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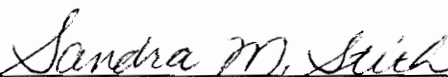
PERCEPTIONS OF AFRICAN-AMERICAN STUDENTS IN
ACCREDITED MARRIAGE AND FAMILY THERAPY PROGRAMS:
SUGGESTIONS FOR IMPROVING RECRUITMENT AND RETENTION

by

Laurie Lynne Wells Wilson

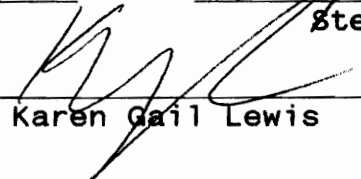
Thesis submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE
in
Family and Child Development

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AUGUST, 1990

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(ABSTRACT)

The marriage and family therapy profession is comprised mostly of European-American clinicians. Although all academic programs accredited by the American Association for Marriage and Family Therapy (AAMFT) are required to demonstrate effort in recruiting African-American students, these efforts do not appear to be successful. This study was designed to provide suggestions for recruiting and supporting African-American students in marriage and family therapy programs based on perceptions of faculty and current African-American students.

Data for this study are based on survey questionnaires received from 25 of 29 directors of AAMFT accredited academic programs and telephone interviews

followed by survey questionnaires completed by 15 of the 20 African-American graduate students enrolled in these programs during the 1989-90 academic year. Results indicated that African-American students and faculty are grossly under represented in these programs. Many current African-American students report feeling isolated, alienated and lonely, as well as disappointed with the lack of African-American peers and faculty in their program. Specific suggestions are offered by students and faculty for improving recruitment and retention of African-American students. Suggestions for improving program sensitivity to cultural and racial issues which may impede the full integration of the African-American student into the academic program and the profession are also offered.

ACKNOWLEDGEMENTS

I wish to give special thanks to Dr. Sandra Stith for her encouragement, guidance and support throughout my thesis project. To the other members of my committee, Dr. Linda Little, Dr. Stephan Wilson, and Dr. Karen Lewis, I also wish to express my sincere appreciation for their knowledge, interests, and devotion. I also wish to acknowledge Dr. Mary Bender for her patience and guidance in assisting me through entering, running and decoding my data using SPSSX. In addition I express my sincere gratitude to Arlene Tave, MA who undoubtedly responded to my numerous telephone calls asking for help with decoding SPSSX and with utilizing both wordperfect and wordstar functions.

Finally I wish to acknowledge my family members who supported me throughout this process. An extra special thanks to my husband Lonnie who supported me every step of the way and who was especially patient when I needed him to be. To my mother, I give special thanks for her knowledge and help with locating necessary literature. To Jennifer, thank you for sending additional literature to me during the eighth hour. And last but not least, I give praise to GOD who saw me through a trying illness as well as through this special project.

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CHAPTER I

"In the last decade we have lost momentum in our efforts to ensure that minority groups are fully represented, welcomed, and involved on our campuses" (Eaton, 1989, p. vii).

INTRODUCTION

Marriage and family therapists are challenged to be successful in providing services to increasing numbers of African-Americans who constitute the largest ethnic minority group in America. A major concern in the mental health profession is that the demand for clinical services to this group is already greater than the supply of clinicians who have the sensitivity, knowledge, and expertise to provide effective clinical services (Parker, Valley, & Geary, 1986). Graduate programs in marriage and family therapy can fill a critical need by recruiting and retaining more African-American students and encouraging faculty to become more sensitive to the needs of African-American students and clients.

The marriage and family therapy profession is comprised mostly of European-American clinicians. Nowhere is this fact more apparent than at national gatherings of professional family therapists such as the American Association for Marriage and Family Therapy (AAMFT) annual conference. The underrepresentation is also apparent in the enrollment in accredited marriage and family therapy

programs. Therefore, it is clear that this underrepresentation will continue into the future unless more African-American students are enrolled in and graduate from marriage and family therapy programs.

In order to meet the needs of African-American clients, increasing numbers of African-Americans must be trained as family therapists. In addition, it is likely that racially integrated marriage and family therapy programs may help to sensitize non African-American students and faculty to African-American family issues and concerns and reduce stereotypical perceptions. These stereotypes may be perpetuated largely because of limited exposure of European-Americans to African-American families and community institutions. European-Americans rarely participate in African-American oriented activities, socialize in African-American homes, or attend African-American community institutions such as the African-American church (Bahr, Chadwick & Stauss, 1979). Consequently, European-Americans often have little direct informal interaction with African-American families and their concept of them may be based largely on portrayals of African-American families in literature or other mass media that often show African-Americans in negative stereotypical roles. In order for therapists to be effective with

African-American families they must have direct informal interactions with African-Americans. Thus, it is vital that family therapy programs become more fully integrated.

In addition, according to research, the prevailing traditional therapeutic frameworks, theories, and techniques are often ineffective with ethnic minority groups (Nobles, 1978; Pomales, Claiborn, & LaFromboise, 1986; Ponterotto, & Casas, 1987; Sue, 1977). Ponterotto & Casas (1977) and Sue, Akutsu, & Higashi (1985) report that clinical training programs are primarily responsible for this ineffectiveness due to their lack of cultural sensitivity and competence. More specifically, with regard to sensitivity, in most marriage and family therapy training programs racial and ethnic minorities are neglected. Or, it is assumed that the universal theoretical frameworks taught in curricula are equally applicable to all groups, including African-Americans (Ponterotto & Casas, 1987).

Kenneth Hardy (1989) summarizes the current status of marriage and family therapy training programs.

Our therapists, as well as our field, embrace a world view that is based on a theoretical myth of sameness. In other words, . . . our therapists believe that all families are the same. They believe that becoming a competent therapist means learning the rudimentary

aspects of family functioning along with a wide assortment of flamboyant techniques. Embedded in our philosophy toward clinical education is a reliance on the theoretical myth of sameness. A belief system that results in ethnic, racial and gender blindspots (p. 3).

AAMFT has begun making attempts to eradicate these blindspots. They have been actively encouraging accredited marriage and family therapy programs to recruit and retain African-American students. AAMFT has recently appropriated funds to create four \$1000 ethnic minority fellowships to provide necessary funds to minority students who are pursuing masters and doctoral degrees. AAMFT has provided \$2000 in stipends to train minority marriage and family therapists as AAMFT Approved Supervisors. In addition, the revised manual of accreditation now requires programs seeking accreditation to include content in ethnic minority issues as a part of their required curriculum.

Although these efforts appear promising, currently few African-American students are enrolled in accredited marriage and family therapy programs. There is a pressing need to increase program sensitivity. That is, marriage and family therapy programs need to be more aware of the needs and emotions of African-American students and African-American families. A major step in reaching this awareness

and in increasing program sensitivity is to first understand the experiences of African-American students currently enrolled in accredited marriage and family therapy programs.

Purpose

The purpose of this study was to provide suggestions for recruiting and supporting African-American students in marriage and family therapy programs based on suggestions from faculty and current African-American students.

The population sampled consisted of 1) all African-American students enrolled during the 1989-90 academic year in accredited marriage and family therapy programs throughout the United States, and 2) all program directors of the accredited marriage and family therapy programs in the United States.

Objectives

Little is known about the experiences of African-American students in accredited marriage and family therapy programs.

The goals of this study were to:

- 1) provide a profile of the population of current African-American students enrolled in AAMFT programs;
- 2) describe the educational experiences that this population of African-American students had at accredited marriage and family therapy programs;

- 3) describe the interpersonal experiences that these African-American students had at accredited marriage and family therapy programs;
- 4) provide suggestions for recruiting and supporting African-American students in marriage and family therapy programs based on suggestions from the current populations of African-American students and program directors;

CHAPTER II

REVIEW OF THE LITERATURE

African-Americans in Higher Education

Minority Enrollment Trends

The United States' population is expected to increase 12.3 percent between the years 1985 and 2000. Minority populations are projected to constitute 60 percent of this growth. Included in this 12.3 percent growth projection is a 6.5 percent growth rate for European-Americans, a 23 percent growth rate for African-Americans, a 45 percent growth rate for Hispanics and a 48.4 percent growth rate for other minority groups (Odell & Mock, 1989). Between the years 1988 and 2000 the population between the ages of 18 and 24 will decline by six percent. The college age European-American population will decline by ten percent and the college age African-American population will decline by three percent (American Council for Education, 1989). These demographic trends are a concern for policy makers because so much of the growth will be in minority groups that now experience low educational achievement, and have a tradition of low level labor and service employment with limited job advancement (Odell & Mock, 1989, p. 2).

According to the American Council for Education (ACE), minorities are earning fewer degrees. The ACE report a two percent decline in the number of bachelor's degrees awarded

to minorities between the years 1982 and 1983. During the 1984-85 academic year, African-Americans were awarded six percent of the total number of the bachelor's degrees and five percent of the total number of the master's degrees in the United States (Ottinger, 1989).

In 1986, African-Americans accounted for 9.2 percent of the total number of undergraduate degree students, and 5 percent of the total number of graduate and professional degree students in the United States. Hispanics accounted for 5.3 percent of the total number of undergraduate degree students and three percent of the total number of graduate and professional degree students. American-Indians comprised .8 percent of the total number of undergraduate degree students and .4 percent of the total number of graduate and professional degree students. Between 1976 and 1986 the total number of African-American graduate degree students did not increase (Green, 1989). However,

between 1976 and 1986, the number of minority students in graduate school grew by nearly 40 percent, while white enrollments grew by 10 percent. The number of Hispanic and Asian graduate students more than doubled, . . . These increases were encouraging, but absolute numbers are still small: there are 46,000 Hispanic, 72,000 Black, and 5,000 American Indian graduate

students enrolled in 1986, comprising respectively, 3.2, 5.0, and .04 percent of all graduate students (Green, 1989, pp. 55-56).

Between the years 1982 and 1987, the number of doctoral degrees awarded to African-Americans fell by 27 percent, and between 1986 and 1987 the number of doctoral degrees awarded to African-Americans fell by 7 percent, from 822 to 765 (ACE, 1989). In 1987, African-Americans received two percent of the total number of doctorate degrees awarded.

The numbers of Black and Hispanic graduate and professional students are still insufficient to achieve adequate representation in the professions and in faculty positions (Green, 1989, p. 56).

Overwhelmingly, the largest number of master's degrees earned by minorities in 1984-85 (32 percent) was in the field of education. However, this number constituted a 41 percent decline from 1975 to 1985. There are particular fields of study in which minorities rarely earn degrees (Ottinger, 1989). "For example, in computer science only one Black received a doctorate out of 355 awarded nationally in 1986; in mathematics, Blacks received only six of the 730 doctorates" (Odell & Mock, 1989, p. 4).

Shortages of minority doctorate holders in science, mathematics, and engineering are acute. Among the

3,341 doctorates awarded in the United States in 1987 to U.S. citizens and permanent visa residents in the physical sciences, 35 (1%) went to Blacks, 76 (2%) to Hispanics, 228 (7%) to Asians and 10 to American Indians. Similarly, of the 1,908 doctorates awarded to citizens and permanent visa holders in engineering, 25 (1%) went to Blacks, 34 (2%) went to Hispanics, 326 (17%) to Asians, and 7 to American Indians (Green, 1989, pp. 56-57).

Therefore, as a result of the limited number of bachelor degrees awarded to minorities, there is an underrepresentation of minorities earning graduate and professional degrees.

The ACE (1989) suggests that there exists a strong relationship between family income and college attendance. In 1987 the median family income for European-Americans was \$32,274, for Hispanics was \$20,306 and for African-Americans was \$18,098. This represents a one percent decline in income for African-Americans and a two percent decline in income for Hispanics from 1986 (Ottinger, 1989).

ACE (1989) reports that in October, 1986: 56 percent of families with incomes of \$50,000 or more; 49 percent of families with incomes of \$40,000 to \$49,999; 40 percent of families with incomes of \$30,000 to \$39,000;

31 percent of families with incomes of \$20,000 to \$29,000; 25 percent of families with incomes of \$10,000 to \$19,999; 14 percent of families with incomes of under \$10,000 (Ottinger, p. 4)

were sending a family member in the 18 to 24 age range to college full-time.

These discouraging statistics must be viewed in conjunction with the population growth patterns of minorities. If rates of participation in education do not change markedly for minority students while their numbers continue to rise, almost certainly there will be a drop in overall educational achievement levels. Simply to stay even with current achievement rates, schools and colleges must be considerably more successful in attracting, retaining, and graduating minorities than in the past (Odell & Mock, 1989, p. 4).

Minority Faculty

Young, Chamley and Withers (1990) compared the percentages of ethnic minority faculty members to the 1980 U.S. census population percentages. They proposed that 1) U.S. population percentages should determine the degree of ethnic minority faculty representation and 2) that counseling as a service profession should be racially representative of and meeting the needs of the general population.

Young, Chamley and Withers (1990) reported that while 79.8% of the U.S. population is European-American, 90.6% of faculty members are European-American. They concluded that minority faculty members are underrepresented and are hired at a lower rate than non-minority faculty members. They further state that the current hiring pattern of 16.6% is lower than the 20.2% minority population nationwide and will not compensate for underrepresentation. The current rate will actually perpetuate minority underrepresentation (p. 153).

In addition, Young, Chamley and Withers (1990) found that Asian Americans represented only .8%, African-Americans 4.4%, and Hispanics 1.5% of faculty members, "compared to 1.5%, 11.7% and 6.4% for the total U.S. population" (p. 150). Furthermore, European-American faculty members had "significantly higher ratio's of full to part time positions compared to nonwhites" (p. 153).

