THE IMAGE OF MARRIAGE AND FAMILY THERAPY

By

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(ABSTRACT)

The purpose of this study was to explore the image that professions other than marriage and family therapy (MFT) have of MFT as being either a profession or a subspecialty within a larger profession.

Lawyers, physicians, psychiatrists, psychologists, and social workers in three states (Massachusetts, New Jersey, Pennsylvania) were surveyed regarding their beliefs about MFT and nine other occupations. A questionnaire was developed, based upon the sociological literature pertaining to the criteria inherent in all professions.

Results indicated that MFT is viewed by lawyers, physicians, psychiatrists, and psychologists as being more like a subspecialty within a larger profession than a profession in its own right. Social workers were the only group which felt that MFT is more like a profession. Of note is that MFT was viewed as having a strong code of ethics, its own support structures, and it has demonstrated its usefulness. Its perceived

weaknesses lie in the absence of a distinct subject matter, theory and research, methodology, that it is not based upon scholarship and research, and that clients dictate the nature of the service they receive. Future research needs to examine how MFT can change its image.

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CHAPTER I

Introduction

Marriage and Family Therapy (MFT) has grown rapidly in the past quarter of a century. This growth can be attributed to its proven usefulness as a method of conducting therapy. This growth, however, has led a few scholars in the family field and, more specifically marriage and family therapy, to debate the position MFT should have among the other mental health professions. Is MFT a profession or a professional specialty?

The sociological literature is reviewed in order to address this question. Books and articles by Greenwood (1957), Goode (1960), Parsons (1968), and Burr and Leigh (1983) all provide criteria that help define a profession as different from an occupation. In general, a profession must be based upon a theory, require some form of technical training with some mode for evaluating competence, have social utility, be guided by a code of ethics, and be accepted by society.

All of these requirements are met to some degree by marriage and family therapy. Marriage and family therapy is largely based upon systems theory, although contributions have been made from cybernetic, communication, role, and symbolic interaction theories.

The creation of marriage and family therapy degree programs provides training in marriage and family therapy. The quality of this training is now maintained by the Commission on Accreditation (COA). The COA was formed in 1974 by the American Association for Marriage and Family Therapy (then named the American Association of Marriage and Family Counselors) to accredit degree and postdegree marriage and family therapy programs. Marriage and family therapy's applied nature combined with research demonstrating its effectiveness provides support for its social utility. In 1962, the AAMFT (American Association for Marriage and Family Therapy, then named the American Association of Marriage Counselors) formally adopted a code of ethics. Finally, an indicator of society's acceptance of MFT is that 14 states now have licensure or certification for marriage and family therapists.

CHAPTER II

Literature Review

The following review will examine the literature regarding the development of a profession, specifically marriage and family therapy. The review will address separately the sociological literature on professions, the developmental history of marriage and family therapy, recent developments in the field of marriage and family therapy, the question of whether marriage and family therapy is profession or professional specialty, and a summary section.

Professions

The debate over which occupations can actually be considered true professions has been an issue since industry became a part of our society. William Goode (1960) believes that an "industrializing society is a professionalizing society" (p. 902). The result of an industrialized society is the breaking down of labor into specialized, technical tasks (Greenwood, 1957). These authors and others have identified those attributes they believe identify a profession as being different from an occupation.

Greenwood (1957) has identified five attributes he believes distinguish professions from other occupations: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) a culture. These attributes were identified by reviewing the sociological literature on professions identified by the United States Census Bureau. The professions included, among others: artists, attorneys, clergymen, college professors, judges, librarian's, social workers, surgeon's, and teachers. Greenwood stated that "with respect to each of the above attributes, the true difference between a professional and nonprofessional occupation is not a qualitative but a quantitative one" (pp. 45-46). In other words, these attributes are possessed by the nonprofessional occupations, but to a lesser degree.

A systematic body of theory refers to the profession's skills being supported by a well organized and internally consistent system described as a body of theory. Professional authority indicates that the professional dictates what is in the best interest of the client and the client accedes to this professional judgement. In occupations, the customer dictates how things should progress. In other words, "The customer is always right!" Sanction of the community is conveyed by the community approving such powers as accreditation for

training centers, licensure, and confidentiality. Possession of an explicit, systematic, binding code of ethics with an emphasis on public service is an additional attribute of professions. Finally, Greenwood believes that a professional culture is the one attribute which most effectively distinguishes an occupation from a profession. The professional culture is created through the interaction of professionals in formal as well as informal groups. This culture elaborates a system of values (e.g., basic and fundamental beliefs), norms (e.g., guides to behavior in social situations), and symbols (e.g., meaning laden items such as emblems, distinctive dress, etc.).

William Goode (1960) has identified what he believes to be 10 characteristics of a profession. They are:

(1) The profession determines its own standards of education and training.

(2) The student professional goes through a more far-reaching adult socialization experience than the learner in other occupations.

(3) Professional practice is often legally recognized by some form of licensure.

(4) Licensing and admission boards are manned by members of the profession.

(5) Most legislation concerned with the profession is shaped by that profession.

(6) The occupation gains in income, power, and prestige ranking, and can demand higher caliber students.

(7) The practitioner is relatively free of lay evaluation and control.

(8) The norms of practice enforced by the profession are more stringent than legal controls.

(9) Members are more strongly identified and affiliated with the profession than are members of other occupations with theirs.

(10) The profession is more likely to be a terminal occupation. Members do not care to leave it, and a higher proportion assert that if they had it to do over again, they would again choose that type of work (Goode, 1960, p. 903).

Goode believes that society will only let a profession function autonomously if it is willing and able to police itself. The profession must also only raise fees as its increase in competence dictates. Decisions made by the profession should not be reviewed by any other professions. Furthermore, society will

only grant the profession a monopoly through licensure boards when it has shown that it is the sole master of its special craft (1960).

Parsons (1968) also identifies certain criteria that may be used to distinguish an occupation from a profession. He begins, however, by stating that the "boundaries of the group system we generally call the professions are fluid and indistinct" (p. 536). Therefore, Parsons has only identified three core criteria for distinguishing a profession from an occupation. First is the requirement of formal technical training with some mode for validating that competence. Second, is the development of applied skills. Third, there must be some institution which monitors the socially responsible use of the knowledge and skills.

Much of the work identifying the criteria for the establishment of a profession was conducted in the 1950s and 1960s. More recently, Burr and Leigh (1983) have identified seven criteria for the establishment of a discipline. These criteria were identified to establish if the family field is an independent branch of knowledge or learning. The seven criteria are: (a) the existence of a unique subject matter, (b) the existence of an adequate body of theory and research, (c) the existence of a unique methodology, (d) the existence of support

structures such as professional associations, professional journals, and universities with academic departments, (e) demonstrated utility to society, (f) the existence of a community of scholars to teach the discipline and guide research, and (g) a belief by others that the profession exists. Burr and Leigh's work will be given further discussion in a later section.

Historical Development of Marriage and Family Therapy

The practice of Marriage and Family Therapy (MFT) can be traced back to the beginning of social work around 1877. One of the most prominent organizers of social work in this country, Mary Richmond, often referred to the importance of family relationships in working with the individual. MFT probably was not promoted as a method of therapy for two reasons. One is that it was such an integral aspect of social work that it may have been taken for granted. Assuming that every social worker worked with families to some extent, the leaders in the field may have felt there was little need to identify and describe this aspect of their work. The other reason is that in the 1920s and continuing to the present, psychiatry and its emphasis on individual analysis has had an influential impact on social work (Broderick & Schrader, 1981).

Broderick and Schrader (1981) have divided the development of MFT into four different phases. Phase I, "The Pioneers," lasts from 1929 to 1932 and includes the four early pioneers, Paul Popenoe, Abraham and Hannah Stone, and Emily Harshorne Mudd. Popenoe opened the doors to his American Institute of Family Relations in Los Angeles in 1930. Abraham and Hannah Stone opened their New York City clinic at about the same time. The Marriage Council of Philadelphia was opened in 1932 by Emily Harshorne Mudd. Dr. Mudd's commitment was primarily to research. By the early 1930s there were already two programs offering marriage counseling and a third committed to research on the marriage counseling process.

Phase II, "The Establishment of the American Association of Marriage Counselors," spans from 1934 to 1945. It begins with discussions between Lester Dearborn, a social hygienist and sex counselor, and Dr. Mudd about the formation of a professional organization. This organization, The American Association of Marriage Counselors, came to be in April of 1945. Earnest Groves was formally elected the first president, Lester Dearborn first vice-president, Emily Mudd second vice-president, and Robert W. Laidlaw secretary-treasurer (Broderick & Schrader, 1981).

"The Construction of a Profession," Phase III, took place from 1946 to 1963. By 1947 there were 15 functioning centers for marriage counseling in the United States. In 1948 a set of standards was proposed by a joint committee of the American Association of Marriage Counselors and the National Council on Family Relations. This first set of standards targeted marriage counselors; standards for training centers were set forth in 1953. By 1959 standards were identified for post-graduate professional marriage counseling centers and in 1962 for related doctoral programs with a major in marriage counseling. Also in 1962 a code of ethics was formally adopted. This phase ends with the passing of a licensure law for marriage and family counselors in California in 1963 (Broderick & Schrader, 1981).

