# CLINICAL THEORY DEVELOPMENT: A DELPHI STUDY OF INFLUENTIAL FACTORS

by

DARWIN R. WEST

B.S., Brigham Young University, 1997
M.S., Purdue University, 1999

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Family Studies and Human Services
College of Human Ecology

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2007

# Abstract

This study made use of a three round Delphi survey process to explore the influential factors in the personal clinical theory development of marriage and family therapists. The sample consisted of marriage and family therapy trainees in COAMFTE accredited masters programs around the country. The initial round began with 64 items and resulted in 94 items. The last round resulted in 94 items being rated as to their amount of influence upon the personal clinical theory development of the trainees. A core set of variables were identified that were seen to be highly influential in the theory development process. Panelists were able to reach a strong consensus on all but one of these variables. A much larger set of variables were deemed moderately high in importance and varied in the overall degree of consensus that was obtained among all panelists. The results of this study, in terms of personal clinical theory development, point to the power of the personal relationships formed in the training process. Multiple variables related to the power of personal relationships with MFT program supervisors/professors. Key graduate and undergraduate courses were identified as being highly influential. Recommendations for future study, and program emphasis are offered.

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# Acknowledgments

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# Dedication

I want to dedicate this dissertation to Families. May we push forward with energy and conviction, in learning how to better assist the basic building blocks of our society. With families first no one is last.

# CHAPTER 1: Introduction

The field of mental health holds much in common with the landscape of a war torn nation. Multiple forces competing for the edge, competing for the ability to claim superiority over the other in order to triumphantly take their place as the true profession. The battles of orientation and effectiveness become laden with poignant accusations and debilitating dialogue. Collateral damage accrues as the battle carries on.

While the dominant forces of psychology and psychiatry waged battle for the crown, the field of marriage and family therapy (MFT) was born. As a comparatively new field, marriage and family therapy's very existence depended on its ability to differentiate from the other combatants (Sprenkle, Blow, & Dickey, 1999). While this battle was being waged, divisions occurred within the field according to different models of family therapy–the battles within the battles were fought over beliefs of preeminent efficacy and effectiveness over the other MFT models (Sprenkle et al., & Dickey, 1999).

In contrast to the attempts of differentiation, recent research within the mental health field has born out the fact that, in general, most modalities of therapy are fairly equal in their outcomes (Shadish, Ragsdale, Glaser, & Montgomery, 1995). Other studies have been looking at the therapeutic elements that were present in each modality and identified a number of common factors of successful therapy (Asay & Lambert, 1999; Sprenkle et al., 1999).

During this study of commonalities the MFT field was embarking into the realm of theoretical integration, bringing different theoretical and technical elements together around a different form of common factors or frameworks (Breunlin, Schwartz, & Kune-Karrer, 1997; Lebow, 1997; Pinsof, 1983).

Outcome research has revealed that some of the most effective models are integrative ones that have been specifically targeted for a particular set of problems (Liddle & Dakof, 1995; Pinsof, 1995). These integrative MFT models either organize different theoretical models according to a meta-framework or organize elements of different theoretical models into a single model, such as organizing the elements through a behavioral lense. What may be considered the antithesis of integrationists are the theoretical purists, those who adhere to a single model of therapy in exclusion to all others. Given the rather recent delineation of efficacy and effectiveness for some integrative MFT models, theoretical purists are becoming more of a rarity (Lebow, 1997). Moving away from the battles of the purists, Lebow describes the trend of most models as incorporating elements from different theoretical orientations to varying degrees. Further, he goes so far as to say “We have entered an era during which the pure form practice of schools of family therapy has become a rarity” (1997).

In consideration of the ongoing battles of prominence, what are the implications for the training of new MFTs? Do differences in theoretical training have a significant effect upon therapists’ effectiveness? Are the theoretical orientations of beginning therapists significant in the prediction of their therapy outcomes? Questions similar to these arise out of the theoretical debates of

therapy. Trainees are presented with a plethora of theories to shape or inform their therapy. How do they choose which theory or theories to use and how do they use them? The questions abound and yet the answers seem unavailable.