College Experiences of African-American Students

Research conducted in the late 1960's and early 1970's concerning African-American students in higher education focused on equal opportunity, affirmative action, and issues related to unrest and revolts on campuses (Taylor, 1986).

These studies pointed out that 1) minority students often had more difficulty adjusting socially and academi-

cally than non minority students (Garza & Nelson, 1973; Gibbs, 1973; Taylor, 1986), 2) African-American students and university faculty have different expectations of each other (Gibbs, 1973) and 3) many African-American students feel alienated on European-American dominated college campuses (Burbach & Thompson, 1971).

Research conducted in the 1970's and 1980's primarily addressed undergraduate African-American students attending predominately European-American colleges and universities. This research also focused on racial considerations in admissions, the experiences of African-American college students at predominately European-American colleges (Epps, 1971), responses to African-American students on campus (Peterson, Blackburn, Gamson, Arce, Davenport, & Mingle, 1978) and the role of African-American and European-American colleges in educating African-American students (Fleming, 1984).

In addition, while research conducted in the late 1960's and early 1970's addressed issues regarding the effects of increased African-American student enrollment at predominately European-American colleges and universities, research conducted in the 1980's has focused more on the changing roles and attitudes of African-American students.

For example, Taylor (1986) addressed concerns about

African-American students who were neither knowledgeable about their history and heritage nor about African-American contributions to society. Taylor (1986) voiced concern that 1) contemporary African-American students did not challenge professors or fellow students who spoke negatively about African-American people, 2) there was confusion about what it meant to be an African-American, and 3) African-American students had practically abandoned African-American student organizations on campuses.

Thus, while it is clear that there is a growing disparity in minority student enrollment and minority faculty hiring, little recent research has sought solutions to this dilemma. No study has focused specifically on the underrepresentation of minority students in marriage and family therapy programs and examined their experiences at accredited marriage and family therapy programs.

Recruiting and Retaining African-American Graduate Students

Researchers have examined a variety of factors which seem to be important in recruiting and retaining minority graduate students. These factors include: increasing the applicant pool, improving recruitment techniques, broadening admission criteria (Green, 1989); improving financial assistance (Neetles, 1987; Trent & Copeland 1987); and improving supportiveness of the university environment (Loo

& Rolison, 1986; Welsh, Conway & West, 1987). In addition, suggestions have been offered for improving the effectiveness of outside funding in improving university recruitment efforts (Trent & Copeland, 1987).

In order to increase the number of minority students enrolled in graduate programs it seems to be important to first identify potential graduate students to increase the applicant pool. Green (1989) an expert in the field of minority recruitment, offers the following suggestions for accomplishing this task:

- 1) recruit at home;
- 2) inform minority undergraduates of the rewards of graduate study;
- 3) reach minority students early in their undergraduate careers;
- 4) provide role models from ethnic minority groups;
- 5) provide opportunities for minority undergraduates to pursue academic research under the tutelage of graduate student and faculty mentors;
- 6) identify minority individuals who have left campus and may want to continue their education;
- and 7) work with employers in industry, government, and the non-profit sector to identify needs and interests in graduate study (pp. 58-59).

After potential students have been identified, specific and effective techniques for recruiting these students need

to be developed. Green (1989), has offered the following strategies for intensifying recruitment:

- 1) expand the old boy network;
- 2) institute student visitation programs;
- 3) identify colleges at which recruitment of minorities would be most productive and efficient;
- 4) encourage other joint ventures with minority institutions;
- 5) develop effective recruitment materials aimed at minority undergraduates;
- 6) advertise graduate and professional programs in national publications that minority undergraduates read;
- 7) provide summer school research activities or assistantships at the graduate school for the sophomore, junior, and senior year (pp. 60-61).

Because of restrictive admission criteria, minority students who are recruited may be denied access to graduate programs. Green (1989) suggests incorporating the following strategies to broaden the admission criteria for minority students:

- 1) use qualifying examinations judiciously;
- 2) use additional evaluative criteria such as interviews, professor's recommendations, autobiographical statements, and of course, grade point averages;
- 3) give undergraduate transcripts significant weight as an admission criterion;
- 4) be aware of possible bias in

evaluating credentials of minority students; 5) consider using conditional admission procedures; 6) assist minority applicants in admission procedures (pp. 62-63).

Even after the applicant pool has been broadened, recruitment efforts have been improved, and admission criteria has been broadened, research has indicated that minority students may not enroll and complete graduate education unless financial and emotional support is improved. For example, in a research report of the Minority Graduate Education (MGE) Project, sponsored by both the Graduate Record Examinations Board and Educational Testing Service, Nettles, (1987) discusses how factors related to financial aid affect minority enrollment in graduate programs. These factors are: 1) the cost of graduate programs; 2) the amount of prior indebtedness incurred during undergraduate study; 3) the lack of financial, academic and social support for minority students; 4) the types of rewards used to motivate minority students to complete their degrees; and 5) the types of rewards afforded to minority students who complete their degrees. Nettles (1987) concludes with this statement:

It is apparent that we will never be able to increase the numbers of minority students in graduate

institutions and keep them there until they graduate unless we come to understand better the financial pressures that they face. We know that the costs of higher education, both actual and implied, are tremendous, and that they have been spiraling upward for the past decade. We realize that minority students are historically less able to deal with these costs, because many of them come from families in lower socioeconomic strata. This is further complicated by the indebtedness most students must assume in order to pursue both undergraduate and graduate education (p. 6).

Green (1989) offers these suggestions for responding to the financial concerns of minority students.

- 1) provide minority students with financial support packages that are adequate and guaranteed through the students' graduate career, provided students make satisfactory academic progress;
- 2) award assistantships that complement studies;
- 3) ensure that minority teaching fellows and research assistants are in the mainstream of academic and social activities of the department, including sharing graduate offices, working on research projects, attending informal social occasions;
- 4) seek financial arrangements with external

sources; 5) support students needing part-time work; 6) Offer financial aid packages that provide more grants than loans; and 7) assist minority students with loans.

In addition to improving financial support, a number of researchers have examined the importance of improving emotional support for minority students. For example, in a study conducted at one of eight of the University of California's campuses, Loo and Rolison (1986) interviewed 814 minority and 4,814 white undergraduate students about their experiences on campus. They reported that minority students felt more socially isolated, more socially and culturally alienated, and less socially integrated than did white students. Minority students also reported they felt less academically prepared than their white counterparts. While 63% percent of the white students perceived the university as supportive, only 28% of the minority students perceived the university as supportive. Minority students felt that the underrepresentation of minority students on campus indicated that the university was unsupportive of minorities.

In addition, Welsh, Conway, and West (1987) interviewed Black freshmen students who were enrolled in the University of South Carolina's (USC) Columbia campus during Fall semesters between 1976 and 1979 in order to uncover factors

related to Black student retention at the university. While the researchers did not discover any phenomenal factors related to Black student retention, they did find particular factors about the university that appeared to better the odds of Black students graduating.

First, there is Black enrollment of sufficient size to allow for satisfactory social life and to permit the formation of a range of supportive communities in which to establish membership. Second, Black students have access to leadership positions in student organizations and can experience the exercise of leadership for themselves or at least observe other Black students exercising it. Third, students have the opportunity to live on campus and the option of selecting a Black roommate. Fourth, they had the opportunity to participate in the activities of Black student organizations, have contact with Black faculty and staff, and enroll in Black studies courses. Fifth, they enjoy a campus climate of acceptance which is relatively free of racial discrimination especially in the classroom. And finally, they were able to participate in a freshman orientation course designed to ease students into the forms and processes of campus life (p. 39).

Thus, supporting minority graduate students in making the necessary adjustments academically and socially is critical to retaining these students. Green (1989) suggest these additional strategies:

- 1) support discipline-based minority student interest groups, such as blacks in psychology, or Hispanics in engineering;
- 2) create academic support mechanisms;
- 3) help students by reducing course loads when they need time to catch up with their peers;
- 4) promote programs that recognize distinctive cultural heritages;
- 5) create a system of faculty mentors;
- 6) provide training to white faculty to help them become more understanding of minority student needs;
- 7) encourage faculty members to become aware of the new issues in their disciplines that focus specifically on minority issues and concerns;
- 8) help minority students understand how the graduate and professional school system works; and
- 9) develop financial incentives for departments (pp. 64-66).

In order to increase minority representation on university campuses, both federal and state governments must provide appropriate financial resources. However, Trent and Copeland (1987) found that the number of Black Ph.D. graduates had not increased consistently between 1975 and

1984 despite increases in financial aid to Black Ph.D. candidates. They suggested that "in addition to direct aid to Black graduate students, an effective response should entail funded recruitment and support services for these students" (p. 89).

In order to develop recommendations and strategies for improving the use of these recruitment and support services, Trent and Copeland (1987) analyzed data from state evaluations and from the Higher Education General Information Survey. In addition, they interviewed key persons in the state higher education agency offices of five Adams states, Arkansas, Florida, Georgia, Oklahoma, and Virginia.

Some of the suggestions which emerged include:

Improve the quantity and quality of aid.

Improve the quality of aid by increasing/ supplementing awards.

Improve the recruitment effort with an emphasis on expanding the pool of candidates.

Improve the provision of tutorial services, counseling/ advising , mentoring and socialization into the doctoral discipline or field of study.

Improve the administration of activities aimed at increasing the production of Black doctorates.

Expand the availability of state supported doctoral programs at Historically Black Institutions (p. 93-101).

Thus, researchers identify multiple factors significant to the recruitment and retention of minority graduate students. While Green (1989) suggests developing the pool of prospective students as the most critical factor, improving recruitment techniques and strategies, expanding admission criteria, and increasing financial and emotional support have also been identified as significant factors in recruiting and retaining minority graduate students.

Theoretical Framework

Systems Theory and Family Therapy Training Programs

This research is guided by a systemic theoretical framework. A system is a combination of elements that are uniformly related to each other. Systems are circular and suggest nonlinear causality. General systems theory may be applied to any system "irrespective of the particular kind of elements and relationships" (de Shazer, 1985, p. 167-168). Marriage and family therapy programs are systems which include, at least: 1) students; 2) faculty; 3) curriculum requirements; and 4) the relationship between and among the students, faculty and curriculum.

Systems theory applied to human systems and their

difficulties suggests that families (or any group of people with a history and a future) are not just an aggregate of individuals. Rather, a human system is more than the sum of its parts. It is not only the individuals included in the description but also the relationships between and among those individuals. Thus, a systems view necessitates a certain complexity (de Shazer, p. 105).

Hardy (1989b) states that marriage and family therapy program systems subscribe to the theoretical myth of sameness (TMOS). TMOS is "a belief system or way of thinking that is based on the notion that all families are virtually the same" (Hardy, 1989b, p. 18). In context, TMOS affects the way marriage and family therapy programs are structured including curriculum requirements, which faculty are appointed to teach particular courses, and how students are advised by faculty. Additionally, clinical decisions "regarding case assignments, treatment strategies, who gets invited to therapy sessions, the types of questions asked, and the use of negative and positive connotations are all governed by the TMOS" (Hardy, 1989b, p. 19).

The majority of marriage and family therapy programs employ the conventional view of TMOS. The conventional view of TMOS states that minority and non-minority families are

the same. Marriage and family therapy program systems reinforce this view by stressing "the importance of theory comprehension and skill acquisition without punctuating differences that might be attributable to race, culture, ethnicity, and/or gender" (Hardy, 1989b, p. 20).

The contemporary view of TMOS states that minority and non-minority families are not the same. Supporters of this view point have been instrumental in highlighting the differences between minority and non-minority families. "For the first time in recent history of the field, the emergence of this view is encouraging family therapy trainees and educators alike to question, if not challenge, the assertion that all families are the same" (Hardy, 1989b, p. 20).

Allen (1978) summarizes three theoretical positions which are often used to examine African-American families. The "cultural equivalent" suggests that African-American families may be compared to European-American families because their cultures are similar. The "cultural deviant" suggests that African-American families are deviations from the norms represented by European-American middle class families. The cultural "variant" suggests that differences in African-American family structure can be seen as strengths and not as a weakness in social structure as in

the first two models. The first two models either deny differences or view the African-American family structure as abnormal.

In order for marriage and family therapy program systems to begin to expand their view of minority families, one element or a combination of elements in that system must change. Systems are generally resistant to change and work hard to maintain their homeostatic status. Elements such as student composition, faculty composition, curriculum requirements, or any other element of the marriage and family therapy program system can begin this process of change.

Presently, the majority of marriage and family therapy students are racially, ethnically, and culturally alike. As a result marriage and family therapy students are "denied an opportunity to train and associate with peers whose life circumstances are vastly different in scope, meaning, and context" (Hardy, 1989b, p. 23). Therefore, marriage and family therapy students rarely benefit from informal learning through relationships and interaction with peers from varying racial, ethnic, and cultural backgrounds. "The homogeneous student body promotes a belief system or world view that is rigidly oriented toward a myth of sameness" (Hardy, 1989b, p. 23).

The majority of marriage and family therapy faculty are male and European-American (Hardy, 1989b). This composition of faculty supports TMOS. Many of the marriage and family therapy faculty were trained in programs similar to the programs in which they are presently serving as faculty. As a result, there have been very few challenges to the TMOS view point.