The fourth phase, "The Formative Years," covers from 1964 to the present. Broderick and Schrader (1981) comment that "it might be supposed that by 1963 the practice of marriage counseling would have established a reasonably clear identity. Yet it has been characteristic of the field that it was always richer in enthusiasm and commitment than in consensus or clarity as to its nature" (p. 13). For example, Broderick and Schrader report that a study conducted by Alexander in 1965 found that only 25% of the members in the American

Association of Marriage Counselors identified themselves primarily as marriage counselors. Since the beginning of this phase, however, there have been many significant changes occurring in the field. Some of the more important ones will be discussed later in this section.

Florence Kaslow (1980) provides a more concise historical perspective on the development of MFT. She believes three concurrent movements occurred during this time, all of which influenced the therapeutic thinking of the time. One of the changes was the gradual movement of psychiatry away from a strictly medical specialty toward a more psychological, sociological, and anthropological focus. In time the family became the unit of analysis.

As this movement was taking place in the early 20th century, the child guidance movement was beginning to take shape. This emphasis on working with children led to some important discoveries. When clinic staff members began to treat court referred, delinquent children, it was gradually realized that much of the pathology was related to problems within the family. A treatment procedure was then formulated which consisted of the psychiatrist seeing the child and a social worker meeting with the parents.

The third force is the psychoanalytic movement. Psychoanalysts, as early as 1921, were recognizing that by understanding family relationships their therapy usually became more effective (Flugel, 1927). There are a variety of factors which led psychoanalysts to become disenchanted with psychoanalytically oriented therapy. Some analysts perceived the method as too slow. Also, staff members at inpatient psychiatric facilities observed that schizophrenic patients who were released and seemed quite well, returned within 90 days exhibiting the same "crazy" thought and behavior problems. These are two of the reasons which led some the the more adventurous in the field to experiment with new approaches. Furthermore, Kaslow noticed, from personal experience, that in the early 1950s several family service agencies were already meeting with families.

Thus by the early 1950s the stage was set for the emergence of a new therapeutic model. The child guidance clinics realized that long lasting change was more likely in childhood delinquents if the family was involved. Similarly, psychiatrists noticed the same benefits for their schizophrenic patients. Family service agencies noticed that observing family interactions was sometimes much different from the verbal reports received from the family members.

It was not until 1957 that the family therapy movement surfaced nationally at the American Orthopsychiatric Association. Preceding this period, family therapy remained mostly unnoticed. Family therapists' ideas were considered to be heresy and their writings were not welcome in the accepted journals of the day. By 1977 a formalized organization, made up primarily of psychiatrists interested in family therapy was formed, the American Family Therapy Association (AFTA). Currently, it serves an academy for advanced professionals interested in the exchange of ideas.

The most influential organization for the field is the American Association for Marriage and Family Therapy (AAMFT). AAMFT was organized in 1942 as the American Association of Marriage Counselors (renamed in 1970 as the American Association of Marriage and Family Counselors and in 1978 became the American Association for Marriage and Family Therapy). By 1973 there were 1,000 to 2,000 members, by 1980 7,000 members, and in 1988 there are currently 14,500 members. The organization is clearly experiencing a rapid growth. The membership consists of a variety of professionals. The American Association for Marriage and Family Therapy conducted a study of AAMFT clinical members as to professional affiliation. The results were obtained

TABLE 1

PROFILE OF AAMFT MEMBERSHIP[a]

	Professional Identification	Degree which qualified them for AAMFT clinical membership
Field	% of membership	% of membership
Marriage & Family Therapy	51.4	
Masters & Doctorate		14.8
Counseling	7.2	
Masters & Doctorate		18.1
Education	.8	
Masters, Doctorate, & Specialist		4.4
Human Development	.6	
Masters & Doctorate		3.1
Nursing	.9	
Masters & Doctorate		1.2
Psychology	15.5	
Masters & Doctorate		17.8
Psychiatry	.9	
Doctorate		1.3
Religion	6.3	
Masters & Doctorate		11.0
Social Work	12.7	
Masters & Doctorate		23.2

[a] Data taken from personal communication with Dr. Mark Ginsberg Executive Director of AAMFT, February 1988

from Dr. Mark Ginsberg (personal communication, February, 1988) and can be found in Table 1. The percentages seem to indicate that with the exception of Nursing, Psychology, and Psychiatry, that a little over half the clinical members consider themselves primarily marriage and family therapists. This is substantial considering that only 14.8% of AAMFT clinical members have received degrees in marriage and family therapy. It would seem that as interest in marriage and family therapy continues to increase there will be a corresponding increase in the number of professionals who consider themselves to be marriage and family therapists.

Another key development in the field of marriage and family therapy is the increase in research. As recently as 1972, Wells and his colleagues could only find 13 reports of outcome studies of family therapy. By 1978, however, Gurman and Kniskern reviewed the outcome research and found 200 studies. These studies indicated that, overall, marriage and family therapy was an effective method of treatment. A few of the more important findings include 21 studies comparing family therapy to other forms of therapy. One such study compared family to individual therapy in the treatment of adolescent inpatients. Family therapy was not only more effective, as indicated by various self-report and

observation measures, but at a 3 month follow-up none of the adolescents treated with family therapy had been rehospitalized, while 43% of those treated individually were rehospitalized (Wellisch, Vincent, & Ro-Trock, 1976). Although family therapy research was off to a slow start, it has grown rapidly in recent years.

As more professionals have recognized the effectiveness of MFT there has been an increased need for training. In 1978, the Department of Health, Education and Welfare recognized the American Association for Marriage and Family Therapy as the official accrediting agency for marital and family therapy training programs. Currently, January 13, 1988, there are 40 accredited programs: 9 doctoral, 11 nondegree granting, postdegree programs, and 20 master's degree programs. Donald Bardill, chairman of the AAMFT Commission on Accreditation, projects that in 1988 eight new programs will be accredited (Nichols, 1987).

An increase in the number of professionals practicing MFT has created the need for more regulation of the practice of MFT. Currently, 14 states have licensing laws for marriage and family therapists (MFTs score, 1987). Due to the increase in the number of states regulating the practice of marriage and family therapy, the Association of Marital and Family Therapy

Regulatory Board (AMFTRB) was created in October of 1987. The AMFTRB was created, among other things, to facilitate the "communication among its member bodies concerning the certification and licensing of marital and family therapists and the sponsorship of collaboration in developing compatible standards and cooperative procedures for the legal regulation of MFTs" (Historic occasion, 1987).

Recent Developments

Recently, there has been an increased interest in Congress about the family. This increased interest has opened the door for AAMFT to become more active in promoting legislation to advance the field as a profession. The association has had two main foci in recent years. One is the elimination of the physician referral and supervision requirements under the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS). The other is to push for the inclusion of marriage and family therapists as reimbursable mental health providers in the Federal Employee Health Benefits Program (FEHBP). To help meet these goals a Political Action Committee was created in October of 1985.

A bill seeking to include marriage and family therapists in FEHBP had been passed in the house in 1986, but lost in the senate. A new bill was introduced in

1987 and is under consideration once again in the house. The progress with CHAMPUS has been slow, but there is currently a demonstration project being instigated to evaluate the effectiveness of MFT.

Profession or Specialty

Burr and Leigh (1983) in their previously mentioned article, have identified seven criteria helpful in determining if a discipline exists. They believe the family field meets these requirements. It is not their intention to demonstrate that family therapy alone is a distinct discipline, but that the entire family field is a discipline.

One criterion is that a unique subject matter must exist relatively distinct from other disciplines. The uniqueness of the family system with its composition of age, gender, roles, and functions combined with the concepts of life-cycle, careers, affect, commitment, and help partners set it apart from other institutions. Burr and Leigh state that "The family institution is so different that the findings and theories in other areas, such as small groups research, communication, and learning psychology, cannot be applied without careful adaptation" (1983, p. 468).

The existence of an adequate body of theory and research is another criterion. Burr and Leigh (1983) admit that much of what the family field knows of families has come from other disciplines. They go on, however, to say that none of them contribute all the information about the family. In fact, they believe there is so much information on families that a family field is necessary to keep up with it all. Furthermore, there are scholars who have been and currently are being trained in "family" programs. These scholars are creating new knowledge through their theorizing and research.

The use of a unique methodology is considered as a criterion a discipline should possess. Burr and Leigh comment, however, that most disciplines tend to share methodologies (1983). Therefore, they consider this criterion not to be an essential prerequisite.