I believe that in order to understand the process of trainee development and its outcomes, a series of stepping stones must be used. First we must understand how therapists develop their own theory of therapy in order to enable the training to be more focused in nurturing this development. Having learned from this first phase, the training environment must be assessed to determine which methods are most effective in fostering the appropriate application of theory to practice, as might be discernible through the ability to account for in session behavior. Having established how the theory is developed and appropriately applied, a possible conclusion would be to tie the results of the second stage to the assessment of client outcomes. The results of this process would generate more effective training, greater client growth/change, and possibly improved client satisfaction.

This grand endeavor must be parsed out and, as a whole, is beyond the scope of this study. I propose to begin the exploration of the factors that influence therapists' development of a personal clinical theory. The primary focus of this study is the theoretical development of marriage and family therapists. This study will attempt to identify (a) what the primary influential factors are in the development of a personal clinical theory for family therapists and (b) which of these factors are most important in that determination.

# CHAPTER 2: Review of Literature

Many graduate level psychotherapy programs currently exist, each placing its own emphasis on what they think is important in properly training their students to become competent providers of mental health services. For example, Linda Stone-Fish, department head for Syracuse University program, states their emphasis to be “on training therapists and scholars to challenge themselves through fostering relationships with others who hold various and diverse world views” (Beller, n.d.), At the same time Purdue University–Calumet identifies their emphasis the following way: “The specialization (MFT) stresses a three-pronged approach to marriage and family therapy training that highlights theory, research, and practice” (“Purdue University–Calumet”, n.d.). While there are some standards and guidelines offered/required by accrediting bodies, that is where the unity of approaches end and the question arises: exactly what is most helpful in fostering the clinical theory development of trainees? That is where this study begins.

## Counselor Development

While the primary interest of this study is the clinical theory development of family therapists, the paucity of literature concerning the topic requires a broad review of research conducted within other fields of the mental health profession to lay a foundation for the study. Within the fields of psychology and counseling there has been a number of developmental theories and studies published concerning clinical development as well as supervision issues related to what may be considered supervisee development. The limited number of MFT-related articles will be included with the review of those from counseling and clinical psychology.

Canvassing the multitude of dimensions involved in the training process, researchers in the fields of counseling psychology and supervision in general have been evaluating the training of clinicians in terms of developmental processes/stages (Borders, 1989; Hess, 1987; Holloway, 1987, 1988; Loganbill, Hardy, & Delworth, 1982; Miller, 1982; Stoltenberg,1981; Stoltenberg & Delworth, 1988; Wiley & Ray,1986; Worthington, 1987). While this growing body of research does not agree on many of the specifics, most have indicated that there are differences in progressive stages of trainees. This trainee progression evolves from a simplistic view and implementation of therapy to increasingly

more complex schemas, skills, and personal integration. One of the more discussed articles on this matter is that of Allen Hess (1987).

Hess (1987) reviewed the developmental literature and found what he believes are four common categories. Similar conclusions were made by others (e.g. Delaney, 1972; Gaoni & Neumann, 1974; Loganbill et al., 1982; Yogev, 1982). Hess (1988) attended to what he called the importance of the psychological development of trainees instead of the chronological. He identified the first of four stages of therapist development to be the "inception stage." Within the inception stage the trainee struggles to become comfortable with the role of a therapist and to demystify the practice of therapy. This includes taking responsibility for working with difficult situations. Such difficult situations may be what a challenging client presents to be threatening or circumstances that create moral dilemmas such as disclosure of parenting practices that would warrant a report to child protective services.

Hess's second stage was labeled "skill development." Within this stage the trainee matches what is learned to specific clients, more of an apprenticeship is present, and the trainee begins to identify with a particular model of therapy and a philosophy of human nature. At this stage trainees would begin to see specific applications of general theories for individual clients, for example a

narrative approach to therapy becomes very pertinent to the way the therapist works with a specific client with an eating disorder. The specific language of the client becomes the target of the intervention.