Minority marriage and family therapy faculty are often recruited to teach cross-cultural and ethnic minority courses. They are often believed to be qualified to teach ethnic minority and cross-cultural courses because they are a member of a minority group (Hardy, 1989b). However this assignment to minority marriage and family therapy faculty reinforces the TMOS view point. "The theoretical myth of sameness is further validated by the fact that the minority faculty member has probably had no formal training in cross-cultural studies" (Hardy, 1989b, p. 24).

The majority of marriage and family therapy programs do not offer courses which discuss differences and similarities among groups as they relate to race, culture, ethnicity, and religion (Hardy, 1989b). And when courses are taught that address minority families, these families are presented as a homogeneous group. For example, when professors spend one class session attempting to teach students how to work with

African-American families, Hispanic families, or Asian families, it is likely that the TMOS is being perpetuated. Understandably, there are a variety of differences within each of these groups.

The theoretical myth of sameness, is largely perpetuated by student composition, faculty composition and curriculum requirements. However, "a change in one element of a system or in one of the relationships between elements will affect the other elements and relationships which together comprise the system (de Shazer, 1985, p. 43). Therefore, if marriage and family therapy program systems change student and/or faculty composition to include more African-Americans and/or change curriculum requirements to include more African-American family content, then the entire marriage and family therapy program system will change. Most likely, this system change will encourage and enhance program sensitivity to African-American students and African-American families.

Understanding African-Americans

In order for family therapy training programs to recruit and retain African-American students and faculty, they must become sensitive to the unique experience of being Black in America. Much of the African-American experience is tied to the obstacles faced by African Americans that

result from their unique experience of chattel slavery and subsequent racial discrimination. Contrary to popular belief, African-American families are a strong unit. African-American families develop strong social support networks that help them adapt to and/or overcome the obstacles that still pose hurdles.

A Historical Perspective

Black families in the United States came to the United States from a variety of cultures and under a variety of circumstances, and therefore should not be viewed as a homogeneous group. "By far, however, the largest group of Blacks in the United States are those of African origin whose ancestors were brought directly here as slaves" (Hines & Boyd-Franklin, 1982, p. 84). It is upon this group, African-Americans, that this research focused.

African-American families have a unique history. Literature on African-American families identifies unique obstacles which have impeded the development of ethnic identity, cohesion, and direction necessary for the successful development of African-American communities. These obstacles were slavery and post-slavery segregation and discrimination in America.

American slavery was an economic and political system where European-American supremacy existed at the expense of

African-Americans. During slavery African-American families were separated and extended families were discouraged. This slave system survived by limiting development of African-American identity, confidence, and direction (Jones, 1982). The intent of slave owners was to degrade slaves, to lower their self-respect, to keep expectations low and to limit any actions that might assert human dignity (Wilson, 1969). As a result, African-Americans often questioned who they were and where they fit in. The oppression of African-Americans continued into the post-slavery era where continuing racist actions against individuals and families only intensified remaining psychological scars. Wilson (1969) identified obstacles facing African-Americans in the post-slavery era as a series of struggles: the struggle for survival, expression, participation, meaning, and fulfillment. According to Wilson (1969), these struggles included physical and psychological struggles; struggles to overcome negative stereotypes; struggles to develop appropriate methods for expressing anger; distress and pain; to struggles to develop a clear ethnic identity, heritage, sense of self and reason for human existence for the African-American. Today these same struggles presented by Wilson (1969) two decades ago, still pose hurdles for African-Americans.

Value System of African-Americans

In order for family therapy programs to recruit and retain African-American students and to prepare their students to be effective with African-American families they must be aware of the unique African-American history and be aware that differences do exist in the value systems of various ethnic groups. Pinderhughes (1982) reports that African-Americans have a very different set of values than do European-Americans. European-Americans tend to value independence, achievement, material assets, planning, youth, and power; African-Americans tend to value sharing, obedience to authority, spirituality and respect for elders.

Pinderhughes (1982) suggests that African-Americans subscribe to three value systems; African, American, and victim. She further states that African-American ethnic identity is affected by (1) residuals from Africa, (2) identification with American society, and (3) coping and adapting to the victim system which is the result of oppression, poverty, prejudice, and racism.

The third value system, the victim system is of particular importance because it is the primary source of the African-American family's problem in America (Heiss, 1975; Pinderhughes, 1982). Throughout American history, society has undermined the African-American male's role as

husband and as father. The victim system, in some respects, is a continuation of the slave system. The victim system, a product of oppression, poverty, prejudice and racism, discourages a strong sense of self-esteem in African-Americans (Pinderhughes, 1982). "The disillusionment with hard work that does not bring rewards can cause severe pressure on couple and family relationships" (Hines & Boyd-Franklin, 1982, p. 89). For African-American families, obstacles that block opportunities for education limit opportunities for advancement and employment. This, in turn, may lead to stress and may limit individuals, families, and communities from reaching their advancement goals. Victim system values are a result of adaptation to racism and oppression where individuals isolate themselves as a defense against the stresses that hinder them.

Coping with the victim system requires skill in processing both negative and positive feelings. With some families the problem is not just that anger is inappropriately expressed but rather that it can never be expressed. When the family limits its emotional expressiveness to positive feelings only, it becomes rigid. This may be a particular problem in middle class families (Pinderhughes, 1982, p. 117).

African-Americans have adapted to these experiences and, while this requires a great expenditure of energy and may lead to identity confusion, some African-American families have been able to remain particularly clear about their identity and values. Successful adaptation varies from family to family depending on the degree of racism, poverty, oppression, and methods of social support. This accounts for the diversity in values, behaviors, and family structures in African-American families. These multiple values comprise the African-American cultural system.

Strengths and Coping Skills of African-Americans

In spite of prevailing obstacles, historical evidence suggests that strong family ties bound African-Americans together during the confusion that followed the Civil War. Gutman (1976) researched the last generations of slaves and found that while there were high rates of involuntary marital breakups, slave families were very stable. For example, available records in Virginia showed that most ex-slave families (72%-79%) lived with two parents and most households were either husband-wife or husband-wife-children, the remainder (16%-23%) were mother children households where there were widow heads of households. Gutman (1976) found that regardless of the economic situation many slave marriages were for life.

To adapt to pressures of slavery and discrimination, African-American families developed the ability to persevere, organize, and succeed despite odds (Gutman, 1976). These qualities were strengths that were exemplified by the rise of: 1) Booker T. Washington who encouraged African-Americans to achieve economic security by becoming proficient in industry; 2) the organization of the National Association for the Advancement of Colored People (NAACP) which was aimed at having African-Americans treated fairly as outlined in the United States Constitution; and 3) the activities of the National Urban League which was concerned that African Americans progress in industry and not be discriminated against in hiring, promotion, and salaries. African-Americans were able to translate their heritage of slavery to present opportunity and future expectations as they were expressed in Martin Luther King, Jr.'s "I Have A Dream". Strong social support systems may have distinguished those African-American families who were able to cope with these various problems from those who were unable to cope (Lyles & Carter, 1982). Historically, African-Americans have developed social support systems to cope with the psychological, environmental, and economic stresses caused by racism and oppression. Aside from these stresses, Lyles and Carter (1982) report that African-

Americans use support systems to help them cope with everyday life and those problems common to all American families.

A social support system is defined as "a set of personal contacts through which the individual maintains his social identity and receives emotional supports, material aid and services, information and new social contacts" (Walker, McBride, and Vachon, 1977 as cited in Malson, 1982). While a number of groups provide support to the African-American family, the two primary means of support throughout history have been church support and kin support (Comer, 1972; Malson, 1982).

The church is the root of social support for the African-American family (Comer, 1972, Lyles & Carter, 1982, Mayes 1938). The church has served as a community church where African-American family members are respected and able to excel in the struggles for survival, expression, participation, meaning, and fulfillment. It helps to maintain family solidarity while also allowing for the expression of anger, distress, and pain (Lyles & Carter, 1982). Additionally, the church has provided a deep sense of spirituality to African-Americans. "One reframing that will often be heard is the notion that God will know what your needs are and will supply and He gives you no more than

you can carry" (Know, 1985, as cited in Boyd-Franklin, 1989, p. 79).

Extended kin relationships provide a second source of support for African-American families. Co-workers and fictive kin or adoptive kin (play sister, play aunt, play cousin) are often included in the family social support system. African-American co-workers share similar histories and may provide support and mutual aid to each other. Such relationships are especially important when racism and prejudice are present in the work place as aggravating psychological stresses (Malson, 1982).

Historically, the church and extended kin have been important support networks for African-American families. In order to better develop ways to enhance the experiences of African-American marriage and family therapy students, it is important for program directors to recognize the strengths and coping mechanisms of African-Americans.

Non-African-American Therapists With African-American Clients

Previous literature (Thompson & Cimboric, 1978; Terrell & Terrell, 1984) has suggested that African-American clients are frequently reticent to seek out counseling, and when they do seek therapy they frequently terminate after one session. Thompson and Cimboric (1978) found in their study

that African-American clients tend to prefer African-American counselors and tend to seek counseling more often if the counselor is African-American rather than European-American.

In a study conducted by Terrell and Terrell (1984) African-American clients who were assigned European-American counselors tended to terminate counseling earlier than did European-American clients who were assigned European-American counselors. Terrell and Terrell (1984) suggested that this premature termination may be because they do not trust European-American counselors. This cultural mistrust may be due to their history of by chattel slavery, race prejudice, and oppression.

Boyd-Franklin (1989) suggests that African-American family suspicion and/or resistance is a form of "healthy cultural paranoia" which they developed throughout history to cope with racism, segregation, oppression and discrimination. Many African-American communities perceive mental health institutions as "White institutions," (p. 19) and their suspiciousness "is frequently a direct learned survival response that Black children are socialized to adopt from an early age" (p. 19).

There are various other reasons why family therapists may not be meeting the needs of their African-American

clients. Hardy (1989b) suggests that "most clinical training programs . . . are remiss in training aspiring clinicians to work effectively with minority families" (p. 22-23). These training programs rarely stress the importance of treating minority families in their larger context. Wilson and Stith (1990) indicate that "White therapists and many Black therapists, who have been primarily trained in White institutions studying research based on White families, may lack a basic historical perspective on the Black family" (p. 2).

The unique history of African-American families warrants the development of a unique approach to dealing with their family issues. This unique approach should be culturally sensitive to allow for differences between African-American families and traditional European-American families due to a natural adaptation to stress. As a part of their natural adaptation to racism, oppression and economic stresses, African-American families have developed a different family structure and social support system. In addition, European-Americans

may have stereotypical views regarding African-Americans and may not understand the unique strengths and problems faced by African-American families seeking treatment. They may have basic value differences

and/or communication difficulties with clients who are different from them. Finally, they may not recognize or understand the effect of racism on their interaction with African-American families. Thus, lacking that understanding, they may interpret the African-American family's reluctance to trust as resistance or noncompliance (Wilson & Stith, p. 2).

Thus, there are diverse reasons for why marriage and family therapists may not be meeting the needs of their African-American clients. These reasons include: an inability of African-American clients to trust European American clinicians, a lack of knowledge about the African-American experience, culture, and value system, and a lack of academic preparation to work effectively with African-American clients.

Summary

In recent years, fewer African-American students are pursuing graduate and professional degrees. African-American faculty members are underrepresented and are hired less frequently than European-American faculty members. Yet, little research has been conducted to address these issues. No research has addressed the underrepresentation of African-American students in AAFMT programs, the experiences of African-American students in AAMFT programs, or the impact

of African-American students' presence on the university system.

Most AAMFT programs subscribe to the Theoretical Myth of Sameness where the curriculum, faculty, and students are virtually homogenous. AAMFT programs which successfully recruit and retain African-American students and faculty must be sensitive to the unique experiences of being Black in America. Individuals who seek to understand the Black experience must understand African-Americans' unique experience of chattel slavery, the racial discrimination which followed, and the development of social support networks which allowed them to persevere and overcome obstacles which continue to pose hurdles today.

As a result of their struggles, African-American families have developed a healthy suspicion of what they perceive as White institutions. Therapists who are successful in treating African-American clients recognize the importance of treating the client in their larger context. Thus, they do not view African-American families as a homogeneous group, but instead allow for differences in the value system of various racial and ethnic groups.

CHAPTER III

METHODS

Qualitative Methodology

This study considered the overall experiences of African-American students in AAMFT programs. A qualitative approach was chosen to allow the researcher to know the subjects personally as well as to allow the subjects to develop and describe their own view of their graduate experience.

Bogdon and Taylor (1975) define qualitative methodologies as referring "to research procedures which produce descriptive data: people's own written or spoken words and observable behavior" (p.4). A qualitative approach allows individuals to be observed within their own settings as a part of a whole instead of as a variable as a part of a hypothesis. Qualitative methods allow the researcher to "experience what they experience in their daily struggles with their society" (Bogdon & Taylor, 1975, p. 4-5). The researcher is allowed to learn about populations and environments which he/she may know nothing. Most importantly,

qualitative methods enable us to explore concepts whose essence is lost in other research approaches. Such concepts as beauty pain, faith, suffering, frustration, hope, and love can be studied as they are

defined and experienced by real people in their everyday lives (p. 5).

Data Collection

Initial contact with the students was made through the marriage and family therapy programs. Program directors were asked to complete and return a survey (Appendix A) about their programs and a subject information and informed consent form (Appendix B) in the stamped addressed envelop which was provided. They were also asked to distribute an introductory letter (Appendix C) and a subject information and informed consent form (Appendix D) to each African-American student enrolled in the marriage and family therapy program for the 1989-90 academic year. Program directors were mailed five student letters and five student subject information and informed consent forms, and were instructed to contact this researcher as soon as possible if additional student information forms were needed. In addition, all of the program directors received a letter thanking them for their participation in the study (Appendix E).