A discipline also needs various support structures which provide the "means of professional growth, interaction, and exchange so that the discipline can continue to develop" (Burr & Leigh, 1983, p. 469). There are currently a variety of professional journals containing information specifically focused on the family field. The 40 accredited family therapy programs mentioned earlier and the many nonaccredited family

oriented programs are training both masters and doctoral level family professionals. Professional organizations such a AAMFT, AFTA, and The National Council on Family Relations through their annual meetings provide the means for the exchange of new ideas. The existence of these support structures in the family field indicate its maturity in this area.

It is important for a discipline to demonstrate that it has a practical, useful side for society. In the family field the existence of family therapy and family life education are two applied areas which serve the public in many ways. Burr and Leigh (1983) state that "they are such mature professions that they present a strong case for a separate discipline" (p. 469).

The existence of a community of scholars trained in the discipline who can teach it and guide research is another criterion. It would have not been too long ago where an argument against the family field meeting this criterion could have been supported. Currently, however, there are a variety of programs training doctoral level professionals specifically in the family field. Furthermore, a number of professionals are now teaching and conducting research in this field which has led to its rapid growth.

Lastly, it is important to have a consensus among the academic community that a profession exists. If no one recognizes the existence of a discipline then it is not possible for it to exist. It would seem that to some degree the inclusion of marriage and family therapy in the training programs of other disciplines is a recognition by other scholars that it exists. Furthermore, The American Psychological Association has created a family psychology division, Division 43, and The American Sociological Association already has in existence a family sociology section indicating their recognition of the field.

While Burr and Leigh argue that a family discipline exists, David Fenell and Alan Hovestadt argue that marriage and family therapy is a profession rather than a professional specialty. On one side is the argument that other professions instruct their students in marriage and family therapy. They indicate that this can lead other professions to believe marriage and family therapy is a specialty area within their profession. Fenell and Hovestadt (1986), on the other hand, endorse the conclusions reached by Burr and Leigh (1983) and state that "Since most of these criteria (perhaps with the exception of the existence of a unique methodology) are met by family therapy, it may legitimately be considered

a profession" (p. 26). Their article then went on to discuss the implications of these two different perceptions of marriage and family therapy professionalism for training.

Finally, Richard Kerckhoff (1955, 1969) conducted a study in 1952 of professionals in the Detroit area. He obtained responses through questionnaires and interviews from clergymen, physicians, social workers, and attorneys. The results pertinent to this review are that 16% of the respondents said that marriage counseling was a profession at that time, 42% believed it was becoming a profession, and 16% said that it would be a mistake to professionalize marriage counseling. Kerckhoff states that "In general, the respondents approved of the idea of marriage counseling; they also gave theoretical, but less enthusiastic approval to the idea of a profession devoted to marriage counseling" (1955, p. 180). Furthermore, he believes his results show some "ignorance and antipathy" to marriage counseling by others who are in positions to influence its future development.

Summary

It should be noted that this literature review does not provide a complete recounting of the historical development of marriage and family therapy. It is an attempt to provide an account of the development of

marriage and family therapy into a separate and distinct profession. The work by Burr and Leigh (1983) provides the criteria and information which establish the family field as a separate and distinct discipline of study. The sociological writings of Goode (1960), Greenwood (1957), and Parsons (1968) describe various criteria which are important in distinguishing a profession from an occupation. It is these writings combined with the developments in the marriage and family therapy field which support the argument that marriage and family therapy is indeed a separate and distinct discipline.

CHAPTER III

Methodology

One hundred sixty seven (167) professionals from the professions of psychology, psychiatry, social work, medicine, and law were surveyed regarding their perceptions of marriage and family therapy. The study specifically investigated their image of marriage and family therapy as being as a profession or an area of specialization within a larger profession.

Sampling Procedures

The study was conducted using professionals from five disciplines in three Northeastern states. The Northeastern states were selected due to their proximity and the increased likelihood for homogeneity of subject backgrounds. The states from which the sample was drawn were selected according to three criteria: (1) they are in close proximity to one another, (2) two of them specifically license marriage and family therapists and the other does not, and (3) for those which do license marriage and family therapists, the duration of their licensure law is different; one has been in existence for 20 years, the other for less than a year. The states were New Jersey, Pennsylvania, and Massachusetts. New Jersey has had a licensure law for marriage and family

therapy since 1968. Massachusetts, on the other hand, recently enacted a licensure law in 1987. The third state is Pennsylvania which has no existing laws regulating the practice of marriage and family therapy.

The five disciplines are: Psychology, Psychiatry, Social Work, Medicine, and Law. Subjects were selected by acquiring each professions' directory. An estimate of the total number of members in each state was then obtained. Selection intervals were then calculated in order to randomly select 50 professionals from Psychology and Social Work and 55 professionals from Psychiatry, Medicine, and Law. Fifty-five was chosen for Psychiatry, Medicine, and Law in order to compensate for expected low response rates in these three professions.

Directories were utilized for Lawyers, Psychologists, Psychiatrists, and Social Workers to select a representative sample. Names of physicians was obtained from a company which supplies randomly selected lists on mailing labels. Subjects names and addresses were typed onto a computer for all professions except Medicine, where the available mailing labels were used.

Questionnaires were sent along with a cover letter to all subjects by first class mail. The questionnaire could be returned by simply folding it, taping it closed, and dropping it in the mail. One week later a postcard

was sent to all subjects thanking them for their participation and reminding them to complete the questionnaire. Subjects were also given the researchers phone number and were asked to call collect if they had lost their questionnaire. After the first two weeks 18 questionnaires were sent to new subjects to replace questionnaires which were not deliverable. Four weeks from the initial mailing of the questionnaire, the questionnaire and a new cover letter was sent to half of the nonrespondents. A total of 334 questionnaires and cover letters were sent at this time. A cut off date of six weeks from the initial mailing was established so that the data could be analyzed. Of the 795 questionnaires mailed, 167 responded. This represents 21.0% of the total number of questionnaires distributed.

Instrumentation

A survey instrument was developed to obtain information about the perceptions these professionals have of marriage and family therapy. Questions were developed utilizing the criteria identified by Goode (1960) and Burr and Leigh (1983) that are present in a profession. These questions were then reviewed by the researchers committee members and revisions were made. Following this a small informal pilot study was conducted of ten community professionals. They were asked to

complete the questionnaire and provide feedback on questions they found difficult to understand. Their feedback was utilized to make the second revision. A third and final revision was made by reviewing each question with five more professionals, individually. The questionnaire can be found in Appendix E.

Research Questions

This study posits the following research questions:

(1) Do individuals from professions other than marriage and family therapy believe marriage and family therapy is a profession unto itself or a professional specialty?

(2) Is there a difference among the professions represented as to their perceptions of marriage and family therapy?

(3) Do the perceptions these professionals have of marriage and family therapy vary according to the recognition their state has of marriage and family therapy?

(4) Is there a difference within each profession due to age and gender differences?

(5) Does number of years in a profession create a difference within the professions represented as to their perceptions of marriage and family therapy.

(6) Is there a difference among those professionals licensed as marriage and family therapists or clinical members of AAMFT within the professions represented as to their perceptions of marriage and family therapy.

Statistical Analysis

A Coding book was developed in order to accurately transcribe the raw data directly onto the computer. Every tenth (10th) coded questionnaire was verified.

The following statistical analyses were run on the data to address the research questions:

1. Frequencies provided descriptive information for each profession.

2. Means were used to compare the relationship between lawyers, physicians, psychologists, psychiatrists, and social workers on their view of marriage and family therapy as a profession or specialty.

3. Means were used to compare the relationship between lawyers, physicians, psychologists, psychiatrists, and social workers on their views of marriage and family therapy.

4. Means were used to compare the relationship between the professionals in Massachusetts, New Jersey, and Pennsylvania on their views of marriage and family therapy.

5. Means were used to compare the relationship between the professionals on their views of marriage and family therapy when age was a variable. Correlation coefficients were used to compare the professionals on their view of marriage and family therapy when gender and number of years in practice were variables.

6. Means were used to compare the relationship between the professionals on their views of marriage and family therapy when they are licensed as a marriage and family therapist or are a clinical member of the Association of Marriage and Family Therapy.

CHAPTER IV

Results and Discussion

Descriptive statistics provide data on the participants' characteristics and responses to survey items regarding the research questions. Due to the low return rate one cannot generalize from these results. Of the seven hundred and ninety-five (795) professionals sampled, only one hundred and sixty-seven (167) returned their questionnaires. Of this 167, 32 were lawyers, 19 were physicians, 18 were psychiatrists, 48 were psychologists, and 50 were social workers. These returns account for 21% of the original sampling.