The third stage, “consolidation,” finds the trainee integrating previous learning and experiences together, the trainee becomes more self-defined, becomes aware of personal talents as a professional, and the role of the therapist’s personality in clinical work begins to emerge. The trainee begins to allow their own personality to be manifested in a way that is seen to be therapeutically acceptable. Experimentation, with manifesting their own personality in therapy, occurs to differing degrees in an effort to learn how to appropriately allow this. The self of the therapist becomes a tool instead of a hindrance.

The last stage, “mutuality”, finds the trainee in an autonomous state, able to create solutions to problems and share insights with others, engaging in give-and-take with peers. Having become comfortable with the role and set in their approach, during the last stage trainees may be struggling with challenges of burn-out or stagnation. The developmental focus may be said to change from “how to help clients” to “how to best help themselves help clients.”

Hess maintained that trainees progress through stages and, at the same time, may “recycle in an ascending spiral fashion through the stages” (p. 251). An example he offered was that of an experienced clinician re-experiencing stage one after learning a new and unfamiliar set of skills such as biofeedback. Another widely referenced and discussed model of counselor development is that of Stoltenberg (1981). Stoltenberg derived his model of counselor development from the work of both Hogan (1964) and Hunt (1971). This new synthesis originally generated a description of counselor characteristics at each of the four levels, as well as the optimal environments for continued counselor development within the levels. Stoltenberg explained that level one therapists tend to be dependent upon the supervisor, lacking self and other-awareness, “neurosis” bound, imitative, and tend to think categorically. The optimal supervisory environment is one in which the supervisor “encourages autonomy within a normative structure. Supervisor uses instruction, interpretation, support, awareness training, and exemplification; structure is needed” (Stoltenberg, 1981, p. 60).

Level two trainees were seen to be struggling with a dependency-autonomy conflict. They present increasing self-awareness, fluctuating motivation, are striving for independence, and are becoming more self-assertive

and less imitative. The appropriate supervisory environment is “highly autonomous with low normative structure. Supervisor uses support, ambivalence clarification, exemplification, and less instruction; less structure is needed” (Stoltenberg, 1981, p. 60)

Level three trainees, labeled “conditional autonomy”, were seen to be developing their personal identity as a therapist, demonstrating increased insight, have more consistent motivation, increased empathy, and demonstrate a more “differentiated interpersonal orientation” (Stoltenberg, 1981, p. 63). The preferred supervisory environment for this level is “autonomous with structure provided the counselor. Supervisor treats counselor more as a peer with more sharing, mutual exemplification, and confrontation” (Stoltenberg, 1981, p. 60).

Lastly, level four trainees were labeled as “master counselors.” These trainees present adequate self and other-awareness, are insightful of their own strengths and weaknesses, are willfully interdependent with others, and have integrated the standards of their profession with their personal counselor identity. The supervisory environment is different in that the “counselor can function adequately in most environments. Supervision now becomes collegial if continued” (Stoltenberg, 1981, p. 60).

An additional developmental model, rich with description, is that of Loganbill et al. (1982). Within this model, the authors articulated that there are three stages of supervisee development that occur within eight supervisory issues. Stage one is known as “stagnation.” In the stagnation stage, trainees are typified to be unaware and stagnated in their work. The second stage is “confusion.” The confusion stage is characterized by a sudden shift into a state of instability, disorganization, erratic fluctuations, disruptions, confusion, and conflict. Trainees are in turmoil in regards to their attitudes about self and others. The third stage is “integration.” Within the integration stage supervisees experience a “reorganization, integration, a new cognitive understanding, flexibility, and personal security based on awareness of insecurity and an ongoing continual monitoring of the important issues of supervision” (p. 19).