Students were instructed to sign and return the subject information and informed consent form in the stamped addressed envelop which was provided if they were interested in participating in this study. They were also asked to provide the following information: best time and telephone

number to reach them and the best address for them to receive mail. The telephone interviews began after the subject information and informed consent forms were returned. Before each interview began students were asked for their permission to tape record the interview. The telephone interviews took approximately 90 minutes each and were tape recorded. The researcher asked the students how they chose the field of marriage and family therapy and their particular programs and whether they were recruited into their program. They were also asked about their experiences with other African-American students and with African-American faculty, and how important it would be to them to increase the numbers of African-American students and faculty. They were asked about supportive and/or non supportive experiences in their academic program, including financial and emotional support. Finally they were asked for their recommendations for improving minority recruitment, admission, and retention.

A follow-up postcard (Appendix F) and a letter (Appendix G) were sent to program directors to remind them to distribute the letters and informed consent forms to students. Program directors were also asked to return their questionnaires as soon as possible. The students were asked to complete a follow-up survey (Appendix H) to the telephone

interview. Students were instructed to return the surveys in the stamped addressed envelopes which were provided. A follow-up telephone call was made to students those students who had not returned their surveys after two weeks to remind them to complete and return their follow-up surveys as soon as possible.

Use of Data

The content analyses of the interviews, as well as the surveys completed by the African-American students and directors of AAMFT accredited programs were used to describe current perceptions and insights regarding the experiences of African-American students and the recruitment and retention of African-American students.

The data from the telephone interview transcripts were examined for common themes and concepts. The effects of these themes and concepts on the experiences of African-American students in accredited AAMFT programs were examined. The mail surveys were used to describe major details and to do some simple comparisons.

Sample

Surveys were distributed during January and February, 1990 to the 29 AAMFT program directors (20 directors of master's degree programs, seven directors of doctoral degree programs, and two directors of both master's and doctoral

degree programs). Twenty-five directors returned the surveys (86.2%). Seventeen of the 20 directors of master's degree programs (85.0%), six directors of the seven doctoral degree programs (85.7%) and both of the directors of the two master's and doctoral degree programs returned their surveys. Program directors reported that a total of 20 African-American students were enrolled in their programs during the 1989-90 academic year.

Fifteen of the twenty students reported by program directors signed and returned the subject information and informed consent form indicating that they were interested in participating in the study (75% response rate; 11 master's and four doctoral degree candidates). Each of the 15 students participated in the telephone interviews. After the telephone interviews the students were mailed a follow-up survey. Fourteen of the fifteen students (93.3) returned the follow-up survey.

Data Processing

The data from the telephone interview transcripts were analyzed using The Ethnograph computer program. The Ethnograph computer program assists the qualitative researcher with some of the mechanical aspects of data analysis by numbering, coding and sorting the data by specific themes (Seidel, Kjolseth, & Seymour, 1988).

CHAPTER IV

RESULTS

Profile of African-American Students

Eleven master's degree candidates participated in this study, nine females (82%), and 2 males (18%). Four doctoral degree candidates also participated (two females and two males). See Table 1. Detailed descriptions of the population are included in Tables 1 -13.

According to program directors the mean age of all graduate students in AAMFT programs was 30 years (Table 2). The average age of African-American students who participated in the study was 33 years with a range in age from 23 to 56 (Table 3). The students came from a variety of occupations and academic majors prior to entering their AAMFT programs. The largest number of students (5) had been human services providers with psychology degrees (5) before entering graduate school (Tables 4 and 5).

Five students reported they were single, six reported they were married for the first time, one reported being remarried, and two reported they were divorced (Table 6). The students annual incomes ranged from less than \$20,000 per year to \$59,999 per year with a mean of \$20,000 to \$29,999 per year. Their parents' annual incomes ranged from \$20,000 to \$99,999 per year with a mean of \$30,000 to \$39,999 (Table 7). In this sample, two students were

mostly self supporting but did receive some financial support from their parents, while 12 students were 100 percent financially independent (Table 7).

Mothers and fathers who had not completed high school and mothers and fathers who had post graduate degrees were reported by students. The respondents reported that both their mothers and fathers had a median level of education of vocational/ technical school completion (Table 8).

Students indicated a variety of short and long term career plans (Table 9). Most students were affiliated with AAMFT and indicated a strong desire to become clinical members. However, less than half the students indicated that it was extremely important or important to become clinical supervisors (Table 10).

The African-American students indicated that they had strong religious ties. Nine out of 13 students stated that religion was either extremely or very important. Three students indicated that religion was important and only one student indicated that religion was unimportant (Table 11).

Thus, the typical African-American student participating in this research was a 30 year old female who had held a human services or mental health related position before entering her marriage and family therapy program. She was either single or married for the first time. The

student earned less than \$30,000 each year and was self supporting. Religion was important to her and she was affiliated with AAMFT. Her short term career plans included a combined interest in private practice, teaching, research and working in a public agency. Her long term career plans included interests primarily in private practice and teaching. This student reported that both her mother and father had a vocational or technical school education and earned less than \$40,000 a year.

**Profile of the Racial Composition of Marriage
and Family Therapy Students, Faculty and Curriculum**

Student Enrollment

According to program directors there are approximately 506 master's degree students and 147 doctoral degree students currently enrolled in the 29 AAMFT programs. Represented in those numbers are approximately 16 African-American master's degree students and four African-American doctoral degree students. Thus, one out of 32 master's degree students (3%) are African-American and one out of 37 doctoral degree students (2.7%) are African-American.

The mean number of master's degree students enrolled in AAMFT programs was 27, with a median of 20, while the mean number of master's degree African-American students was 1, with a median of .5. The average number of doctoral

degree students enrolled in AAMFT programs was 18, with a median of 17, while the average number of African-American doctoral degree students was .25, with a median of zero.

Graduates

When asked for the total number of graduates from their programs over the past ten years, program directors estimated that there were approximately 2021 master's degree and 278 doctoral degree students who graduated from their programs over the past ten years. Of these totals they estimated that 19 of the master's degree graduates and five of the doctoral degree graduates were African-Americans. Thus, less than one percent of the total number of master's degree graduates were African-American, and 1.8% of the doctoral degree graduates were African-American.

The mean number of European-American master's degree graduates per program was 106, while the mean number of African-American master's degree graduates per program was 1.5. The mean number of European doctoral degree graduates per program was 35 and the mean number of African-American doctoral degree graduates per program was .25.

African-American Faculty and Supervisors

According to program directors there are approximately 100 full-time and 50 part-time faculty, including four full-time and two part-time African-American faculty, in the 25

AAMFT programs participating in this study. The average program has four full-time faculty and two part-time faculty members. Thus, one out of 23 full-time faculty (4.3%) are African-American and one out of 36 part-time faculty (2.8%) are African-American.

Only one out of 14 students who completed the follow-up questionnaire reported that they had ever taken a course which was taught by an African-American faculty member in their program. However, 13 students indicated that it was important to have African-American faculty members teach in their AAMFT programs. See Table 12.

The average program had four clinical supervisors and only one African-American supervisor was reported out of the 25 programs participating in this research. Thus, one out of 66 clinical supervisors (1%) are African-American. And, while no students reported having an African-American clinical supervisor in their AAMFT program, 13 students (93%) indicated that it was important to them to have

African-American clinical supervisors in their AAMFT programs. See Table 12.

Summary

Thus, the typical marriage and family therapy program participating in this study had one or no African-American

students, no African-American graduates, no African-American faculty, and no African-American supervisors.

Concerns

A number of concerns were expressed by program directors and/or African-American students. These included: 1) lack of student preparation to work with African-Americans, 2) lack of African-American faculty; 3) lack of African-American students; and 4) ineffective methods of recruitment.

Lack of Preparation to Work with African-American Clients

When asked to evaluate their students level of preparation from not prepared to extremely prepared, program directors indicated that their students were extremely prepared to work with European-American clients and prepared to work with African-American clients. See Table 13. When asked the same question African-American students reported that they were somewhat prepared to work with African-American clients. See Table 14.

Both the students and the program directors shared the concern for the lack of student preparation to work with African-American clients. Program directors had various ideas about how to better prepare students to work with different ethnic minority groups. Program directors had these recommendations:

"Offer classes in ethnicity, hire minority faculty and supervisors and have students experience minority groups in clinical practicum."

"Recruit more minority graduate students and clients."

"Require books and articles on the subject."

"Increase students' awareness of their own ethnic background. Have students experience working with members of minority populations in placement settings."

One director stated that the interaction with minorities is equally as important as the coursework when trying to better prepare students to work with ethnic minority family members. "While academic course work is helpful, I do believe that interactional experience is also important."

One student supported this director's suggestion. This student expanded on what the director had said by suggesting that the more students and faculty in AAMFT programs interact with African-Americans, the better they will learn to be sensitive to the needs of African-Americans. "You know, if you don't really have that much exposure to Black students you're not going to really feel comfortable with them and you're not going to know how to interact with them and that's where it really comes through."

Another student talked about the frustration associated

with observing marriage and family therapy students who have had little exposure to African-Americans conduct therapy with African-American clients.

Within the program I probably tend to be the radical. Within this concentration, many of my peers basically don't understand anything about Black families or about poor families. This degree basically attracts people from very high incomes. I am probably the point of clarification. You have a lot of very high thinking people, a lot of very high theory people and theory doesn't always translate into reality and I find that first of all that's frustrating and second of all, it's easy to ignore the fact that minorities are out here and are struggling, have families, and are in treatment, at times mistreated in treatment.

One director summarized directors perceptions.

Training by minority therapists, guest speakers would be helpful. Programs could address ethnic/minority issues in coursework and in supervision, as well as include ethnic/minority issues as a basic part of assessment in therapy. And by including ethnic minority faculty, students, and clients in programs.

Thus, a variety of recommendations came out of concerns about how to improve students' preparation for working with

different ethnic minority groups. These themes included: recruiting more minority graduate students, clients, and faculty; changing the programs' curriculums to include more ethnic minority content and required readings, and encouraging and rewarding students and faculty interactions with various minority populations.

Lack of African-American Faculty

The lack of African-American faculty members was a concern for all but one of the students in the sample. When asked why it was important to have African-American faculty teach in their AAMFT programs several important themes emerged from the students' responses. One student talked about African-American faculty serving as role models.

A Black faculty member could provide a Black perspective, like how it was for them going to graduate school. No one in my family ever went to graduate school, so learning the politics has been difficult. A Black professor could help with transition.

Another student talked about the role African-American faculty could play in integrating AAMFT programs.

Black faculty members might help to integrate marriage and family therapy programs in that their presence alone might inspire students and faculty to discuss issues related to the race of clinicians and the race

of clients. That is, in reality, clinicians as well as clients have their own issues related to race. And these issues may affect treatment. I know that one of my fears coming into my program was that a white client would terminate treatment and that it would be very clear that they refused because I was a Black therapist. My fear was that this would continue to happen and neither the faculty nor students would discuss it with me. And the reality is that this is happening with me but also with black clients who terminate treatment with white clinicians. My hope is that black faculty members would at least acknowledge that this is happening and discuss it.

Another student talked about African-American faculty members teaching about African-American family issues as a part of the program's curriculum as well as teaching students how to translate the information taught in their programs so that the information could be better used with African-American families.

It would be important to me to have Black faculty because of the locale of the program. In order to understand, in order to learn about Black family life other than the fact of coming from that, it is imperative that I do a lot of extra things to pull in

and to tie in how this fits within a Black community; how marriage and family therapy fits within the Black community and how you help Black families. And that puts a lot of extra responsibility on me, and I don't necessarily mind the burden but this burden is not afforded to other students because they don't have to make the transition. And I'm having to make the transition pretty much by myself. And so to have a Black faculty member would be a definite asset in that individuals would hopefully have some insight into the Black family but also see the necessity to study other family life, other than Anglo.

Another student thought that African-American faculty might be instrumental in educating African-American families about the benefits to marriage and family therapy.

Many Black families don't know the difference between marriage and family therapy and psychology or psychiatry. Maybe a Black faculty member could help with these issues and with issues around my being Black and working with whites.

And some students expressed their thoughts about having African-American faculty teach in their program quite simply.

"I might be able to relate better to Black professors."

"Oh, I think that it would be fantastic, it really would be helpful, definitely to have Black faculty members."

The major themes that emerged from the student telephone interviews in relationship to the lack of African-American faculty included the importance of African-American faculty: serving as role models to students, contributing to the integration and advancement of multi-cultural marriage and family therapy programs, providing a cultural perspective to the traditional curriculum taught in marriage and family therapy programs, and serving as leaders in informing and educating African-American families about the benefits of marriage and family therapy.

Lack of African-American Students

Another concern for most of the students (88%) who participated in this study was the lack of African-American students in their marriage and family therapy programs. The major themes that emerged in relationship to the lack of African-American students were feelings of isolation, alienation, and loneliness.

Seven of 15 students (47%) indicated they were pointed out or given special treatment because they were a minority student which sometimes led to their feeling singled out or

isolated. For example, some students stated they were asked to be available to talk with the accreditation team during the cite visitation for reaccreditation. "When it came time for the AAMFT evaluation team to be on campus I noticed a special effort to make sure I spoke to them."