Description of Professionals Sampled

This study was conducted using professionals from five professions in three different geographic states. Table 2 provides a profile of professionals who participated in the study. There were a total of 32 lawyers, a 19% return rate in that profession. Eight lived in Massachusetts, 14 in New Jersey, and 10 in Pennsylvania. Seven of the lawyers were female and 24 of them were male. Seven held a Bachelor of Law degree (LLB), a degree viewed by lawyers as being the equivalent of a masters degree, and twenty-four held a Juris Doctorate (JD), a degree viewed by lawyers as being the

TABLE 2

PROFILE OF PROFESSIONALS

Attributes	Lawyer	Physician	Psychiatrist	Psychologist	Social Worker
Total Number of Respondents	32 (19.2%)	19 (11.4%)	18 (10.8%)	48 (28.7%)	50 (29.9%)
State:					
MA	8	7	6	12	9
NJ	14	6	4	18	14
PA	10	6	8	18	27
Gender: [a]					
Female	7	3	2	14	30
Male	24	15	15	34	20
Degree:					
Masters*	7			4	47
Ph.D.**	25			44	3
M.D.		19	18		
Mean Age in Years	47	61	47	48	46
Total Licensed as a MFT's				1	4
Member AAMFT				3	6

[a] Due to missing data, the male/female totals do not equal the total number of respondents for lawyers, physicians, and psychiatrists

*Masters equals a Bachelor of Law (LLB) degree for lawyers

**Ph.D. equals a Juris Doctorate (JD) degree for lawyers

equivalent of a Ph.D. Their mean age was 47 years old, with a range from 27 years to 72 years. Thirty-four percent lived in communities of less than 100,000, 44% in communities over 900,000, and the remaining 22% lived in communities between 200,001 and 800,000 people in size.

A total of 19 physicians responded to the survey, accounting for an 11% return rate in that profession. Seven lived in Massachusetts, six lived in New Jersey, and six lived in Pennsylvania. Three of the physicians were female and 15 were male. Their mean age was 61 years old, with a range of 34 years to 83 years old. Fifty-two percent lived in a community of less than 100,000, 26% in a community over 900,000, and 16% in communities from 100,001 to 800,000 people in size.

There were a total of 18 psychiatrists who responded to the survey, accounting for an 11% return rate in that profession. Six lived in Massachusetts, four lived in New Jersey, and eight lived in Pennsylvania. Two of the psychiatrists were female and 15 were male. The mean age was 47 years old and it ranged from 33 years to 73 years old. Seventeen percent lived communities of less than 100,000, 56% lived in communities from 100,001 to 800,000, and 22% lived in communities over 900,000 people in size.

Forty-eight psychologists responded to the survey accounting for a 29% return rate in that profession. Twelve lived in Massachusetts, 18 lived in New Jersey, and 18 lived in Pennsylvania. Fourteen of the psychologists were female and 34 were male. Four held masters degrees and 44 held Ph.D.'s. Their mean age was 48 years old and it ranged from 35 years to 70 years. Fifty percent lived in a community of less than 100,000, 23% lived a community ranging in size from 100,001 to 800,000, and 27% lived a community of over 900,000 people in size. One psychologist was licensed as a marriage and family therapist. Five psychologists read journals relating to family therapy issues and three were members of the American Association for Marriage and Family Therapy. One psychologist was a member of the National Council on Family Relations.

There were 50 social workers who responded to the questionnaire, accounting for a 30% return rate in that profession. Nine lived in Massachusetts, 14 lived in New Jersey, and 27 lived in Pennsylvania. Thirty of the social workers were female and 20 were male. Forty-seven held masters degrees and three held Ph.D.'s. The mean age for social workers was 46 years, with a range from 31 years to 68 years. Fifty-two percent lived a community of less than 100,000, 26% lived in a community between

100,001 and 600,000 in size, and 20% lived in a community of over 900,000 people in size. Four social workers were licensed as marriage and family therapists. Twelve social workers read journals relating to family therapy issues and six were members of the American Association for Marriage and Family Therapy.

Research Questions

The following research questions were examined:

1. Do individuals from professions other than marriage and family therapy believe marriage and family therapy is a profession unto itself or a professional specialty?

Table 3 provides the response frequencies and means for the question of whether each category (from now on to be referred to as an occupation) is considered a profession or a subspecialty within a larger profession for all the professionals sampled. A mean of 1 would indicate that the occupation is viewed as a profession and a mean of 5 would indicate that the occupation is considered a subspecialty. Overall, lawyers ($\bar{X}$ = 1.07) and physicians ($\bar{X}$ = 1.07) are considered by all the sampled professions as professions in their own right. Following them are clergy ($\bar{X}$ = 1.14) and nurses ($\bar{X}$ = 1.48).

TABLE 3

RESPONSE FREQUENCIES AND MEANS TO THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR A SUBSPECIALTY FOR ALL SAMPLED PROFESSIONALS COMBINED

	Response Choices[a]						
Occupation	1	2	3	4	5	Mean	SD
Clergy	149	4	7	1	6	1.14	.53
College Prof.	108	13	16	10	15	1.83	1.35
Lawyer	155	4	2	0	1	1.07	.41
MFT	26	9	34	21	72	3.64	1.49
Nurse	122	15	13	7	4	1.48	.99
Physician	157	5	1		1	1.07	.39
Psychiatrist	82	20	20	8	31	2.29	1.58
Psychologist	121	13	18	5	5	1.52	1.02
School Teacher	109	15	11	15	12	1.80	1.32
Social Worker	107	19	18	6	13	1.77	1.26

[a]Profession is equal to 1, subspecialty is equal to 5

Marriage and family therapists are the only occupation to have a mean ($\bar{X}$ = 3.64) which indicates most of the respondents considered them to be more of a subspecialty within a larger profession than a profession in their own right. The occupation closest to them is psychiatry, yet psychiatrists are still considered to be more of a profession ($\bar{X}$ = 2.29) than a subspecialty. This is surprising in light of the fact that psychiatrists are actually specialists within the larger medical profession.

A clarification is necessary here with respect to the use of the term "subspecialty" in the first question from which the preceding data are drawn. In retrospect, the question of which occupation do "you believe is a subspecialty within a larger profession or a profession in its own right" may have presented a problem to the respondents. The problem may be that for some of the occupations rated, a dichotomy of being a profession or a subspecialty was not appropriate. For instance, physicians cannot be subspecialists within the larger occupational category of medicine. They may specialize within a certain area of medicine, but, as physicians, it cannot be said that they are an actual subspecialty. This same argument may also apply to the legal field. On the other hand, psychiatrists are a subspecialty within

the occupational category of physicians. Therefore, when the respondents rate psychiatrists as being more like a profession than a subspecialty they seem to be rating it at another level.

With respect to marriage and family therapy as a profession or a subspecialty, another problem may exist along with those already mentioned. It may have been difficult for respondents to rate marriage and family therapy without knowing what the larger occupational category is within which it may be considered a subspecialty. The possibility exists, then, that it would have been more appropriate to rate the occupations listed as being professions or not being professions. This issue may make it difficult, therefore, to accurately interpret what the respondents were trying to convey with their responses to this question.

Table 4 provides the means for each occupation under each question which was derived from the work of Goode (1960) and Burr and Leigh (1983). These questions relate to the criteria, set forth by these authors, which they believe are inherent in a profession. Burr and Leigh believe that a discipline must posses a unique subject matter relatively distinct from other disciplines. Therefore, question three asked for each occupation "how distinct you believe its subject matter to be." A 1

represents a belief that a distinct subject matter exists, a 5 represents that no distinct subject matter exists. In response to this lawyers are viewed by all professionals as having the most distinct subject matter ($\bar{X}$ = 1.38) and marriage and family therapists the least distinct ($\bar{X}$ = 3.30). This indicates that the study of the family system is not viewed by professionals other than marriage and family therapists as a unique area relatively distinct from other fields.

The existence of an adequate body of theory and research is another criterion set forth by Burr and Leigh. Question four asked for each occupation "the extent to which you believe it is based upon a distinct body of theory and research." A 1 represents that a distinct body of theory and research exists for each occupation and a 5 that it is not distinct. Physicians are rated by other professionals as having the most distinct body of theory and research ($\bar{X}$ = 1.41) and marriage and family therapists the least distinct ($\bar{X}$ = 3.17). These results indicate that the professionals studied do not believe that marriage and family therapy has developed an adequate body of theory of research. It is likely that as research and theory development continues to progress in the field of marriage and family therapy that this view may change.