The eight supervisee developmental issues within which the stages are played out are issues of “competence”, “emotional awareness”, “autonomy”, “theoretical identity”, “respect for individual differences”, “purpose and direction”, “personal motivation”, and “professional ethics.” Within each of these issues supervisees may be at a different developmental stage. Which combination of stages and issues leads to a complex description of the clinicians. For instance, a therapist may be at integration with competence but still stagnant with

emotional awareness and autonomy while at confusion with theoretical identity. Given the many permutations of description of therapists within this model, it is clearly the most complicated.

Of the various developmental models reviewed, Stoltenberg's model is one of the few that have undergone empirical evaluation. Three studies supported the theoretical conceptualization postulated by Stoltenberg ( Leach, Stoltenberg, McNeil, and Eichenfield, 1997; McNeill, Stoltenberg, & Romans, 1992; Wiley & Ray, 1986).

Wiley and Ray (1986) identified that there is a statistical difference between trainee's level of training and developmental level. The use of trainee developmental level was seen to be advantageous. Statistically significant differences were found for the mean number of semesters of supervised counseling experience grouped by the developmental level of supervisees, $F(3, 103) = 10.52$, $p<.0001$. The mean number of years of unsupervised counseling experience, grouped by the developmental level of the supervisees failed to reach significance, $F(3, 98) = 1.80$, $p> .05$. Unsupervised experience once again failed to reach significance in terms of the developmental environment while the number of supervised practicums was found to be significant in terms of the developmental environment $F(3, 103) = 4.59$, $p < .005$. In terms of the research

question proposed by Wiley and Ray (1986) their data supported that there are differences in developmental levels of trainees and differences in the developmental environments offered to trainees. Their attempt to identify whether or not the congruence of developmental variables influenced supervisor satisfaction, trainee satisfaction, supervisor reported learning of the trainee, and reported learning by the trainee resulted in a failure to establish in such relationship. Using Pearson correlations, Wiley and Ray (1986) found correlation coefficients for each of these four categories. Congruence of the developmental level and environment and the reported level of satisfaction by the supervisor was ( r = .06). Congruence and reported level of trainee satisfaction was ( r = .20). Congruence and supervisor reported learning of the trainee was ( r = .01). Lastly the relationship between congruence and the trainees reported learning was ( r = .16).

Leach et al. (1997) used the *Counseling Self-Estimate Inventory* (COSE) and the *Supervisee Levels Questionnaire–Revised* (SLQ–R) to test their hypotheses. Using Pearson r coefficients, the authors found significant relationships between the number of practica and SLQ–R scores, ( r = 26, $p < .001$). Clients seen and SLQ–R scores were found to be significant ( r = .35, $p < .001$). These results, paired with patterns on the subscales of the COSE were seen to support the presence of two discreet developmental levels of trainees.

Considering the rather limited experience of the sample in this study, it is appropriate that there were no level three trainees identified as that is expected to occur after much experience.

McNeill et al. (1992) conducted a validation study regarding the Integrative Developmental Model proposed by Stoltenberg (1981). The researchers focused on the SLQ–R. The results indicated that there were correlations amongst the subscales of the SLQ–R. Pearson correlation coefficients were calculated for: other awareness and dependency--autonomy ( $r = .53$, $p < .001$), self and other awareness and motivation ( $r = .58$, $p < .001$), lastly motivation and dependency and autonomy ( $r = .43$, $p < .001$). While the presence of these intercorrelations was concerning, “in our view they are not so high as to suggest that the three subscales are measuring the same attribute” (p. 506). Further exploration was conducted and repeatedly it was found that there were statistically significant differences in average subscale and total SLQ–R scores at the .05 alpha level. These scores differentiated beginning and advanced training groups as well as intermediate and advanced training groups but were unable to differentiate between beginning and intermediate groups. It was concluded that the SLQ–R instrument, as a means of measuring development of counseling trainees, had good construct validity and is a useful means of measurement when studying topics relating to the IDM.