Some students believed that they were singled out in class and assigned more African-American clients because they were African-American. "I have been asked to explain the Black perspective in my classes, and I have been asked to accept particular clients because they were Black or mixed."

And one student stated that being pointed out was used to confront the issue of her being a minority and as a means of offering her support. The student states: "It was used as a means of joining and as a means of supporting my sense of isolation in an all white environment."

Yet another student stated that being pointed out was used to confront the issue of her being a minority in a way that made her feel even more isolated.

I felt like I was being attacked during a class which dealt with group process. One night in class the professor asked the class what they thought of me. This professor didn't ask the class to evaluate any other student during the entire course. I thought this

was very inappropriate and I was very hurt when the students began to say degrading things. I was especially hurt when the professor let this go on for over an hour.

When asked whether or not there were any other African-American students in the marriage and family therapy program, one student responded:

No there were not any Blacks. There were not even other Blacks in the department. I'm not even sure if there were even other Black students in the College when I came through. So I felt really kind of isolated in terms of Blacks.

Another student when asked whether or not having more African-American students in the marriage and family therapy program would be important, also talked about feeling isolated and alone.

. . . that would be a real help to me because sometimes I feel very much alone. . . And so sometimes there are times I feel a degree of pressure and I feel that when I speak I damn well better make sense, because I am not only standing as a student, but I'm also standing for women, I'm standing for Black people, and as a whole I'm standing for Black families. And that's also

another heavy load.

Two students indicated they were ignored and alienated because they were minority students. One student felt ignored socially. This student talked about feelings of alienation and loneliness associated with being ignored socially. "Since there are only a few of us it means one or all of us may be the "dark spots" in a class. So it's usually hard to ignore us, but socially we are ignored".

Another student felt ignored and alienated in the classroom. "When it was time for us students to pair together for an assignment I noticed I always had to initiate the pairing".

Some students talked about the addition of African-American students in marriage and family therapy programs as a means of support and as a way of combating feelings of alienation and loneliness. "It would be important to me to have other Black students enrolled at the same time for support and the opportunity to study with other Black students".

. . . but the whole concept that there is support in numbers, you know just seeing other faces makes one more comfortable. . . 'Cause I talked to some of my friends who are Black about the program and stuff and as soon as I tell them I'm the only spot in the program

you know the guard goes up and you know they're not interested.

One student talked about having the opportunity to isolate and discuss issues around being an African-American with other African-American students.

I think it would be helpful in helping us to differentiate on issues that are particular to being Black and to those issues that are just our own personal issues. Just to have someone to be an objective observer and to give us input along the line. Also you would have someone to dialogue with on issues that affect us outside of the program.

One student had the opportunity to go through a part of the marriage and family therapy program with another African-American student. This student talked about what that experience was like for them.

The first year it was just me, the second year another student was there. And it meant a lot to me. I enjoyed talking with him/her , although we were at different places in the program, we didn't get to spend that much time together, but one of the things that I did notice in that year was that we often called each other on the phone and although we hadn't spent that much time together there was sort of a friendship that

was there that kind of almost naturally happened. That was different than the forced kind of friendship that I had always had with other students. So, yes, it did mean a lot that he/she was there, was Black and had in some ways a perspective that was similar to mine and then a perspective that was different than mine too.

Another student talked more about the importance of networking with other African-American students. "It's kind of difficult to survive as a minority in a situation unless you have some kind of networking experience with somebody".

And one student summed up the importance of having more than one African-American student in the marriage and family therapy program.

More minority students would be great to share information, to talk about our perceptions and what's going on from our perspective. I guess to process what you're going through. I went to a university as an undergraduate where I had good friends and we could talk about our experiences at the institution together. And that's something that I really miss. I feel real alienated and isolated in this program.

Consistently, African-American students were concerned about the absence of other African-American students in AAMFT programs. Themes of isolation, alienation, and

loneliness emerged.

Ineffective Recruitment Methods

Seventy-five percent of program directors indicated they actively recruit students. Slightly over half of the directors reported that their recruitment efforts had been successful. See Table 15.

Eighty percent of program directors indicated that they actively recruit minorities. However, only 29% indicated they had been successful. See Table 16. Only two of the 15 students stated they were recruited. And both of these students had initially made contact with and applied to another program at their university prior to being recruited into the marriage and family therapy department.

Some of the students when asked whether or not they were recruited for their programs stated they had conducted their own research on graduate programs and had contacted their universities requesting general information. These students said that they contacted the graduate admissions office directly or contacted AAMFT for a list of the accredited AAMFT programs.

Students found out about their marriage and family therapy programs in a variety of ways. One student was introduced to marriage and family therapy programs while attending the AAMFT conference, and another student took an

elective course in marriage and family therapy while pursuing another masters degree. Four other students heard about their AAMFT programs through their churches or ministers.

While these students were not actively recruited, one student summed up why it is important to recruit more African-American therapists.

I think we have a lot to offer the profession. We have quite a lot of natural insight. We are people who have struggled and gone through quite a bit, we have a lot of native intelligence about psychology and how people function under different circumstances that perhaps some other persons that are pursuing the same field may or may not have had to develop.

There were several themes that emerged from a discussion of current recruitment efforts. Program directors believed they were unsuccessful in the recruitment of minority students, and the participant's experiences validate this perception. None of the students who participated in this study were originally sought out or recruited by their programs. The primary means by which students found out about their programs were through their own research, through attendance at AAMFT conferences, through their ministers, as the result of a prior positive

counseling experience, and while pursuing another graduate degree they were introduced to the marriage and family therapy program while taking courses to complete their cognate.

Recommendations for Recruiting and Retaining African-American Students

Program directors reportedly utilize a variety of recruitment methods such as mailing out recruitment literature, having students recruiting students, calling prospective students, using recruitment counselors, advertising in the newspaper, and receiving referrals through the educational testing service.

Students and directors provided a variety of ideas about how AAFMT programs might recruit and retain African-American students. These included: 1) improving financial assistance; 2) hiring more African-American faculty; 3) recruiting in the African-American community; 4) recruiting on the undergraduate level; and 5) recruiting through traditionally African-American universities;

Improving Financial Assistance

Eight out of 15 students reported that they received some form of financial assistance while enrolled in their AAMFT program. Five of the students reported that the financial assistance in their AAMFT program was poor, two

students reported that it was fair, four students reported that it was good and three students reported that it was excellent.

Most students and directors thought that financial assistance was a key factor to recruiting more African-American students. One student summarized these ideas:

The biggest struggle for me has been finances I really think if there was more money made available in terms of the school, in terms of AAMFT, to help students financially, we would definitely see a greater turn out.

Hiring More African-American Faculty

While students thought that finances were important to recruiting African-American students they also believed that highly visible African-American faculty and supervisors would be key factors. "I think programs can improve their minority recruitment through financial aid, and highly visible Black faculty and/or supervisors."

Recruiting in the African-American Community

All of the students thought that many African-Americans were unfamiliar with the field of marriage and family therapy and therefore needed to be introduced to and educated about the discipline as a whole.

I think a lot of it is that minorities don't know about

marriage and family therapy as a program anyway, I mean I think it is something that is not well known. I just found out about it by chance because I belonged to the church organization, but I would not have known about marriage and family therapy unless I saw that program and it just connected with me. I didn't even know marriage and family therapy as a program existed. I mean I was going to try to get an MSW. So, I think knowledge would really help people."

I think just as a field itself being unknown to minorities. I think minority people don't utilize therapy anyway and so knowing about marriage and therapy and what goes on just, knowledge would help make that more acceptable and just more interesting to people. And that's probably the biggest thing. People know what social workers do and I don't think they know about what marriage and family therapists do and what counseling is all about.

One student offered a suggestion for how to inform the African-American community about marriage and family therapy. "Mailing school literature to ministers in African-American churches".

Other students give different views about introducing

and educating African-Americans to marriage and family therapy as a whole.

I think that many people are afraid of counseling, they are afraid of therapy and if we could educate them about what therapy does for you, what's the purpose of counseling, then we might be able to recruit more people into the field."

Recruiting on the Undergraduate Level

In addition to increasing visibility of marriage and family therapy in the African-American community, a number of students recommended targeting recruitment efforts to African American undergraduate students.

I think that there are a lot of college seniors out there who don't know what they want to do. I think a lot of people would like to do MFT and that's exactly what they are looking for but they've never had that defined.

Recruiting Through Traditionally

African-American Universities

Other students talked about recruiting from predominately African-American universities and advertising within the African-American Greek organizations. "MFT programs could make themselves known by minorities in undergraduate programs and universities that are

predominately Black. I don't know if they do anything."

I think also if they could have some literature or advertisement available to Black organizations on campuses or maybe even Deans of students that sort of thing might get the word out about MFT that might be one of the things that could help. I think that just advertising is just the one thing I would think and maybe some direct recruiting.

Marriage and family therapy programs could invite African-American undergraduate students to visit their programs. During this visit prospective students could be allowed to sit in on classes and supervision. In addition, AAMFT programs could sponsor summer programs where prospective students could be introduced to the discipline by taking a graduate level course for credit.

Additional Recruitment Recommendations

In addition to educating the African-American and African-American students about marriage and family therapy, several specific suggestions were offered.

"I think minority students recruiting other minority students would probably be very helpful."

"Having program directors enclose a personal letter

with the application and financial aid information sent to students".

"Having a diverse client population for the program practicum, thereby not assuming there is such a thing as the generic African-American student".

One of the directors summed up the recommendations about recruiting African-American students well with this statement: "Primarily I believe we should seek the assistance of African-American students and faculty, and study the specific (not the perceived) reasons why we are not doing better in this area."

There were major themes that emerged from the recommendations about how to improve the recruitment of African-American students in AAMFT programs. The themes included improving financial assistance, increasing the number of African-American faculty members, informing and educating prospective African-American students, and studying the problem paying special attention to why AAMFT programs have not been more successful in recruiting African-American students in the past.

Strategies for Supporting African-American Students

Program directors in rating how sensitive their programs were to the needs of African-American students and African-American clients, indicated that their programs were sensitive to the needs of both students and clients.

When African-American students were asked about their program's sensitivity to their needs and to the needs of African-American clients, students had various responses.

Although the students reported that the amount of financial support given by programs was fair, they indicated that the amount of emotional support given by programs was good. "For example one student stated, "well interesting enough the support is there. They are knowledgeable and very supportive."

A number of students indicated that faculty, or particular faculty, had been especially supportive.

Our instructors are really good. I have to say that. I mean I threw my cards out on the table when I first came in, I said if I'm going to get hit with the ball

I'm not even going to bother and I got a lot of support. There is good coverage.

Well there is a strong sense of collegiality here in this program and I do a lot of interacting with them. And it feels like they have a very inclusive view of the family and I have that same perspective as well so we kind of have adopted each other as family.

And other students talked about a particular faculty member being supportive. For example, one student stated that,

Another key factor for me has been Dr. . . . he/she seems to be very cognizant of the fact that although the field has a very ecological view that demographically we're not up to par as far as the number of Blacks we have representing the subculture here in the United States. And he/she has been really instrumental in encouraging me to go to AAMFT and well, at one point finding some funds to help me and well was also instrumental in introducing me to some of the program directors there. And encouraging me to go out and compete in these programs.

Although students, in general, felt supported in their program, they offered a number of suggestions for improving support and retention of African-American students. For

example, many students felt they could be better supported if they were in contact with other African-American students. Ten students, (83%) indicated they were interested in an association for minority therapists. While 11 students, (85%) indicated they were interested in making contact with other African-American students in AAMFT programs and would like their names and telephone numbers to be shared with other students.

Two students talked about not knowing where to find a support group for African-American therapists.

I think that part of the problem is that, I don't know of any majority backup for minorities. What I mean by that is that if you are going for your masters in social work there is the National Organization of Black social workers. I don't know of any such a thing called the National Black Association for marriage and family therapists.

I think that black graduates from AAMFT programs should be asked to serve as a support group or mentors to incoming black students so that these students could have some contact with successful black marriage and family therapists.

Although students wanted more African-American students and faculty in their programs, 11 students (79%) indicated they would recommend their AAMFT program to other African-American students.

Some students talked about supporting and retaining students once they had entered the program by including ethnic minority content in the curriculum.

In terms of retaining I think there are lots of things that we can do now that are not being done. Ah, I think that when Black students come into MFT programs particularly accredited MFT programs, they just need to offer something about themselves. I think that they need to spend some time in their classes talking about Black families, they need to address those issues in supervision and they need to do it in an informed way.

Just thinking about my particular program, within the context of the curriculum it would be helpful to have classes that are specified as cultural classes. This would be a different kind of integration into culture, other cultures which is not available at this university.

Thus, major themes emerged from the students discussion about how much support they received in their programs.

These themes included the importance of faculty support, development of an African-American Association for Marriage and Family Therapists, increased contact with African-American students, development of a mentor program, and increased integration of African-American content into the program's curriculum.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Results of this study clearly indicate that program directors need to make the recruitment and retention of African-American graduate students a top priority. African-American students are glaringly underrepresented in AAMFT masters and doctoral degree programs. For example, while nationally 5% (Ottinger, 1989) of all master's degree recipients are African-American, less than 1% of all marriage and family therapy master's degree recipients are African-American. In like manner, nationally 2% (Ottinger, 1989) of all doctoral degree recipients are African-American while only 1.8% of all marriage and family therapy doctoral recipients are African-American.