TABLE 4

MEAN RESPONSE RATINGS FOR QUESTIONS 3 THROUGH 10[a]

Occupation	Question Numbers 3	4	5	6	7	8	9	10
Clergy	1.94	2.63	2.15	1.54	1.59	3.93	3.09	1.58
College Prof.	2.27	2.53	2.49	1.82	1.40	2.05	3.59	2.31
Lawyer	1.38	1.72	1.66	1.14	1.65	3.01	2.85	3.35
MFT	3.30	3.17	3.22	2.39	2.12	3.38	2.73	2.30
Nurse	1.75	1.90	1.90	1.47	1.12	3.01	3.43	2.56
Physician	1.42	1.41	1.46	1.08	1.11	2.16	3.49	2.50
Psychiatrist	1.88	2.01	1.94	1.25	1.63	2.68	3.23	2.40
Psychologist	2.21	2.17	2.19	1.26	1.70	2.49	3.01	2.35
School Teacher	2.25	2.59	2.66	1.90	1.27	3.36	3.57	2.83
Social Worker	2.67	2.85	2.78	1.74	1.78	3.37	2.78	2.52

[a]Q3: Distinct subject matter (1), not distinct (5)
Q4: Distinct theory & research (1), not distinct (5)
Q5: Distinct methodology (1), not distinct (5)
Q6: Has own support structures (1), no support (5)
Q7: Has demonstrated usefulness (1), not demonstrated (5)
Q8: Based upon scholarship/research (1), clinical (5)
Q9: Clients dictate service (1), do not dictate (5)
Q10: Ethical codes dictate practice (1), laws dictate (5)

Each occupation was rated on question five as to the extent "you believe it uses a separate and distinct method of study." A 1 indicated a belief that a distinct methodology did exist and a 5 that one did not exist. This question is based upon Burr and Leigh's assumption that a unique methodology should exist for a discipline to be distinct. Physicians are viewed as possessing the most distinct methodology ($\bar{X}$ = 1.46) and marriage and family therapists the least distinct ($\bar{X}$ = 3.22). This would appear to indicate that other professionals believe that marriage and family therapy utilizes methodologies which it has borrowed from other professions.

Burr and Leigh state that a discipline needs various support structures to provide the "means of professional growth, interaction, and exchange so that the discipline can continue to develop" (1983, p. 469). Question six asked, for each occupation, to what extent do "you believe it has its own support structures (i.e., professional associations, journals, and universities with academic departments)." A 1 indicated that the occupation has its own support structures and a 5 that it does not. Physicians are viewed as possessing the strongest support structures ($\bar{X}$ = 1.08). The mean of 2.39 for marriage and family therapists, although higher in comparison to the other occupations, does indicate

that professionals believe that support structures do exist. This is a sign, therefore, which may indicate that other professionals believe that a support network exists which can promote the growth of marriage and family therapy.

Burr and Leigh also believe it is important for a discipline to have a practical, useful side for society. Therefore, question number seven asked to what extent do "you believe it has demonstrated its usefulness to society." A 1 indicates that the occupation has demonstrated its usefulness and a 5 that it has not. Physicians are seen as demonstrating the most usefulness ($\bar{X}$ = 1.11). Marriage and family therapists were seen as demonstrating some usefulness ($\bar{X}$ = 2.12), however, they were not viewed as demonstrating as much usefulness as the other occupations.

The existence of a community of scholars trained in the discipline who can teach it and guide research is another criterion identified by Burr and Leigh. Question eight asks to what extent is each occupation's practice "based upon scholarship and research versus practice and tradition." A 1 indicates that it is based upon scholarship and research and a 5 that is based upon clinical practice and tradition. College professors are viewed as being strongly based upon scholarship and

research ($\bar{X}$ = 2.05) and clergy are seen as being based upon clinical practice and tradition ($\bar{X}$ = 3.93). Marriage and family therapists ($\bar{X}$ = 3.38) were also viewed as being based more upon clinical practice and tradition, but by only a slight margin. This is consistent, however, with the previous findings that indicate marriage and family therapy does not posses a distinct subject matter, methodology, and is not based upon a distinct theory and research in the view of other professionals.

"The degree to which you believe those receiving the service dictate the nature of the service" was question nine. This question was derived from Goode's belief that a practitioner in a profession must be "relatively free of lay evaluation and control" (1960, p. 903). A 1 indicates that those receiving the service dictate the nature of the service and a 5 that they do not. College professor's are viewed as having the most freedom ($\bar{X}$ = 3.59) and marriage and family therapists the least ($\bar{X}$ = 2.73). Social workers followed with a mean of 2.78 and then psychologists with a mean of 3.01. These results may be interpreted as indicating that professionals view marriage and family therapy and other counseling-type occupations as offering services which are directed by the clients problems. Furthermore, if a client is not

pleased with the therapy process he or she is free to terminate counseling. On the other hand, a student must learn what the professor teaches and must finish the course in order to receive a favorable grade.

Goode also believed that a profession should enforce the norms of practice more stringently than legal controls. Therefore, question 10 asked for each occupation "the degree to which you believe ethical codes or laws dictate the norms of practice." A 1 indicates that ethical codes dictate the norms of practice and a 5 that laws do. Clergy were viewed as controlled more by ethical codes ($\bar{X}$ = 1.58), followed by marriage and family therapists ($\bar{X}$ = 2.30). Lawyers, on the other hand were viewed as being controlled more by laws ($\bar{X}$ = 3.35), but only by a slight margin. These results indicate that professionals believe marriage and family therapy has an established set of standards and that therapists abide by those standards.

The above results seem to indicate that marriage and family therapists are viewed as practitioners which specialize in an area within a larger profession. The mean of 3.64 signifies, however, that there may be some ambivalence about how to view this field. According to the various criteria which identify a discipline and profession marriage and family therapy is strong in some

areas and weak in others. At this time, marriage and family therapy strengths seem to be in the establishment of a strong code of ethics, its own support structures and its demonstrated usefulness. The weaknesses lie in the absence of a distinct subject matter, a theory and research, a methodology, that it is not based upon scholarship and research, and that clients dictate the nature of the service.

How do these results compare, however, with those found by Kerkhoff in 1952? Kerkhoff (1955, 1969) found that only 16% of the professionals he interviewed believed marriage counseling was a profession, 42% believed it was becoming a profession, and 16% said that it would be a mistake to professionalize marriage counseling (marriage counseling is viewed here as being synonymous with the present day marriage and family therapy). The results from this study indicate that 21% of the sampled professionals believe marriage and family counseling is a profession (percentage derived by combining 1 and 2 responses to question number one, with 1 representing that marriage and family therapy is a profession). Twenty percent are unsure whether marriage and family therapy is a profession or subspecialty (percentage was derived from 3 responses to question number one). Fifty-six percent believe that marriage

and family therapy is a subspecialty (percentage derived by combining 4 and 5 responses to question one, with 5 representing that marriage and family therapy is a subspecialty). These results seem to indicate that the optimism shown by 42% of the professionals sampled by Kerkhoff, that marriage counseling would become a profession, did not come to fruition. It seems that professionals are taking a more definite stand and indicating that they do not believe marriage and family therapy is a profession, but a subspecialty within a larger profession. On the other hand, there was a slight increase in the percentage of professionals which viewed marriage and family therapy as a profession. A little progress has been made in the recognition of marriage and family therapy as a profession, but the results seem to indicate that the trend has been to consider marriage and family therapy as an area of specialization.

2. Is there a difference among the professions represented as to their perceptions of marriage and family therapy?

Table 5 provides the means response ratings of each occupation by each profession for the question on whether each occupation is a profession or subspecialty within a larger profession. A 1 indicates that a belief that the occupation is a profession and a 5 that the occupation

TABLE 5

MEAN RESPONSE RATINGS FOR THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR SUBSPECIALTY BY SAMPLED PROFESSIONALS [a]

Occupation	Lawyer	Physician	Psychiat-trist	Psycholo-gist	Social Worker
Clergy	1.00	1.25	1.22	1.17	1.16
College Prof.	2.13	1.44	1.39	1.94	1.84
Lawyer	1.00	1.13	1.11	1.15	1.02
MFT	3.97	3.75	4.11	3.98	2.92
Nurse	1.77	1.56	1.39	1.66	1.16
Physician	1.19	1.00	1.06	1.04	1.04
Psychiatrist	2.16	3.50	2.22	2.64	1.67
Psychologist	2.23	2.35	1.61	1.06	1.20
School Teacher	2.45	2.25	1.56	1.57	1.56
Social Worker	2.84	2.65	1.89	1.40	1.10

[a] Profession is equal to 1, subspecialty is equal to 5

is a subspecialty. Marriage and family therapy is the only occupation which was rated by all five professions as the least like a profession. For 4 of the 5 professions marriage and family therapy is viewed as more of a subspecialty within a larger profession than a profession in its own right. Psychiatrists rated it a mean of 4.11, followed by psychologists ($\bar{X}$ = 3.98), lawyers ($\bar{X}$ = 3.97), and physicians ($\bar{X}$ = 3.75). Social workers, on the other hand, believe that marriage and family therapy is more of a profession ($\bar{X}$ = 2.92) than a subspecialty. The mean, however, is only .09 away from leaning towards classifying marriage and family therapy as a subspecialty. Furthermore, marriage and family therapy is viewed to be less like a profession by social workers than the other nine occupations rated. Only one other occupation, psychiatry, is viewed as being more like a subspecialty than a profession and that rating is given by physicians. As mentioned earlier this is not surprising, because psychiatrists are trained as physicians and then specialize in psychiatry. Physicians and lawyers, however, are consistently rated as being more like a profession than a subspecialty by all the professions.

In relation to the various strengths and weakness identified in the previous section by reviewing

questions 3 through 10, social workers consistently provide the best rating of marriage and family therapy. Therefore, it seems that with the exception of social workers, marriage and family therapy is viewed by other professionals as being more of a subspecialty than a profession in its own right.

3. Do the perceptions these professionals have of marriage and family therapy vary according to the recognition their state has of marriage and family therapy?

