less healthy (drinking wine, eating chocolate). However, when asked what MFT programs could do to better aid students dealing with their stress, many wrote that they would benefit from having an advisor or mentor and having regularly scheduled meetings. The meetings would focus on the person of the student, not necessarily as a therapist, yet in the context of being in an MFT program. This finding confirms Polson and Piercy's (1993) study, in which students expressed a need for more affirmation and validation, or support, from their professors. This finding also confirms Lee et al.'s (2001) conclusion that MFT programs should sponsor group forums or conduct interviews to promote and provide modes for talking about the stress that students endure.

In short, program directors may need to be more aware of the needs of students. Directors may need to provide more education regarding stress management. Mandatory therapy or accessible low-cost therapy is an area in which directors might consider expanding their resources and responsibilities. And program directors may want to consider that many students desire a one-on-one relationship with an advisor/mentor/professor/supervisor, the sole goal of which is to attend to the mental and emotional health of the student. While these suggestions may decrease student stress, it is possible they could increase student stress. Mandatory therapy may be one more program demand required of students, who are already feeling overwhelmed by program demands. Required monthly meeting with an advisor or mentor might be a burden on a student's schedule and emotions, especially if the student and advisor or mentor are not well-matched from the student's perspective. It is possible that the

best means of increasing support may be establishing an atmosphere in which students are welcomed to discuss their stress with their professors, advisors, and program staff.

Directors may not see less attrition due to providing new stress resources, such as a mentoring program or ensuring that an open atmosphere for discussion of stress exists, but they might have healthier and more satisfied students in their MFT programs.

### *Limitations*

While the response rate was substantial (57%), it is possible the most stressed students were those who did not return the questionnaire (43%). The questionnaires were sent at one of the most stressful times in the academic year: March (initial mailing) and April (follow-up mailing to non-responders). Although the results of this research show that approximately 95% of the respondents were moderately to highly stressed, the non-responders could have had an impact on this result, as well as all others.

In addition, some people on the student member list of AAMFT graduated from their program but failed to change their status with AAMFT to associate member. Students who had graduated but remained on the student list were asked to complete the questionnaire as if they were in their last year of graduate school. Relying on memory, especially as the number of years increase, probably did not produce responses that were as accurate as those received from respondents who were answering the questionnaire as a current student. The researcher suspects that over time people recall their stress in a more positive light, or less severe, compared to their perceptions they experienced in the present, one, two, or more years earlier.

### *Recommendations for Students*

As a result of this study, students may find that their own experiences are validated. In addition, their awareness of the factors that relate to stress should improve. If not already

apparent, students may now consider how considering dropping out, age, and going to school full-time or part-time affect their own stress level. The study may encourage students to assess or reassess their own coping strategies and skills. Perhaps students will find that there are a few coping strategies that they had not previously thought of that would be beneficial for them.

In terms of their MFT programs, students might realize that everyone in their program is as stressed as they are, and feelings of isolation, if any, could decrease. Perhaps students will recognize that many other students want more from professors, and therefore will decide to seek out additional help from faculty members or supervisors or an advisor. Perhaps students will decide to request that a formal mentoring program be established as a result of this study. Lastly, students may realize that the program directors can only do so much, and that they must take additional personal responsibility for learning to manage stress.

#### *Recommendations for Program Directors*

One of the ways in which program directors could address the needs of students, including moderately to highly-stressed students, is to provide some mechanism by which students could have a one-on-one relationship with someone in the program, other than a peer, who can provide emotional support and practical support. Students stated that they wished professors would be more flexible, empathetic, and available. Students expressed a need for regular meetings with a mentor or advisor or supervisor, in which the focus of the meeting would be solely on the student as person, not necessarily the student as a beginning therapist. In a field that trains and transforms students into mental health professionals, it seems that MFT students desire to receive some of the nurturance and support they, in turn, are expected to provide to their clients.

Program directors should consider ways to monitor students' thoughts about dropping out, perhaps through a questionnaire administered once a semester. This type of assessment would consume a relatively small amount of time compared to interviews or discussion groups. Directors could then consult with the students they perceived to be at high-risk, or simply make additional suggestions to these students, such as therapy or attending a university provided workshop on stress management.

As mentioned above, program directors could develop a formal mentoring program for students. This would entail a fair amount of effort to establish, manage, and assess the usefulness or helpfulness of the program. However, students report that mentoring relationships would be valuable to them, and it might relieve some stress from the professors who might otherwise deal with extra meetings or urgent meetings with highly-stressed students. A less time-intensive option, yet still a proactive effort, would be to provide a workshop on managing stress. A half-day workshop addressing all of the first year students, or students in their first year of seeing clients, might be dually beneficial for program directors and students alike.

It may be that questioning students every semester about their stress via a questionnaire, requiring monthly student-advisor meetings, conducting a stress management workshop, or a mentoring program are too formalized, and therefore could have the opposite effect of increasing student stress. A simpler approach might be the most effective: that is, to ensure that an open atmosphere exists in which students may discuss with program directors, professors, advisors, and supervisors their problems with dealing with stress and their levels of stress.