Young, Chamley and Whitters (1990) suggest that racial parity should be a goal for graduate programs. That is, the percentage of African-American graduate students and African-American faculty should be equal to the percentage of African-Americans in the United States population. Presently, African-Americans represent 12.2% of the United States population (U.S. Census, 1987). The results of this study indicate African-American full-time faculty representing only 4.3%, African-American part-time faculty representing only 2.8%, and African-American clinical supervisors representing only 1% of marriage and family

therapy faculty and clinical supervisors. Thus, African-American graduate students and African-American faculty are grossly underrepresented in AAMFT programs.

Racial parity is only possible if this objective is made a top priority not only by program directors but by other university officials as well. Program recruitment and marketing efforts should be redesigned and redirected to attract more African-American students. Support services should be made more culturally sensitive and effective, and financial aid more adequate to address the needs of African-American students in marriage and family therapy programs.

While most program directors reported they actively recruit minority students, none of the African-American students in this study reported being originally sought out by their program. This is especially discouraging in that the students reported that a large part of the problem is that many African-American prospective students are not aware that marriage and family therapy exists as a separate discipline. If program directors are serious about recruiting African-American students then they are going to have to actively pursue prospective students. Program directors have a responsibility to initiate activities that will make the achievement of racial parity a top priority in their departments.

Both African-American students and program directors emphasized the importance of hiring more African-American faculty. Since it is also clear that there are not enough African-American graduates from AAMFT programs to meet these needs, AAMFT programs may want to consider seeking African-American faculty who hold degrees in related disciplines such as psychology or social work, but who also have post graduate study in marriage and family therapy. One other alternative might be to recruit more doctoral African-American students and encourage them to remain in academia once they have graduated.

While African-American students in this study reported they were generally supported in their AAMFT program, they also reported feelings of isolation and alienation. In an effort to offer more support to African-American students and possibly reduce feelings of alienation, it would be important for faculty to have a historical and present day understanding of what racism and oppression means to African-Americans. Historically the African-American church has been the primary means of support to African-Americans (Comer, 1972, Lyles & Carter, 1982, and Mayes 1938). The results of this study indicate the church as a primary support system for African-American students. Therefore, African-American churches may play a vital role in the

recruitment and retention of African-American students.

There are a number of limitations of this study. First, program directors in reporting the racial composition of faculty and students relied upon their best guess which may have lead to inaccuracies. For example, although program directors reported the presence of African-American faculty, none of the American students reported having taken a course taught by an African-American faculty member. Thus, some of the African-American faculty reported by program directors may have been family studies or other department faculty and not strictly marriage and family therapy program faculty which may have resulted in an inaccurate count of African-American marriage and family therapy faculty.

In addition, only 15 of 21 African-American students identified by program directors participated in this study. It is possible that the six students who did not respond did not receive the information and informed consent forms from program directors. Or these six students may not have responded because they either were more or less satisfied with their programs. Or quite possibly, these six students may not exist and program directors may have over-estimated. For example, African-American students who are not currently enrolled may still appear on the program's roster of current students.

A number of directions for future research are indicated. Future research could contrast European and African-American student experiences. This research might also interview African-American graduates from AAMFT programs. In addition, the richness of the data that was collected through telephone interviews with African-American students underscores the value of using qualitative research with this type of study. Hence, future studies should also interview program directors and faculty about their experiences with recruiting and retaining African-American students as well as request additional suggestions they might have for improving minority graduate recruitment and retainment. Future studies should also interview African-American faculty and clinical supervisors about their experiences as minority faculty members, experiences with recruiting and retaining African-American students, as well as request additional suggestions they might have for increasing African-American faculty and student representation.

Recommendations

1. Program directors need to make African-American graduate student recruitment and retention a top priority.
2. Program directors and others concerned with recruitment

of minority students need to become familiar with the current literature on minority retention and recruitment.

3. The first objective in the recruitment strategy should be increasing the pool of prospective applicants.
4. Marriage and family therapy programs may wish to target alternative applicant pools such as: African-American ministers, and students in schools of theology. In addition, marriage and family therapy recruitment and marketing materials may be distributed through African-American churches and community organizations.
5. All sources of financial assistance needs to be vigorously sought out, including federal, state and university funds.
6. Faculty should be encouraged and supported to increase their knowledge about historical and present day African-American experiences.
7. The number of African-American faculty and clinical supervisors needs to be increased.
8. African-American professionals need to be encouraged to join AAMFT as clinical members and to become clinically approved supervisors.
9. AAMFT should take a stronger role in facilitating networking among minority students and professionals

and in increasing opportunities for minority students and professionals.

10. Public information about AAMFT and family therapy should be targeted to African-American communities.

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APPENDICES

APPENDIX A:
PROGRAM DIRECTOR SURVEY

**Enhancing the Experiences of African-American Students
in Accredited Marriage and Family Therapy Programs**

The following is a list of questions to be mailed to program directors.

The following questions apply to your AAMFT accredited graduate program.

- Q-1 Does your accredited AAMFT program offer (Circle all that apply)
 1 MASTERS DEGREE
 2 DOCTORAL DEGREE
- Q-2 How many students are currently enrolled in your AAMFT accredited Master's Program? _____
- Q-3 How many students are currently enrolled in your AAMFT accredited Doctoral Program? _____
- Q-4 What is the average age of your graduate student population? _____
- Q-5 How many faculty members are currently in your department?

NUMBER OF FACULTY

- 1 FULL-TIME _____
 2 PART-TIME _____

- Q-6 Does your accredited AAMFT Program actively recruit students? (Circle ONE)
 1 YES
 2 NO (If no go question 9)
- Q-7 Which methods of recruitment does your program utilize? (Circle all that apply)
- 1 REFERRALS FROM GRE OR OTHER EDUCATIONAL TESTING BOARDS
 - 2 USE OF RECRUITMENT COUNSELOR
 - 3 CALLING PROSPECTIVE STUDENTS
 - 4 RECRUITMENT LITERATURE MAILED TO COLLEGES, UNIVERSITIES, AGENCIES, BUSINESSES, ETC.
 - 5 ADVERTISEMENTS IN THE NEWSPAPER
 - 6 ADVERTISEMENTS ON THE RADIO
 - 7 ADVERTISEMENTS ON TELEVISION
 - 8 STUDENTS RECRUITING STUDENTS
 - 9 OTHER (Specify)

Q-8 In your opinion have these recruitment methods been successful?

- 1 YES
 - 2 NO
- BRIEFLY EXPLAIN YOUR ANSWER

FOR QUESTIONS 9 THROUGH 17 PLEASE WRITE THE NUMBER OF STUDENTS OR FACULTY IN EACH CATEGORY. (IF NONE, WRITE 0)

Q-9 What is the composition of current graduate students in your accredited AAMFT Masters Program?

NUMBER OF STUDENTS

- 1 AFRICAN-AMERICAN (BLACK) _____
- 2 ASIAN _____
- 3 EUROPEAN-AMERICAN (WHITE) _____
- 4 HISPANIC _____
- 5 NATIVE-AMERICAN _____
- 6 OTHER (PLEASE SPECIFY) _____

Q-10 What is the composition of current graduate students in your accredited AAMFT Doctoral Program?

NUMBER OF STUDENTS

- 1 AFRICAN-AMERICAN (BLACK) _____
- 2 ASIAN _____
- 3 EUROPEAN-AMERICAN (WHITE) _____
- 4 HISPANIC _____
- 5 NATIVE-AMERICAN _____
- 6 OTHER (PLEASE SPECIFY) _____

Q-11 What is the composition of graduates from your accredited AAMFT Masters Program in the past ten years?

NUMBER OF STUDENTS

- 1 AFRICAN-AMERICAN (BLACK) _____
- 2 ASIAN _____
- 3 EUROPEAN-AMERICAN (WHITE) _____
- 4 HISPANIC _____
- 5 NATIVE-AMERICAN _____
- 6 OTHER (PLEASE SPECIFY) _____

Q-12 What is the composition of graduates from your accredited AAMFT Doctoral Program in the past ten years?

NUMBER OF STUDENTS

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-13 What is the composition of the Full-Time faculty in your department?

NUMBER OF FACULTY

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-14 What is the composition of the Part-Time faculty in your department?

NUMBER OF FACULTY

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-15 What is the composition of the Clinical Supervisors in your department?

NUMBER OF FACULTY

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-16 What is the composition of faculty not counted in questions 13-15 (Specify) in your department?

NUMBER OF FACULTY

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-17 Does your program specifically recruit minority students?

- 1 YES
- 2 NO (If no go to question 20)

Q-18 Which methods of recruitment does your program utilize to recruit minority students? (Circle all that apply)

- 1 REFERRALS FROM GRE OR OTHER EDUCATIONAL TESTING BOARDS
- 2 USE OF RECRUITMENT COUNSELOR
- 3 CALLING PROSPECTIVE STUDENTS
- 4 RECRUITMENT LITERATURE MAILED TO COLLEGES, UNIVERSITIES, AGENCIES, BUSINESSES, ETC.
- 5 ADVERTISEMENTS IN THE NEWSPAPER
- 6 ADVERTISEMENTS ON THE RADIO
- 7 ADVERTISEMENTS ON TELEVISION
- 8 STUDENTS RECRUITING STUDENTS
- 9 OTHER (Specify)

Q-19 In your opinion has your recruitment of minority students been successful?

- 1 YES
 - 2 NO
- BRIEFLY EXPLAIN YOUR ANSWER

Q-20 Do you have a clinic on site?

- 1 YES
- 2 NO (If no go to question 22)

Q-21 What is the composition of the clients you see? (Write the % of clients you see of each group listed below. If none, write 0)

PERCENTAGE OF CLIENTS

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-22 What is the composition of the clients students see in off-site placements? (If none, write 0)

PERCENTAGE OF CLIENTS

- | | |
|-----------------------------|-------|
| 1 AFRICAN-AMERICAN (BLACK) | _____ |
| 2 ASIAN | _____ |
| 3 EUROPEAN-AMERICAN (WHITE) | _____ |
| 4 HISPANIC | _____ |
| 5 NATIVE-AMERICAN | _____ |
| 6 OTHER (PLEASE SPECIFY) | _____ |

Q-23 Place the appropriate number (i.e., 1 to 5) from the list below next to each group which best describes how prepared your students are to work with each group.

- | | | |
|----------------------|---------------------|-------|
| 1 NOT PREPARED | 1 AFRICAN-AMERICAN | _____ |
| 2 SOMEWHAT PREPARED | 2 ASIANS | _____ |
| 3 PREPARED | 3 EUROPEAN-AMERICAN | _____ |
| 4 VERY PREPARED | 4 HISPANIC | _____ |
| 5 EXTREMELY PREPARED | 5 NATIVE-AMERICAN | _____ |
| | 6 OTHER (SPECIFY) | _____ |

Q-24 Do you see any unique problems that your students have in working with these clients?

- 1 YES
2 NO
BRIEFLY EXPLAIN YOUR RESPONSE

Q-25 In your opinion how can programs best prepare students to work with various ethnic minority populations?

Q-26 What percentages of classes offered in your program include African-American content in coursework? .

- 1 ZERO
- 2 1-25%
- 3 26-50%
- 4 51-75%
- 5 76-100%

Q-27 How sensitive is your program to the needs of African-American students?

- 1 NOT SENSITIVE
- 2 SLIGHTLY SENSITIVE
- 3 SENSITIVE
- 4 VERY SENSITIVE

Q-28 How sensitive is your program to the needs of African-American clients?

- 1 NOT SENSITIVE
- 2 SLIGHTLY SENSITIVE
- 3 SENSITIVE
- 4 VERY SENSITIVE

ANSWER QUESTIONS 29 AND 30 IF YOU HAVE HAD AFRICAN AMERICAN STUDENTS ENROLLED IN YOUR PROGRAM WITHIN THE PAST TEN YEARS

Q-29 Are you aware of any conflicts between an African-American student enrolled in the MFT program and another student? Please explain the nature of the conflict.

Please explain what was done to resolve the conflict?

Q-30 Are you aware of any conflicts between an African-American student and a faculty member? Please explain the nature of the conflict.

Please explain what was done to resolve the conflict.

Q-31 Please give any recommendations you have for recruiting and supporting African-American students in accredited AAMFT programs.

APPENDIX B:
FACULTY INFORMATION AND INFORMED CONSENT



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT—
NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6033

SUBJECT INFORMATION AND INFORMED CONSENT FOR FACULTY

Recruiting and Retaining African-American Students
into Accredited Marriage and Family Therapy Programs

Purpose of Study

The purpose of this study is to provide suggestions for recruiting and supporting African-American students in Marriage and Family Therapy programs based on suggestions from faculty and current African- American students.

Procedures

You will be asked to complete a questionnaire dealing with the demographics of your department and you will be asked to provide suggestions for recruiting and supporting African-American students. The questions will be self explanatory. The total time spent answering these questions should be approximately one-half hour.

You will also be asked to distribute five self-addressed envelopes with letters and informed consent forms enclosed to each African-American student currently enrolled in your department. If additional letters and informed consent forms are needed please let us know as soon as possible.

Investigators

This study, under the auspices of the Department of Family and Child Development, Virginia Polytechnic Institute and State University will be designed and carried out by Sandra M. Stith, Ph.D. and Laurie L. Wilson, B.A.

Participation in the Study

We are asking for your voluntary cooperation in the study. Your participation is very important because of the small number of number of accredited marriage and family therapy programs. If you agree to participate, you are free to withdraw you consent and to eliminate any question which you chose not to answer. Refusal to participate or discontinuing participation at any time will have no negative consequences, professionally or otherwise.