This question is based upon the assumption that professionals in a state which regulates the practice of marriage and family therapy will consider it to be more of a profession than professionals in a state which does not regulate marriage and family therapy. Therefore, three different states were included in the sample. New Jersey has regulated marriage and family therapy for 20 years, Massachusetts recently enacted legislation to regulate marriage and family therapy, and Pennsylvania does not regulate the practice of marriage and family therapy.

Table 6 provides the mean response ratings by each profession in each state for each occupation on the question of whether each occupation is a profession or a subspecialty within a larger profession. A 1 indicates

TABLE 6

MEAN RESPONSE RATINGS FOR THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR SUBSPECIALTY BY SAMPLED PROFESSIONALS [a] AND STATE

Occupation	Lawyer	Physician	Psychiat-trist	Psycholo-gist	Social Worker
MASSACHUSETTS					
Clergy	1.00	1.00	1.17	1.17	1.00
College Prof.	2.71	1.00	1.67	2.33	2.22
Lawyer	1.00	1.40	1.33	1.08	1.00
MFT	4.29	3.33	4.50	4.08	3.44
Nurse	1.17	2.00	1.33	1.75	1.00
Physician	1.57	1.00	1.17	1.00	1.00
Psychiatrist	2.57	2.60	2.67	3.00	1.89
Psychologist	2.50	2.83	1.17	1.08	1.44
School Teacher	2.71	2.83	1.83	1.75	2.11
Social Worker	2.43	3.67	1.50	1.67	1.22
NEW JERSEY					
Clergy	1.00	1.00	1.00	1.17	1.43
College Prof.	2.07	1.60	1.00	1.67	1.71
Lawyer	1.00	1.00	1.00	1.06	1.07
MFT	3.71	4.00	3.50	4.39	2.71
Nurse	2.14	1.00	1.75	1.50	1.43
Physician	1.07	1.00	1.00	1.00	1.00
Psychiatrist	2.43	3.80	2.50	2.28	1.64
Psychologist	2.57	1.60	1.50	1.06	1.36
School Teacher	2.71	2.25	1.50	1.78	1.50
Social Worker	3.21	2.00	1.75	1.33	1.14
PENNSYLVANIA					
Clergy	1.00	1.33	1.38	1.18	1.07
College Prof.	1.80	1.67	1.38	1.94	1.78
Lawyer	1.00	1.00	1.00	1.31	1.00
MFT	4.10	4.00	4.13	3.47	2.85
Nurse	1.60	1.67	1.25	1.77	1.07
Physician	1.10	1.00	1.00	1.11	1.07
Psychiatrist	1.50	4.00	1.75	2.77	1.62
Psychologist	1.60	2.50	2.00	1.06	1.04
School Teacher	1.90	1.67	1.38	1.24	1.41
Social Worker	2.60	2.17	2.25	1.29	1.04

[a] Profession is equal to 1, subspecialty is equal to 5

that the occupation is a profession and a 5 indicates that it is a subspecialty. The degree of recognition a state has of marriage and family seems to have little impact on the views the professionals in those states have of marriage and family therapy. For all professions in all states, with the exception of social workers in New Jersey and Pennsylvania, marriage and family therapy is viewed as more of a subspecialty than a profession in its own right.

There may be some indication, however, that licensure may have some positive influence. Lawyers, psychiatrists, and social workers gave marriage and family therapy their highest rating when they lived in New Jersey. Physicians ranked marriage and family therapy second of the three states, but psychologists ranked it last, when they lived in New Jersey. The possibility exists that the increased recognition marriage and family has obtained in New Jersey has cut into a portion of the psychologists domain. This may be a factor in the low rating of marriage and family therapists in New Jersey by psychologists. This is supported by Goode (1960) who states "If a new occupation claims the right to solve a problem which formerly was solved by another, that claim is an accusation of incompetence, and the outraged counter accusation is, of

course, encroachment" (p. 902). This is supported by psychologists giving their highest ranking to marriage and family therapy in Pennsylvania, a state with no licensure and therefore making marriage and family less of a threat to them. Social workers, on the other hand, may not see marriage and family therapy as a threat since much of their casework is done in agencies rather than in a private practice setting.

The three professions which ranked marriage and family therapy the highest in New Jersey also ranked it the lowest in Massachusetts. This may indicate that for these three fields the initial licensing of marriage and family therapy creates some resistance. In time, however, this resistance may subside as marriage and family therapy becomes viewed in a more positive light.

Other results indicate that in Massachusetts and Pennsylvania physicians consider psychiatrists to be more of or just as much a subspecialty (Means of 3.67 & 4.00 respectively) as marriage and family therapists (Means of 3.33 & 4.00 respectively). Social workers rated by physicians in Massachusetts and lawyers in New Jersey, along with psychiatrists rated by psychologists in Massachusetts and physicians in New Jersey and Pennsylvania are the only other occupation to receive ratings that indicate they are more of a subspecialty.

These results indicate the recognition (licensure) a state has of marriage and family therapy or the length of that recognition has little if any effect on the overall perception of marriage and family therapy as being a profession. On the other hand, there is some indication by the lawyers, psychiatrists, and social workers that licensure of marriage and family therapy may have some positive impact on their view of marriage and family therapy.

4. Is there a difference within each profession due to age and gender differences?

Table 7 provides correlation coefficients of age for each occupation and profession with the question of whether the occupation is a profession or subspecialty within a larger profession. The results, although not significant, provide some interesting information. For lawyers, psychologists, and social workers, the older they are the more likely they are to to view marriage and family therapy as a subspecialty. Physicians and psychiatrists, on the other hand, tend to view marriage and family therapy as more of a profession when they are older.

Table 8 provides the mean response ratings of whether each profession views marriage and family therapy as a profession or subspecialty according to their sex.

TABLE 7

CORRELATION COEFFICIENTS: AGE WITH THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR SUBSPECIALTY[a]

Occupation	Lawyer	Physician	Psychiat-trist	Psycholo-gist	Social Worker
Clergy	.	.07	-.14	.15	-.08
College Prof.	-.01	-.67*	-.31	.23	.01
Lawyer	.	.43	-.19	.03	-.05
MFT	.11	-.45	-.19	.03	.01
Nurse	.46*	-.26	-.33	-.04	.16
Physician	.12	.	-.19	.10	-.18
Psychiatrist	-.20	-.17	-.09	-.18	.10
Psychologist	.22	-.19	-.29	.14	.20
School Teacher	.26	.23	-.06	.17	. 6
Social Worker	.37*	.25	-.19	.09	-.03

[a]Profession is equal to 1, subspecialty is equal to 5
*Statistical significance (p. $\leq$ .05)
" . " absence of variability within the dependent variable prevented a correlation coefficient from being calculated

TABLE 8

MEAN RESPONSE RATINGS FOR THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR SUBSPECIALTY BY SAMPLED PROFESSIONALS[a] AND SEX

Occupation	Lawyer	Physician	Psychiatrist	Psychologist	Social Worker
FEMALE					
Clergy	1.00	1.00	1.00	1.50	1.07
College Prof.	1.71	1.33	3.50	2.00	1.67
Lawyer	1.00	1.00	1.00	1.14	1.00
MFT	3.71	5.00	4.50	4.07	3.00
Nurse	1.43	1.67	1.00	1.29	1.13
Physician	1.00	1.00	1.00	1.14	1.00
Psychiatrist	2.57	4.33	2.50	2.21	1.47
Psychologist	2.43	3.00	2.00	1.14	1.23
School Teacher	2.00	1.33	2.50	1.29	1.50
Social Worker	2.86	2.00	2.00	1.36	1.07
MALE					
Clergy	1.00	1.17	1.27	1.03	1.30
College Prof.	2.30	1.50	1.13	1.91	2.10
Lawyer	1.00	1.17	1.13	1.16	1.05
MFT	4.13	3.42	4.27	3.94	2.80
Nurse	1.91	1.58	1.47	1.82	1.20
Physician	1.26	1.00	1.07	1.00	1.10
Psychiatrist	2.09	3.17	2.00	2.82	2.00
Psychologist	2.23	2.31	1.60	1.03	1.15
School Teacher	2.65	2.58	1.47	1.70	1.65
Social Worker	2.91	2.92	1.93	1.42	1.15

[a]Profession is equal to 1, subspecialty is equal to 5

A 1 represents that the occupation is considered a profession and a 5 that it is considered a subspecialty. The results for this question are fairly consistent. Males seem to hold slightly more positive views of marriage and family therapy than do females. The one exception is lawyers where female lawyers tend to view marriage and family therapy more positively than male lawyers. It is important to note, however, that only male social workers consider marriage and family therapy to be more of a profession than a subspecialty.

5. Does number of years in a profession create a difference within the professions represented as to their perceptions of marriage and family therapy?