While several reasons have been offered for the limited number of empirical validation studies, it seems the dominant one is that of complexity. It is very difficult to assess, or operationalize the concepts found within the

developmental models for clinicians. Take for an example the model proposed by Loganbill et al. (1982), with three stages within each of the eight issues. There is an overwhelming amount of complexity needed to track changes, let alone perform a meaningful analysis. While other models are not as complex, they still carry a challenging array of dimensions to be analyzed.

In response to this difficulty, there have been more recent efforts to apply cognitive developmental theory to the evaluation of clinician development (Rigazio-Digilio, 1998). The application of cognitive developmental theory, as proposed by Rigazio-Digilio, among others, may provide a means of conceptualizing the development of trainees in ways that can be adequately operationalized. This operationalization may be done without losing the essence of the constructs. Rigazio-Digilio limited her conceptualization to a single theoretical orientation, wherein the most pervasive models of development incorporate much more than the cognitive aspect.

Rigazio-DiGilio (1998) listed cognitive processing style as a core component in the professional development of therapists. She recommended that, in order to accommodate for the variance in definition of the construct, one must include mediating variables of personal differences in order to enrich the descriptive and explanatory power. She further argued for the need to replace the simplistic notion of education level as a means for measuring the cognitive processing of clinicians. She argued for the incorporation of cultural and gender identity development as a means of understanding the development of therapists, stating that individuals start from a “naive belief about the universality

of experience, moving to a recognition that perceptions are unidimensional, moving to a bi-cultural perspective, and culminating in a multi-cultural position that can incorporate many different perspectives" (p. 47). This concept could readily be seen to influence developing clinicians' choice of theory as they are pulled toward a realization of the multidimensional nature of the therapeutic experience and clientele–pushing to make their theory fit the complexity they are realizing. Furthermore, Rigazio-Digilio's conceptualization of clinical development introduced the concept that the theories of therapists are nested in not only personal factors but in institutional, professional, sociocultural, and political contextual factors (Rigazio-DiGilio, 1998). In essence, the perspectives of the therapists are influenced by a multitude of factors that constitute the context of the therapist.

## Supervision

There have been a number of ideas put forth concerning developmental ideas for clinical trainees, with little research concerning their validity. As this body of literature developed, it was accompanied by a similar effort in attempting to discern how to appropriately supervise developing trainees. Most of the authors described within this manuscript have formulated some ideas of how to best help trainees in their development. Stoltenberg (1981) described optimal environments to facilitate the development of trainees in each stage. Trainees in the first stage were to be given structure, encouraged in their autonomy, were to

be given instruction, and awareness training. When trainees progress into the second stage, they were best helped by an environment that is highly autonomous with low normative structure, less instruction, high levels of support, and efforts to clarify ambivalence. Stage three trainees needed autonomy with a structure they decide upon. They needed more of a peer supervisory relationship that leads to sharing, exemplification, and confrontation. Lastly, in Stoltenberg's model the counselor could function adequately in most environments and supervision becomes more collegial if continued at all. Attempts to validate the hypothesis of the importance of the supervisory environment upon trainee's development have provided mixed results.

As touched upon previously, Wiley and Ray (1986) conducted a study in an attempt to discern whether or not providing the appropriate developmental environment (as called for in Stoltenberg's model) for trainees facilitated increased effectiveness of the resulting supervisor-therapist dyad. In the end, the study concluded that there was no supporting evidence that providing the supervisory contexts articulated by Stoltenberg had any significant effect upon the development of the trainees as measured in the study. One of the authors' suggested reasons for failure to find statistical significance was that "...the data suggest that supervisors intuitively vary their style (of supervision) according to their perception of the developmental level of the supervisee" (Wiley & Ray, 1986, p. 444). This being the case, there would be no difference to allow comparison, thus the lack of statistical significance.