#### *Recommendations for Future Research*

Future research need not focus on certain relationships which were found not to exist. Surprisingly, those variables that were not related to any of the stress measures were gender,

ethnicity, relationships status, parental status, type of degree sought, years in clinical training, work status (full-time or part-time) and income. The importance of this study's establishing the absence of these relationships should not be overlooked. Demographic variables alone do not appear to provide much insight into the students' levels of stress.

Based on this study, one direction for future research in stress and coping of MFT graduate students should focus on those students who consider dropping out of the program. "Considering Dropping Out" was the only independent variable that proved to be important in the most complex statistical analyses of each of the three dependent stress variables. Program directors need to assess whether their program provides sufficient support for all students, and whether the resources in place adequately address the needs of the most stressed students. Future research could entail comparing programs that more actively attend to the stress needs of students to those that expect students to find their own supports, independent of their MFT program.

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APPENDIX A

7054 Haycock Road  
Falls Church, VA 22043

March 29, 2004

Student Name  
Address  
City, State, Zip

Dear Fellow AAMFT Student Member:

I invite you to be a part of a research project that examines the stress that we as Marriage and Family Therapy (MFT) graduate students experience, as a result of our commitment to become clinicians. I am conducting a survey of AAMFT student members for my thesis project at Virginia Tech's Marriage and Family Therapy Program in Northern Virginia. Attached is a short questionnaire about the kind of stress you might be experiencing and what are the possible sources of that stress. The goal of this study is to identify aspects of MFT programs that are likely to cause stress. This research may help individual students, such as you, to better recognize the signs of stress, alerting you to pay attention to any warning signs.

Of course, a high response rate is absolutely necessary for the research to be meaningful. Your participation is critical to the study's success. Your answers will be held in complete confidence and your identity will never be revealed. The number on the survey is to assist me in making a follow-up mailing, if necessary. The numbered list and completed questionnaires will be kept under lock and key until the end of the study at which time it will be destroyed. There are no anticipated risks for you as a participant. This research has been approved by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University. By completing and returning this questionnaire you are indicating that you consent to participate in this study. *If you would like to receive the results of the research, please check "yes" to the last question on the questionnaire, and I will send you the results.*

If you have any questions about this project, please contact me at (202) 285-8845 or my research supervisor, Dr. Karen Rosen, at (703) 538-8461.

Pilot questionnaire takers stated that it took them about 15 minutes to complete the survey. I look forward to receiving your response within two weeks. Please accept my great appreciation for your participation in my thesis research project.

Sincerely,

Patricia D. Klick  
Graduate Student Researcher  
Virginia Tech, Northern Virginia Center

APPENDIX B  
Questionnaire

**Section 1: Basic Demographic Information**

1. What is your gender?     Male     Female    2. What is your age? \_\_\_\_\_ years
3. What is your ethnic background?  
 African-American     Asian/Pacific Islander  
 Caucasian     Hispanic  
 Native American     Other
4. What is your relationship status?  
**Please choose only one answer.**  
 Single     Married     Live with a partner  
 Divorced     Separated     Widowed
5. How many children do you have? \_\_\_\_\_    6. How many children are living with you? \_\_\_\_\_
7. Are you enrolled in a COAMFTE-accredited MFT program?     Yes     No     Don't know
8. Are you currently a student in an MFT program?     Yes     No
9. Are you a:     full time student    or     part time student?
10. If you answered no,  
are you a graduate of an MFT program?     Yes     No  
**or**  
have you dropped out of an MFT program?     Yes     No
- If you are a graduate of an MFT program or have dropped out, please answer this survey as you would have when you were last enrolled.
11. Do you work for financial support?     Yes     No
12. If yes, how many hours per week do you work? \_\_\_\_\_
13. How flexible is your work schedule? **Please** ✓ **one number.**  
Inflexible-----Somewhat Flexible-----Very Flexible  
 1     2     3     4     5
14. If you have a spouse or partner, does he or she work for financial support?     Yes     No
15. If yes, how many hours per week does she or he work? \_\_\_\_\_
16. If you have a spouse or partner, is he or she a student?     Yes     No
17. If yes, is he or she a:     full time student    or     part time student?
18. What is your annual household income? \$ \_\_\_\_\_

**Section 2: Enrollment Information**

19. Have you considered dropping out of your graduate program?  Yes  No

20. If yes, why? **Please** ✓ *all that apply.*

- Too much schoolwork/school work too difficult
- Unable to balance job with schoolwork
- Unable to balance family with schoolwork
- Unable to balance family, job and schoolwork
- Other (please explain) \_\_\_\_\_

21. If you considered dropping out of the program but stayed, why did you stay?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Are you enrolled in a master's program?  Yes Or a doctoral program?  Yes  
Or other program?  Yes

23. How long have you been seeing clients as part of your current graduate education?

- no clinical training yet  less than 3 year's experience
- 1 year of experience or less  3+ years of experience
- less than 2 year's experience