Table nine provides correlation coefficients of number of years in practice for each occupation and profession with the question of whether the occupation is a profession or subspecialty within a larger profession. The results show that older physicians are significantly ($p. \leq .02$) more likely to view marriage and family therapy more positively. Although not significant, the same relationship exists for psychiatrists. Lawyers, psychologists, and social workers are more likely to view marriage and family therapy in more a positive light if they are younger.

TABLE 9

CORRELATION COEFFICIENTS: YEARS IN PRACTICE WITH THE QUESTION OF WHETHER EACH OCCUPATION IS A PROFESSION OR SUBSPECIALTY[a]

Occupation	Lawyer	Physician	Psychiat-trist	Psycholo-gist	Social Worker
Clergy	.	-.11	-.07	.01	-.03
College Prof.	.00	-.46*	-.27	.27*	.13
Lawyer	.	.51*	-.10	.02	-.08
MFT	.03	-.53*	-.37	.03	.04
Nurse	.44*	-.08	-.26	-.10	.26*
Physician	.14	.	-.10	.13	-.08
Psychiatrist	-.22	-.55*	-.12	-.09	.10
Psychologist	.20	-.11	-.31	.04	.13
School Teacher	.33*	.42	-.26	.22	.02
Social Worker	.30	.46*	-.30	-.10	-.09

[a]Profession is equal to 1, subspecialty is equal to 5
*Statistical significance ($p. \leq .05$)
" . " absence of variability within the dependent variable prevented a correlation coefficient from being calculated

6. Is there a difference among those professionals licensed as marriage and family therapists or clinical members of AAMFT within the professions represented as to their perceptions of marriage and family therapy?

Only two professions had practitioners which were either licensed as marriage and family therapists or clinical members of the American Association for Marriage and Family Therapy (AAMFT). One psychologist and four social workers were licensed as marriage and family therapists and three psychologists and six social workers were AAMFT members (see Table 2). Therefore, due to the small n's it was not possible to draw any inferences from these data. It is, however, possible to review the statistics and gain an impression of what is there. The following statistics are based upon each professions ranking of marriage and family therapy as to whether they believe it is a profession or a subspecialty. A 1 indicates that marriage and family therapy is a profession and a 5 indicates that it is a subspecialty within a larger profession. The one psychologist, licensed as a marriage and family therapist, ranked marriage and family therapy as a profession. The four social workers, licensed as marriage and family therapists, however, had a mean of 4.00. The three

psychologists who are members of AAMFT have a mean of 2.67 and the six social workers a mean of 1.50. These means are compared to a mean of 3.98 for all sampled psychologists and a mean of 2.92 for all sampled social workers on the same question. This seems to indicate that those professionals who are members of AAMFT do consider marriage and family therapy to be more of a profession than do their colleagues. This does not seem to be true, however, for those licensed as marriage and family therapists.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

The purpose of this study was to examine the image professionals not identified as marriage and family therapists have of marriage and family therapy. The research questions focused on whether or not all the professions as a group and each separately believed marriage and family therapy was a profession or a subspecialty within a larger profession. Furthermore, differences between states which regulate or do not regulate marriage and family therapy were considered. Finally, characteristics such as age, gender, years in practice, membership in the American Association for Marriage and Family Therapy, and licensure as a marriage and family therapist were considered. The findings are not generalizable beyond the groups studied.

Lawyers, physicians, psychiatrists, psychologists, and social workers in three different states (Massachusetts, New Jersey, Pennsylvania) were surveyed to gain an understanding of their image of marriage and family therapy in the context of nine other occupations. Overall, marriage and family therapy was viewed more as a subspecialty within a larger profession than as a profession in its own right.

Results indicate that lawyers and physicians are considered to be professions in their own right. Marriage and family therapy, on the other hand, is the only occupation which is viewed by all the professions as being more like a subspecialty than a profession. This is disappointing in light of the study conducted by Kerkhoff (1955, 1969) in which he found that 42% of the professionals he sampled believed marriage counseling was becoming a profession.

On the other hand, there are some signs which are encouraging. One such sign is that marriage and family therapy is perceived as having its own support structures (i.e., professional associations, journals, and universities with academic departments). Greenwood (1957) believes that a professional culture is the one attribute which most effectively distinguishes an occupation from a profession. Burr and Leigh (1983) state that support structures provide the "means of professional growth, interaction, and exchange so that the discipline can continue to develop" (p. 469). This seems to imply then that the professionals sampled believe that marriage and family has the support structures in place which can lead to its future growth.

Other encouraging signs include the belief by other professionals that marriage and family therapy has a

strong code of ethics and has demonstrated its usefulness to society. This combined with a strong organization would seem to provide the foundation for the continued growth and the future acceptance of marriage and family therapy.

When a state regulates the practice of marriage and family therapy this seems to have some positive influence on the perception of marriage and family therapy. With the exception of psychology, when a state regulates the practice of marriage and family therapy professionals tend to have a more favorable view of it. Psychology was the one exception, but it may be the result of psychologists perceiving marriage and family therapists as intruding upon their domain. Goode (1960) states that "A sociological guess is that the most severe skirmishes in the process of institutionalization would occur between the new profession and the occupations closest to it in substantive and clientele interest" (p. 903). Therefore, the continued pursuit of some kind of regulation for marriage and family therapy would seem to improve the image that marriage and family therapy has.

Another encouraging finding is that those professionals who are members of AAMFT tend to view marriage and family therapy as more of a profession than a subspecialty. With the membership in AAMFT rapidly

increasing it would seem that there would be a corresponding increase in the number of professionals who view marriage and family as a profession.

There are several shortcomings and limitations to this study that should be mentioned. The first and foremost is the low response rate, especially for lawyers, physcicians, and psychiatrists. Of the many possible reasons for the low return rate, the most likely is that the focus of the questionnaire did not interest nonrespondents. It is also possible that they chose not to take the time to sit down and complete the questionnaire. The low response rate also makes it impossible to generalize to the professionals outside of the group which actually responded. Finally, the issue of whether or not the term "subspecialty" confounded the results of this study also strictly limits the interpretations which can be made. Whether subspecialty or specialty was the more appropriate term to use is at this time a moot point.

Although there are several shortcomings and limitations to this study, there exists some possible applications for marriage and family therapy. One, is that the strengths which were identified indicate that marriage and family therapy has developed a solid foundation from which to build. The identified

weaknesses of marriage and family therapy provide information on where it needs to focus it's efforts for continued growth and interdisciplinary recognition. They seem to indicate that marriage and family therapy should use its established support structures to educate and inform professionals in other fields of its nature and value. Specifically, it would be important to expose them to currently existing research in the field. They need to be exposed to how the study of marriage and family, along with the outcome studies of marriage and family therapy is based upon scholarship and research, a distinct theory, and is an unique subject matter. It is this researcher's belief that the present results provide a realistic appraisal of how several other disciplines view the state of marriage and family therapy. Marriage and family therapy seems to be seen by other professionals as a "young" profession which has established a good framework from which to grow and has the potential to evolve into a separate and distinct profession.

Future research needs to address the issue of whether or not marriage and family is considered a profession nationwide. Furthermore, it would be interesting to explore what marriage and family therapists think about marriage and family therapy with

respect to the criteria which are inherent in a profession. Finally, some refinement of the testing instrument seems necessary if it is to be used again. More extensive follow-up study work may be helpful in discovering the reasons that such a large proportion of the professions did not respond to the questionnaire.

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APPENDIX A

SUBJECT RESPONSE RATE

ACCORDING TO STATE

	Law	Medicine	Psychiatry	Psychology	Social Work
Total Number of Professionals					
Massachusetts	55	55	55	50	50
New Jersey	55	55	55	50	50
Pennsylvania	55	55	55	50	50
Total	165	165	165	150	150
Total Number of Respondents					
Massachusetts	8 (4.8%)	7 (4.2%)	6 (3.6%)	12 (8.0%)	9 (6.0%)
New Jersey	14 (8.5%)	6 (3.6%)	4 (2.4%)	18 (12.0%)	14 (9.3%)
Pennsylvania	10 (6.1%)	6 (3.6%)	8 (4.8%)	18 (12.0%)	27 (18.0%)
Total Response % of Total Surveyed	32 (19.4%)	19 (11.5%)	18 (10.9%)	48 (32.0%)	50 (33.3%)

APPENDIX B

VIRGINIA TECH

Department of Family and Child Development
College of Human Resources

Wallace Annex
Blacksburg, Virginia 24061-8299

May 10, 1988

Dear Professional,

The development and increasing importance of some vocations has created a debate among professionals as to which of these vocations should be considered a profession and which should be considered a subspecialty. Governmental agencies have identified what they believe to be professions, but practitioners in the more established professions have not been asked their beliefs on this subject.

You are one of a select number of professionals in your field who is being asked to give your opinion on these matters. Your name was drawn in a random sample of the entire state. It is important that the questionnaire be completed and returned in order that the results will truly represent the thinking of professionals in your state.

You may be ensured of complete confidentiality. The questionnaire has an identification number for mailing purposes only. This is so that we may check your name off of the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire.