Confidentiality

All data collected is guaranteed to be strictly confidential. Your name will not be associated with your answers in any public or private report of the results. Names will not be attached to the data, only individual code numbers. Finally, these code numbers will be destroyed after the period of data collection has been completed.

I have read the above information and understand that my confidentiality is guaranteed and that I may withdraw from the study at any time.

I do hereby voluntarily consent to participate in the study described above.

Signature _____ Date _____

APPENDIX C:
INTRODUCTORY LETTER TO STUDENTS



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT—
NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6055

January 8, 1990

Dear Student:

I am a Master's candidate at Virginia Tech's accredited marriage and family therapy program in Northern Virginia. As an African-American, I have been concerned about the overgeneralization of family therapy theories and research, which is often conducted with white middle class families, to families of color. I have primarily focused my academic work on understanding and on counseling African-American families.

I am currently working on my Master's thesis and would like to examine the experiences of African-American students in AAMFT accredited programs throughout the United States. In addition, I would like to examine how African-American students chose their professions and their career aspirations.

Because so very few African-American students are currently enrolled in accredited marriage and family therapy programs your participation is important so that the results will be representative of this small population.

The enclosed subject information and informed consent form explains in more detail about the study. I am very eager to proceed with this project and appreciate your consideration of this request as soon as possible. If you have any questions, please feel free to call.

Thank you for your help. I look forward to talking with you soon.

Sincerely,

A handwritten signature in cursive script, appearing to read "Laurie L. Wilson".

Laurie L. Wilson
Principal Researcher

APPENDIX D:
STUDENT INFORMATION AND INFORMED CONSENT



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT—
NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6035

SUBJECT INFORMATION AND INFORMED CONSENT FOR STUDENTS

Recruiting and Retaining African-American Students
into Accredited Marriage and Family Therapy Programs

Purpose of Study

The purpose of this study is to provide suggestions for recruiting and supporting African-American students in Marriage and Family Therapy programs based on suggestions from faculty and current African-American students.

Procedures

You will be asked to participate in a telephone survey dealing with how you chose both your graduate program and marriage and family therapy as a profession. You will also be asked about your experiences in your program. The questions will be self explanatory and the survey will be very much like a regular telephone conversation. The total time spent answering these questions should be approximately one-half hour. A follow-up survey will be mailed to you giving you the opportunity to provide any additional suggestions you might have. The total time spent answering these questions should be approximately one-half hour.

Investigators

This study, under the auspices of the Department of Family and Child Development, Virginia Polytechnic Institute and State University will be designed and carried out by Sandra M. Smith, Ph.D. and Laurie L. Wilson, B.A.

Participation in the Study

We are asking for your voluntary cooperation in the study. Your participation is very important because of the small number of African-American students currently enrolled in accredited marriage and family therapy programs. If you agree to participate, you are free to withdraw your consent and to eliminate any question which you chose not to answer. Refusal to participate or discontinuing participation at any time will have no negative consequences, academically, professionally or otherwise.

Confidentiality

All data collected is guaranteed to be strictly confidential. Your name will not be associated with your answers in any public or private report of the results. Names will not be attached to the data, only individual code numbers. Finally, these code numbers will be destroyed after the period of data collection has been completed.

I have read the above information and understand that my confidentiality is guaranteed and that I may withdraw from the study at any time.

I do hereby voluntarily consent to participate in the study described above.

Signature _____ Date _____

Mailing Address _____

Best time to call you _____ Telephone Number (____) _____

APPENDIX E:
LETTER TO PROGRAM DIRECTORS



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT -- January 25, 1990
 NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6035

Dear Dr.

There are very few African-American students currently enrolled in accredited marriage and family therapy programs. However, the demand for clinical services to the largest ethnic minority group in the United States, African-Americans, is already greater than the supply of clinicians who have the sensitivity, knowledge, and experience to provide effective clinical services to this population.

The purpose to this study is to provide suggestions for recruiting and supporting African-American students in marriage and family therapy programs based on suggestions from faculty and current African-American students. The study will also provide information regarding how African-American students selected their professions as well as their graduate programs in marriage and family therapy.

In addition to the questionnaire we would like you to complete, we have enclosed five informed consent forms to be distributed to African-American students currently enrolled in the marriage and family therapy program in your department. Because many of the programs will have few or even no African-American students currently enrolled, your distribution of the informed consent forms to students and your completion of the questionnaire is important so that the results will be representative of the accredited marriage and family therapy programs.

You are assured complete confidentiality. The questionnaire has an identification number for tracking which programs have yet to respond. Your name will never be placed on the questionnaire. The results of this research will be made available at the end of the summer.

We would be most happy to answer any questions you might have. Please write or call. The telephone number is (703) 698-6031.

Thank you for your assistance.

P.S. We would like for all African-American students currently enrolled in your program to receive the informed consent forms, therefore if you need additional informed consent forms to distribute to students please let us know as soon as possible.

Sincerely,

Laurie L. Wilson
 Principal Researcher

Sandra M. Stith, Ph.D.
 Assistant Professor

APPENDIX F:
FOLLOW-UP POSTCARD

February 3, 1990

Last week a questionnaire seeking your opinion about enhancing the experiences of African-american students in accredited MFT programs was mailed to you. If you have already returned it to us please accept our sincere thanks. If not, please do so today. In order for the results to be representative of AAMFT programs, your response must be included. If by chance you did not receive the questionnaire or it got misplaced, please call me at (703) 698-6031 or (703) 490-5103 and I will get another one in the mail to you.

Sincerely,

Laurie L. Wilson

APPENDIX G:
FOLLOW-UP LETTER TO PROGRAM DIRECTORS



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT
 NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6035

March 17, 1990

Dear _____

About a month ago we wrote to you seeking your ideas about how to recruit and retain African-American students in accredited marriage and family therapy programs. As of today we have not yet received your completed questionnaire.

We are writing to you again because of the significance each questionnaire has to the usefulness of this study. This is the first study of this type which asks both faculty and students for suggestions about recruiting and retaining African-American students in accredited marriage and family therapy programs. Therefore, the results are of particular importance to prospective African-American marriage and family therapy students, AAMFT program directors, and others concerned about integrating marriage and family therapy programs.

In the event that your questionnaire has been misplaced, a replacement is enclosed.

Your cooperation is greatly appreciated.

Cordially,

Laurie L. Wilson
 Principal Researcher

Sandra M. Stith, Ph.D.
 Assistant Professor

FOLLOW-UP STUDENT SURVEY AND LETTER

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT

VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Enhancing the Experiences of African-American Students
in Accredited Marriage and Family Therapy Programs

There are very few African-American students currently enrolled in accredited marriage and family therapy programs. However, the demand for clinical services to the largest ethnic minority group in the United States, African-Americans, is already greater than the supply of clinicians who have the sensitivity, knowledge, and experience to provide effective clinical services to this population.

Please accept my sincere appreciation for taking the time to talk with me over the telephone and to complete this survey. Thank you.

PART A

First, I would like to request some general information needed to help interpret the results of this study.

1. How old are you? _____
(years)
2. What is your sex? (circle number)
 - 1 Female
 - 2 Male
3. What is your marital status? (circle number)
 - 1 Married (first time)
 - 2 Remarried
 - 3 Separated
 - 4 Divorced
 - 5 Widowed
 - 6 Other (please specify) _____
4. Which one of the following best describes your religious affiliation? (circle number)
 - 1 African Methodist Episcopal (AME)
 - 2 Baptist
 - 3 Catholic
 - 4 Church of God
 - 5 Episcopal
 - 6 Lutheran
 - 7 Nondenominational
 - 8 Seventh-Day Adventist
 - 9 No affiliation
 - 10 Other (Please Specify)
5. How important is religion to you? (circle number)
 - 1 Extremely important
 - 2 Very important
 - 3 Important
 - 4 Slightly important
 - 5 Not at all important
6. To what extent do your parents support you financially?
(circle number)
 - 1 I am 100% supported by my parents
 - 2 I am 75% supported by my parents, and 25% self supported
 - 3 I am about 50% supported by my parents
 - 4 I am mostly self supportive, but I receive some support
 - 5 I am 100% financially independent
7. What are the education levels of your parents?
(circle number for each parent)

<u>Mother</u>	<u>Father</u>
1 Some high school	1 Some high school
2 High school diploma	2 High school diploma
3 Vocational/tech school	3 Vocational/tech school
4 Some college	4 Some college
5 Bachelor's degree	5 Bachelor's degree
6 Some graduate credits	6 Some graduate credits
7 Master's degree	7 Master's degree
8 Doctoral degree	8 Doctoral degree

- B. What was the approximate income of your family last year? (circle number for yourself and for your parents)

<u>Your Income</u> (include your spouse's income if married)	<u>Your Parents Income</u>
1 Less than \$20,000	1 Less than \$20,000
2 \$20,000-\$29,999	2 \$20,000-\$29,999
3 \$30,000-\$39,999	3 \$30,000-\$39,999
4 \$40,000-\$49,999	4 \$40,000-\$49,999
5 \$50,000-\$59,999	5 \$50,000-\$59,999
6 \$60,000-\$69,999	6 \$60,000-\$69,999
7 \$70,000-\$79,999	7 \$70,000-\$79,999
8 \$80,000-\$89,999	8 \$80,000-\$89,999
9 \$90,000-\$99,999	9 \$90,000-\$99,000

PART B

Next, I would like to gain some general information about your career goals and aspirations.

1. What was your undergraduate major? _____
2. What was your occupation prior to entering this program?

3. What are your immediate career plans once you have completed your marriage and family therapy program? (circle number)
 - 1 Private practice
 - 2 Higher education (teaching)
 - 3 Higher education (research)
 - 4 Working in a public agency
 - 5 Other (specify) _____
4. What are your long range career plans? (circle all that apply)
 - 1 Private practice
 - 2 Higher education (teaching)
 - 3 Higher education (research)
 - 4 Working in a public agency
 - 5 Other (specify) _____
5. Rank order the following topics (1 to 14) with 1 being for the topic which most interests you and 14 for the topic which least interest you.

___ Adolescents	___ Sexual Addiction
___ Black families	___ School Failure
___ Divorce	___ Role Conflicts
___ Domestic violence	___ Power Conflicts
___ Step-families	___ Child Behavior Problems
___ Substance abuse	___ Communication Difficulties
___ Grief	
___ Other (specify) _____	
6. Are you a student member of AAMFT? (circle number)
 - 1 Yes
 - 2 No
 If no, why not _____

7. Do you plan to become licensed once you have completed your degree? (circle number)
- 1 Yes
 - 2 No
- If no, why not _____
-
8. Upon graduating, how important will becoming an AAMFT clinical member be to you? (circle number)
- 1 Extremely important
 - 2 Very important
 - 3 Important
 - 4 Slightly important
 - 5 Unimportant
9. Upon graduating, how important will becoming an AAMFT approved supervisor be to you? (circle number)
- 1 Extremely important
 - 2 Very important
 - 3 Important
 - 4 Slightly important
 - 5 Unimportant

PART C

Next, it is important that I gain a greater understanding of the experiences you have had as a minority in your accredited marriage and family therapy program.

1. Have you ever taken a course in your AAMFT program which was taught by an African-American faculty member? (circle number)

 - 1 Yes
 - 2 No

2. Have you ever received clinical supervision from an African-American clinical supervisor? (circle number)

 - 1 Yes
 - 2 No

3. Is it important to you to have African-American faculty members teach in your AAMFT program? (circle number)

 - 1 Yes
 - 2 No

Please explain your answer _____

4. Is it important to you to have African-American clinical supervisors provide supervision in your AAMFT program? (circle number)

 - 1 Yes
 - 2 No

Please explain your answer _____

5. Have you ever been pointed out or given special treatment because you are minority student? (circle number)
1 Yes
2 No
If yes, please explain _____

6. Have you ever been ignored because you are a minority student? (circle number)
1 Yes
2 No
If yes, please explain _____

7. How would you rate your program in providing you with financial support? (circle number)
1 Excellent
2 Good
3 Fair
4 Poor
8. How would you rate your program in providing you with emotional support? (circle number)
1 Excellent
2 Good
3 Fair
4 Poor
9. How would you rate your program in preparing you to work with African-American clients? (circle number)
1 Excellent
2 Good
3 Fair
4 Poor
10. Would you recommend your marriage and family therapy program to other African-American students? (circle number)
1 Yes
2 No
Please explain _____

PART D

Next, it is important that you provide as many suggestions as you can about recruiting and retaining African-American students so that this study is representative and provides useful information to program directors.

1. Rank order the following methods of recruitment (1 being the best method for recruiting African-American students and 9 being the worse method)

REFERRALS FROM GRE OR OTHER EDUCATIONAL TESTING BOARDS
 USE OF RECRUITMENT COUNSELOR
 CALLING PERSPECTIVE STUDENTS
 RECRUITMENT LITERATURE MAILED TO COLLEGES, UNIVERSITIES, AGENCIES, BUSINESSES, ETC.
 ADVERTISEMENTS ON THE RADIO
 ADVERTISEMENTS ON TELEVISION
 STUDENTS RECRUITING STUDENTS
 OTHER (Specify) _____

2. Please provide any additional suggestions you have regarding recruiting and retaining African-American students.

3. Would you be interested in an Association for African-American therapists? (circle number)

1 Yes

2 No

Explain _____

PART E

Next, I would like to gather some information regarding your interests in networking with other African-American marriage and family therapy students. This information is being gathered on a separate page to protect your anonymity.