**Section 3: Stress Questions**

24. What is your current level of overall stress? **Please** ✓ *one number.*

Very low-----Medium-----Very High  
 1  2  3  4  5

25. To what degree are you concerned about your level of stress? **Please** ✓ *one number.*

Not concerned -----Medium -----Very Concerned  
 1  2  3  4  5

26. How much of your current level of stress is directly related to your graduate education?

**Please** ✓ *one number.*

Not Related-----Somewhat Related-----Highly Related  
 1  2  3  4  5

**Section 4: Coping**

27. What coping strategies do you use to deal with stress related to being in graduate school?

**Please** ✓ *all that apply.*

- exercise
- humor
- religion/spirituality
- vent emotions
- other(s), please list:
- family/friends
- positive self-talk
- self-confidence

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28. What are the supports or resources within your MFT program that help you deal with stress related to being in graduate school? **Please indicate on the line to the right of each item "how" that person(s) is helpful.**

- advisor \_\_\_\_\_
- fellow students \_\_\_\_\_
- mentor(s) \_\_\_\_\_
- professor(s) \_\_\_\_\_
- supervisor(s) \_\_\_\_\_
- other(s), please list: \_\_\_\_\_

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29. What else could faculty members or your program do to support your efforts to deal with stress related to being in graduate school?

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**Section 5: Comments**

30. Please share any comments you have about stress and your graduate student experience, and or this questionnaire:

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**Section 6: Results**

31. Would you like to receive the results of this survey?  Yes  No

APPENDIX C

7054 Haycock Road  
Falls Church, VA 22043

April 19, 2004

Student Name  
Address  
City, State, Zip

Dear Fellow AAMFT Student Member:

At the end of March I sent you a letter asking for your participation in my thesis project. If you have sent back the initial questionnaire, I apologize for this duplicate mailing. I trust that our letters have crossed in the mail. If you haven't completed the first questionnaire, please complete this one! I know you are busy with the end of the semester—perhaps even the end of your degree—but if there is any way you can spare a few minutes for this project, I would be so grateful. ***If you have recently graduated but have yet to change your status with AAMFT, please complete this form as if you were in your last year of school.***

Again, this study examines the stress of being in a Marriage and Family Therapy graduate program. This research may help students like you to better recognize the signs of stress, and to identify coping resources that may mitigate such stress.

I want to reiterate from the initial letter that your answers will be held in complete confidence and your identity will never be revealed. The completed questionnaires will be kept under lock and key until the end of the study at which time it will be destroyed. There are no anticipated risks for you as a participant. This research has been approved by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University. By completing and returning this questionnaire you are indicating that you consent to participate in this study. *If you would like to receive the results of the research, please check "yes" to the last question on the questionnaire, and I will send you the results.*

If you have any questions about this project, please contact me at (202) 285-8845 or my research supervisor, Dr. Karen Rosen, at (703) 538-8461.

I look forward to receiving your response within two weeks. Please accept my genuine appreciation for your time and participation.

Sincerely,

Patricia D. Klick  
Graduate Student Researcher  
Virginia Tech, Northern Virginia Center

04-060

APPENDIX D



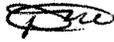
Institutional Review Board

Dr. David M. Moore  
IRB (Human Subjects) Chair  
Assistant Vice Provost for Research Compliance  
CVM Phase II- Duckpond Dr., Blacksburg, VA 24061-0442  
Office: 540/231-4991; FAX: 540/231-6033  
email: moored@vt.edu

DATE: February 23, 2004

MEMORANDUM

TO: Karen H. Rosen Human Development 0362  
Patricia Klick

FROM: David Moore 

SUBJECT: **IRB Exempt Approval:** "Marriage and Family Therapy Graduate Student Stress:  
A Survey of AAMFT Student Members" IRB # 04-060

I have reviewed your request to the IRB for exemption for the above referenced project. I concur that the research falls within the exempt status. Approval is granted effective as of February 20, 2004.

cc: File

## Vita

Patricia David Klick  
5137 Sherier Place, NW  
Washington, DC 20016  
202.285.8845  
[pklick@vt.edu](mailto:pklick@vt.edu)

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### **EDUCATION**

M.S., Human Development, 2005  
Special Option in Marriage and Family Therapy  
Virginia Polytechnic Institute and State University  
Falls Church, Virginia

B.A., Psychology, 1992  
University of Tulsa  
Tulsa, Oklahoma

### **CLINICAL EXPERIENCE**

**Staff Therapist Intern** (September 2003 – May 2005)  
*Fort Belvoir Military Base* Fort Belvoir, VA  
*Family Life Ministry Center*

Provided outpatient systemic therapy for individuals, couples, and families for military personnel and retirees; conducted premarital workshops for military personnel and dependents of military personnel; developed custom treatment plans, documented all forms of case management; participated in individual and team supervisions; collaborated with other clinicians and physicians.

**Family Therapist Intern** (September 2001 – December 2002)  
*Center for Family Services* Falls Church, VA  
*Virginia Tech*

Provided outpatient systemic therapy for individuals, couples, and families for military personnel and retirees; conducted premarital workshops for military personnel and dependents of military personnel; developed custom treatment plans, documented all forms of case management; participated in individual and team supervisions; collaborated with other clinicians and physicians. Received live supervision from AAMFT approved clinical supervisors.

### **Professional Membership**

American Association of Marriage and Family Therapy (2000 - present)