The results of this research will be made available to professionals through articles in scholarly journals. I would be most happy to answer any questions you might have. Please write or call. The telephone number is .

Thank you for your assistance.

Cordially,

Marcus Earle
Project Director

P.S. To return the questionnaire, fold it so that the business reply address is showing and please use tape to close the opening.

APPENDIX C

May 17, 1988

Last week a questionnaire seeking your opinion about various professions was mailed to you.

If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. Because it has been sent to only a small, but representative, sample of professionals in your state it is extremely important that yours also be included in the study if the results are to accurately represent the opinions of all professionals in your state.

If by some chance you did not receive the questionnaire, or it was misplaced, please call me right now, collect and I will get another one in the mail to you today.

Cordially,

Marcus Earle
Project Director

APPENDIX D

VIRGINIA TECH

Department of Family and Child Development
College of Human Resources

Wallace Annex
Blacksburg, Virginia 24061-8299

June 6, 1988

Dear Professional,

About four weeks ago I wrote to you seeking your opinions regarding professions and subspecialties. As of June 3 we had not yet received your completed questionnaire.

Our research was undertaken because of the belief that the opinions of practitioners in your field have a strong impact on which vocations are considered a profession and which are considered a subspecialty within a larger profession.

I am writing to you again because of the significance each questionnaire has to the usefulness of this study. Your name was drawn through a scientific sampling process in which every professional in your state had an equal chance of being selected. In order for the results of this study to be truly representative of the opinions of all professionals it is essential that each person in the sample return his or her questionnaire.

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

Please complete this questionnaire as soon as possible. We have a deadline of June 20 which we are trying to meet.

Thank you. Your cooperation is greatly appreciated.

Cordially,

Marcus Earle
Project Director

P.S. To return the questionnaire, fold it so that the business reply address is showing and please use tape to close the opening.

APPENDIX E

QUESTIONNAIRE

1. Indicate for each category below the extent to which you believe it is a subspecialty within a larger profession or a profession in its own right. (Circle appropriate numbers)

		A PROFESSION			A SUBSPECIALTY
A)	CLERGY PERSON.....1	2	3	4	5
B)	COLLEGE PROFESSOR.1	2	3	4	5
C)	LAWYER.....1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....1	2	3	4	5
E)	NURSE.....1	2	3	4	5
F)	PHYSICIAN.....1	2	3	4	5
G)	PSYCHIATRIST.....1	2	3	4	5
H)	PSYCHOLOGIST.....1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....1	2	3	4	5
J)	SOCIAL WORKER.....1	2	3	4	5

2. Indicate for each category below the degree to which you perceive members of <u>your</u> profession believe each category is a profession in its own right.

		IS A PROFESSION				IS NOT A PROFESSION
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

Next, we would like to ask about your beliefs on certain characteristics associated with the categories listed below.

3. Indicate for each category below how distinct you believe its subject matter to be.

		DISTINCT				NOT DISTINCT
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

4. Indicate for each category below the extent to which you believe it is based upon a distinct body of theory and research. (Circle appropriate numbers)

		DISTINCT THEORY & RESEARCH			NOT DISTINCT THEORY & RESEARCH
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

5. Indicate for each category below the extent to which you believe it uses a separate and distinct method of study. (circle appropriate numbers)

		DISTINCT METHODOLOGY			NOT DISTINCT METHODOLOGY
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

6. Indicate for each category below the extent to which you believe it has its own support structures (i.e., professional associations, journals, and universities with academic departments). (Circle appropriate numbers)

		HAS OWN SUPPORT STRUCTURES			NO SUPPORT STRUCTURES
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

7. Indicate for each category below the extent to which you believe it has demonstrated its usefulness to society. (Circle appropriate numbers)

		HAS DEMONSTRATED USEFULNESS			HAS NOT DEMONSTRATED USEFULNESS
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

8. Indicate for each category below the extent to which its practice is based upon scholarship and research versus practice and tradition. (Circle appropriate numbers)

		SCHOLARSHIP & RESEARCH			CLINICAL PRACTICE & TRADITION
A)	CLERGY PERSON.....1	2	3	4	5
B)	COLLEGE PROFESSOR.1	2	3	4	5
C)	LAWYER.....1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....1	2	3	4	5
E)	NURSE.....1	2	3	4	5
F)	PHYSICIAN.....1	2	3	4	5
G)	PSYCHIATRIST.....1	2	3	4	5
H)	PSYCHOLOGIST.....1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....1	2	3	4	5
J)	SOCIAL WORKER.....1	2	3	4	5

9. Indicate for each category below the degree to which you believe those receiving the service dictate the nature of the service. (Circle appropriate numbers)

		DICTATE				DO NOT DICTATE
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

10. Indicate the degree to which you believe ethical codes OR laws dictate the norms of practice. (Circle appropriate numbers)

		ETHICAL CODES			LAWS
A)	CLERGY PERSON.....1	2	3	4	5
B)	COLLEGE PROFESSOR.1	2	3	4	5
C)	LAWYER.....1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....1	2	3	4	5
E)	NURSE.....1	2	3	4	5
F)	PHYSICIAN.....1	2	3	4	5
G)	PSYCHIATRIST.....1	2	3	4	5
H)	PSYCHOLOGIST.....1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....1	2	3	4	5
J)	SOCIAL WORKER.....1	2	3	4	5

The following questions address how familiar you are with each category.

11. For each of the categories below indicate the extent of your knowledge of the academic and clinical requirements for practice. (Circle appropriate numbers)

		VERY KNOWLEDGEABLE				NOT KNOWLEDGEABLE
A)	CLERGY PERSON.....	1	2	3	4	5
B)	COLLEGE PROFESSOR.	1	2	3	4	5
C)	LAWYER.....	1	2	3	4	5
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4	5
E)	NURSE.....	1	2	3	4	5
F)	PHYSICIAN.....	1	2	3	4	5
G)	PSYCHIATRIST.....	1	2	3	4	5
H)	PSYCHOLOGIST.....	1	2	3	4	5
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4	5
J)	SOCIAL WORKER.....	1	2	3	4	5

12. For each of the following categories check the highest level of education you believe is required to practice in that field. (Circle appropriate numbers)

		LESS THAN BACHELORS DEGREE	BACHELORS DEGREE	MASTERS DEGREE	DOCTORATE DEGREE
A)	CLERGY PERSON.....	1	2	3	4
B)	COLLEGE PROFESSOR.	1	2	3	4
C)	LAWYER.....	1	2	3	4
D)	MARRIAGE & FAMILY THERAPIST.....	1	2	3	4
E)	NURSE.....	1	2	3	4
F)	PHYSICIAN.....	1	2	3	4
G)	PSYCHIATRIST.....	1	2	3	4
H)	PSYCHOLOGIST.....	1	2	3	4
I)	PUBLIC SCHOOL TEACHER.....	1	2	3	4
J)	SOCIAL WORKER.....	1	2	3	4

Finally, we would like to ask a few questions about yourself to help interpret the results.

13. What is your highest earned academic degree? _____

14. What is your primary professional identification?

1 CLERGY PERSON
2 COLLEGE PROFESSOR
3 LAWYER
4 MARRIAGE AND FAMILY THERAPIST
5 NURSE
6 PHYSICIAN
7 PSYCHIATRIST
8 PSYCHOLOGIST
9 PUBLIC SCHOOL TEACHER
10 SOCIAL WORKER
11 OTHER (Please Specify) _____

15. Do you practice in a specialty within your profession?

1 NO
2 YES

-- (If yes) Please specify _____

_____

16. Are you currently licensed in your profession?

1 NO
2 YES

-- (If no) Does the state in which you practice regulate your profession through licensure?

1 NO
2 YES

17. Are you licensed in any other professions?

1 NO
2 YES

-- (If yes) Please list _____

18. Are you currently certified in your profession?

1 NO
2 YES

19. How long have you been practicing in your current profession?

1 LESS THAN 5 YEARS
2 6 TO 10 YEARS
3 11 TO 15 YEARS
4 16 TO 20 YEARS
5 21 TO 25 YEARS
6 26 TO 30 YEARS
7 31 TO 35 YEARS
8 36 TO 40 YEARS
9 41 TO 45 YEARS
10 46 TO 50 YEARS
11 OVER 50 YEARS

20. Please list the professional organizations which you belong to and signify is you are a clinical member (Please use full names, not initials or acronyms).

_____

_____

_____

21. Please place a check mark (X) beside the professional organization(s) listed in #20 above whose professional meetings you have attended at least once.

22. What professional journals do you regularly read? (Please use full names, not initials or acronyms)

_____

_____

_____

23. What is the size of your community?

1 LESS THAN 100,000
2 100,001 TO 200,000
3 200,001 TO 300,000
4 300,001 TO 400,000
5 400,001 TO 500,000
6 500,001 TO 600,000
7 600,001 TO 700,000
8 700,001 TO 800,000
9 800,001 TO 900,000
10 OVER 900,001

24. What is your age? _____

25. Are you: 1 FEMALE
2 MALE

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