1. Several students expressed an interest in making contact with other African-American students in AAMFT programs. Would you like your name, address, and telephone number shared with other African-American students? (circle number)
- 1 Yes
2 No
- If yes, please provide a permanent mailing address and telephone number and I will send you the complete list.

PLEASE PRINT

NAME _____

ADDRESS _____

(City) (State) (Zip Code)

TELEPHONE NUMBER _____
(Area code) (Telephone Number)

2. Would you like the results of this study?
- 1 Yes
2 No

If yes, please provide a permanent mailing address and I will send you the research results. It is not necessary to fill in your address if you have already done so in question number one.

PLEASE PRINT

NAME _____

ADDRESS _____

(City) (State) (Zip Code)

March 30, 1990

Dear

Thank you for taking the time to talk with me over the telephone about your experiences in your marriage and family therapy program. Your suggestions about how AAMFT programs can better recruit and retain minority students will be very helpful to me as I complete my thesis.

As I told you, I have enclosed a follow-up questionnaire. Please complete the questionnaire and return to me as soon as possible so that I might bring closure to my thesis project.

Much luck in your endeavors and I hope that I have an opportunity to meet you in the future.

Cordially,

Laurie L. Wilson

APPENDIX H:
TABLES 1-16

Table 1: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
GENDER (N = 14)

	n	%
AFRICAN-AMERICAN STUDENTS		
(1) Females	10	71.4
(2) Males	4	28.6
 MASTER'S DEGREE CANDIDATES		
(1) Females	8	80.0
(2) Males	2	20.0
 DOCTORAL DEGREE CANDIDATES		
(1) Females	2	50.0
(2) Males	2	50.0

Table 2: DEMOGRAPHIC CHARACTERISTICS OF THE PROGRAM DIRECTOR
SAMPLE - AVERAGE AGE OF GRADUATE STUDENTS

AGE	n	%
25	1	5.6
28	2	11.0
29	1	5.6
30	3	16.0
31	1	5.6
32	4	22.2
33	1	5.6
34	1	5.6
35	1	5.6
37	1	5.6
40	2	11.0

Mean = 30, Median = 32

Table 3: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
AGE (N = 14)

STUDENTS	n	%
23 to 30	7	50.0
31 to 40	4	28.6
41 to 56	3	21.4

Mean age = 33, Median = 32

Table 4: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
OCCUPATIONS (N = 14)

	n	%
(1) Minister	2	14.3
(2) Teacher	3	21.4
(3) Human Service Provider	5	35.7
(4) Student	2	14.3
(5) Manager	1	7.1
(6) Sciences	1	7.1

Table: 5 DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
ACADEMIC MAJORS (N = 14)

	n	%
(1) Psychology	5	35.7
(2) Social Work	2	14.3
(3) Liberal Arts	2	14.3
(4) Humanities	4	28.6
(5) Management	1	7.1

Table: 6 DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE-
MARITAL STATUS (N = 14)

STUDENTS	n	%
(1)First Marriage	6	42.9
(2)Remarried	0	0.0
(3)Separated	0	0.0
(4)Divorced	2	14.3
(5)Widowed	0	0.0
(6)Other	1	7.1
(7)Single	5	35.7

Table 7: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
GROSS ANNUAL INCOME AND PARENTAL SUPPORT (N = 14)

	n	%
STUDENTS		
(1) Less than \$20,000	5	38.5
(2) \$20,000 to \$29,999	3	23.0
(3) \$30,000 to \$39,999	2	15.4
(4) \$40,000 to \$49,999	2	15.4
(5) \$50,000 to \$59,999	1	7.7
(6) \$60,000 to \$69,999	0	0.0
(7) \$70,000 to \$79,999	0	0.0
(8) \$80,000 to \$89,999	0	0.0
(9) \$90,000 to \$99,999	0	0.0
PARENTS		
(1) Less than \$20,000	0	0.0
(2) \$20,000 to \$29,999	2	15.4
(3) \$30,000 to \$39,999	5	38.5
(4) \$40,000 to \$49,999	2	15.4
(5) \$50,000 to \$59,999	2	15.4
(6) \$60,000 to \$69,999	0	0.0
(7) \$70,000 to \$79,999	0	0.0
(8) \$80,000 to \$89,999	1	7.7
(9) \$90,000 to \$99,999	1	7.7
PARENTAL SUPPORT		
(1) 100% supported by parents	0	0.0
(2) 75% supported by parents	0	0.0
(3) 50% supported by parents	0	0.0
(4) Mostly self supportive, but receives some support from parents	2	15.4
(5) 100% financially independent	11	84.6

Table 8: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE-
EDUCATIONAL LEVEL OF PARENTS (N = 14)

	n	%
MOTHERS		
(1) Some High School	3	21.4
(2) High School Diploma	4	28.6
(3) Vocational/Tech School	0	0.0
(4) Some College	2	14.3
(5) Bachelor's Degree	3	21.4
(6) Some Graduate Credits	1	7.1
(7) Master's Degree	1	7.1
(8) Doctoral Degree	0	0.0
FATHERS		
(1) Some High School	2	14.3
(2) High School Diploma	4	28.6
(3) Vocational/Tech School	2	14.3
(4) Some College	2	14.3
(5) Bachelor's Degree	1	7.1
(6) Some Graduate Credits	1	7.1
(7) Master's Degree	1	7.1
(8) Doctoral Degree	1	7.1

Table 9: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT
SAMPLE - CAREER PLANS

SHORT TERM CAREER PLANS	EXPRESSED INTERESTS	
	n	%
Private Practice	5	35.7
Teaching	6	42.9
Research	5	35.7
Public Agency	6	42.9
LONG RANGE CAREER PLANS		
Private Practice	11	78.6
Teaching	10	71.4
Research	4	28.6
Public Agency	0	0.0

Table 10: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE-
CLINICAL PERSPECTIVE (N = 14)

	n	%
STUDENT MEMBERSHIP IN AAMFT		
(1) Yes	11	78.6
(2) No	3	21.4
PLANS FOR LICENSURE		
(1) Yes	12	85.7
(2) No	2	14.3
CLINICAL MEMBERSHIP IN AAMFT		
(1) Extremely important	8	57.2
(2) Very Important	1	7.1
(3) Important	4	28.6
(4) Slightly important	1	7.1
(5) Unimportant	0	0.0
BECOMING AAMFT CLINICAL SUPERVISOR		
(1) Extremely important	4	28.6
(2) Very Important	2	14.3
(3) Important	5	35.7
(4) Slightly important	2	14.3
(5) Unimportant	1	7.1

Table 11: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE -
RELIGIOUS PERSPECTIVE (N = 14)

	n	%
IMPORTANCE OF RELIGION		
(1)Extremely important	7	53.8
(2)Very important	2	15.4
(3)Important	3	23.1
(4)Not important at all	1	7.7
RELIGIOUS AFFILIATION		
(1)African Methodist Episcopal	1	7.7
(2)Baptist	0	0.0
(3)Catholic	0	0.0
(4)Church of God	0	0.0
(5)Episcopal	0	0.0
(6)Lutheran	1	7.7
(7)Nondenominational	2	15.4
(8)Seventh-Day-Adventist	0	0.0
(9)No Affiliation	2	15.4
(10)Other - Church of Christ	5	38.5
(10)Other - Pentecostal	1	7.7
(10)Other - Presbyterian	1	7.7

Table 12: NUMBER OF AFRICAN-AMERICAN FACULTY AND SUPERVISORS
REPORTED BY STUDENTS (N = 14)

	n	%
AFRICAN-AMERICAN FACULTY		
(1) Yes	1	7.0
(2) No	13	93.0
AFRICAN-AMERICAN SUPERVISORS		
(1) Yes	0	0.0
(2) No	14	100.0
IMPORTANCE OF AFRICAN-AMERICAN FACULTY		
(1) Yes	13	93.0
(2) No	1	7.0
IMPORTANCE OF AFRICAN-AMERICAN SUPERVISORS		
(1) Yes	13	93.0
(2) No	1	7.0

Table 13: DEMOGRAPHIC CHARACTERISTICS OF THE DIRECTOR SAMPLE-
LEVEL OF PREPARATION

	n	%
AFRICAN-AMERICAN CLIENTS		
(1) Not Prepared	1	5.3
(2) Somewhat Prepared	8	42.1
(3) Prepared	5	26.3
(4) Very Prepared	4	21.1
(5) Extremely Prepared	1	5.3
EUROPEAN-AMERICAN CLIENTS		
(1) Not Prepared	0	0.0
(2) Somewhat Prepared	0	0.0
(3) Prepared	2	10.5
(4) Very Prepared	7	36.8
(5) Extremely Prepared	10	52.6

Table 14: DEMOGRAPHIC CHARACTERISTICS OF THE STUDENT SAMPLE-
LEVEL OF PREPARATION TO WORK WITH AFRICAN-AMERICAN
CLIENTS (N = 14)

	n	%
STUDENTS REPORT		
(1) Extremely Prepared	1	7.1
(2) Very Prepared	2	14.3
(3) Prepared	1	7.1
(4) Somewhat Prepared	5	35.7
(5) Not Prepared	5	35.7

VITA

NAME: Laurie Lynne Wells Wilson

ADDRESS: 12190 Cardamon Drive
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EDUCATION: Masters of Science (MS) Candidate in Family
and Child Development, Virginia Polytechnic
and State University

Bachelors (BA) Degree, Management, 1985,
Chatham College, Pittsburgh, Pennsylvania.

MENTAL HEALTH EXPERIENCE

**Mental Health Therapist II, Substance Abuse
East Division, Community Services Board,
Dumfries, Virginia, 4/90-present.**

Responsibilities: Providing substance abuse
evaluations, case management, family therapy
and group therapy to a wide variety of
substance abuse clients, including IV drug
abusers, in Prince William County Virginia.

**Marriage and Family Therapist Intern,
Virginia Tech Center for Family Services,
Department of Family and Child Development,
Virginia Tech Northern Virginia Graduate
Center, Falls Church, Virginia, 9/89-Present.**

Responsibilities: Providing
structural/strategic therapy to individuals,
families, groups, substance abusers, IV drug
abusers, and multiply impaired clients and
providing case management services, including
referrals to self help groups, to clients and
families.

**Mental Health Therapist Intern, Substance
Abuse East Division, Community Services
Board, Dumfries, Virginia, 5/89-4/90.**

Responsibilities: Providing substance abuse
evaluations, case management, family therapy
and group therapy to a wide variety of
substance abuse clients, including IV drug
abusers, in Prince William County Virginia.

Research Assistant, Department of Education, Virginia Tech Northern Virginia Graduate Center, Falls Church Virginia, 3/89-5/90, 20 hours per week. Responsibilities: Providing family therapy evaluations and ongoing family therapy to homeless families. Providing case management services to homeless families through a specially funded project designed to lead to family independence over a two year period.

BUSINESS EXPERIENCE

Office Manager, PIERRS Family Services,, Fairfax, Virginia, 1988-89. Responsibilities: Assisting the Vice-President in the daily functioning of the office, including taking client intakes over the telephone, ordering office equipment and office supplies, maintaining accurate statistical records of Airline pilot stress management telephone calls, paying monthly bills and processing payroll.

Office Services Specialist, Virginia Tech Northern Virginia Graduate Center, Falls Church, Virginia, 1987-1988. Responsibilities: Providing clerical support to program faculty in the Department of Education.

Management Associate - Commercial Sales, USSX Corporation, Los Angeles/Chicago, 1985-1987. Responsibilities: Monitoring all sheet orders entered for Midwest Sales Office and establishing entry guidelines. Selling steel products to vendors, warehouses, and manufacturers. Managing all details of operation including maintaining accurate records of negotiated prices, calculating debits and credits, and communicating will mill and transportation for timely delivery.

PROFESSIONAL MEMBERSHIPS

American Association for Marriage and Family Therapy, Student Member, 1989-present.

PRESENTATION

Wilson, Laurie L. & Stith, Sandra, M. Providing Effective Family Therapy to Black Clients. Presented at the University of South Carolina Black Family Summit, Columbia, South Carolina, March 22-25, 1989.

PROFESSIONAL TRAINING

"Treating Survivors of Sexual Abuse" with David Calof, Dumfries, Virginia, May 1, 1990, One day workshop.

"Family Therapy in a Time of social Crisis: Extending Our Reach", 13th Annual Family Therapy Network Symposium, Washington, DC, March 9 & 10, 1990.

"Working with Adolescents from Dysfunctional Families," with Michael Elkin, Dumfries, Virginia, February 13, 1990.

"Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems," a National Conference Sponsored by the alcohol, Drug Abuse, and Mental Health Administration Public Health Services, U.S. Department of Health and Human Services, Alexandria, Virginia, October 2-4, 1989.

"Treating Black Chemically Abusive Clients," with Peter Bell, Arlington Hospital, Arlington, Virginia, June 20, 1989.

"Black Family summit," sponsored by the College of Social Work, University of South Carolina, Columbia, south Carolina, March 22-25, 1989.

"Solution Oriented Brief Therapy Workshop," with Michele Wiener Davis, Falls Church, Virginia, One day workshop, 1988.

PUBLICATION

Wilson, Laurie L. & Stith, Sandra, M. (In Press). Culturally sensitive therapy with Black clients, Journal of Multicultural Counseling.