Loganbill et al. (1982), in a fashion similar to that of Stoltenberg, described five interventions they used to move trainees through their progression. These five interventions were “facilitative”, “confrontative”, “conceptual”, “prescriptive”, and “catalytic.” Facilitative interventions are described by Loganbill et al. (1982) the following way:

> ...underlying attitudes, conditions, or environments which exist in supervision rather than discrete, specific interventions. Facilitative interventions are directly related to Carl Rogers’ concept of unconditional positive regard, and involve warmth, liking, respect, and empathy. The intention is to give the supervisee a sense of personal security so that he or she will feel free to express personal thoughts without fear of adverse judgements or rejection. (p. 32)

“Confrontative” interventions involve bringing together two things for comparison and examination. Detail regarding these interventions was offered when Loganbill et al. (1982) identified:

> A confrontation can be used by the supervisor two ways. First, it can be used to highlight discrepancies within areas of the supervisee’s functioning; and second, to highlight discrepancies between factors external to the supervisee, and areas within the supervisee’s functioning. These discrepancies can occur in the following areas: (1) the supervisee’s feeling and emotions; (2) the supervisee’s attitudes and beliefs; and (3) the supervisee’s behaviors and actions. (p. 33)

“Conceptual” interventions are focused on encouraging the supervisee to construct a conceptual framework regarding the issue at hand. The supervisee is encouraged to think “conceptually, cognitively, and analytically. It allows the supervisee to view his or her unique circumstances under the framework of some systematically organized knowledge” (Loganbill et al., 1982, p. 33).

“Prescriptive” interventions involves the supervisor providing a “specific plan of action for a particular situation” (p. 34). This intervention allows for quick intervention where needed, such as the elimination of certain behaviors or the provision of a treatment goal and plan for a particular client that present with a problem new to the supervisee. There is an identified potential drawback to the prescriptive intervention, it may hinder the supervisee’s development “in terms of their need for self-directed action” (p. 34). This intervention is best used when immediate action or need for change out weigh the potential developmental setbacks. The last intervention identified within Loganbill et al.’s (1982) model is “catalytic” interventions. “Catalytic” interventions were described in this way:

> By highlighting a process that is already in existence in some form, the supervisor is not directly involved, yet is serving to promote change by enhancing that process. The catalytic category of interventions is one which can incorporate a number of types of interventions: Questioning, probing, exploring, or raising issues in key areas. (p. 35)

Loganbill et al.’s (1982) model contained three developmental stages. The first stage was “stagnation”, at this point the supervisee does not know what they don’t know, they are unaware of present problems, they demonstrate rigid

world views, and are highly dependent upon supervisor input. Stage two was labeled “confusion. Stage two entails the “‘unfreezing’ of supervisee attitudes, emotions, or behaviors. It involves a process by which a supervisee becomes liberated from a rigid belief system and from traditional ways of viewing the self and behaving towards others” (p. 18). The third stage was labeled “integration.” “Stage three is characterized by reorganization, integration, a new cognitive understanding, flexibility, personal security based on awareness of insecurity and an ongoing continual monitoring of the important issues of supervision” (p. 19).

The initial transition point between stage one and two is considered to be an emotional transition and the transition between stage two and three is considered to be conceptual. The combination of the issue and stage determine the type of intervention that is called for in working with the trainee. The discussion of which interventions they recommend for which combinations is beyond the scope of this paper, but is readily accessible in their sizeable 1982 manuscript. Of note is the fact that there has been no empirical data to support their conclusions.

Hess (1987) ascribed to a supervisory ethic of relational safety and differentiation. Steeped in the philosophy of Buber (1970), Hess identified the importance of being able to see one’s self well enough to be able to see others clearly. Hence, through providing a supervisory relationship that is non-stressful, unthreatening, and openly subjective to what may be known as the “give and take” between people, a supervisor is able to foster the development of trainees through their various stages.

The isomorphism of research on clinical trainee development and the research on the supervision of such trainees continues with a similar lack of empirical backing for both arenas, noting the exception of Stoltenberg's model that has been assessed in several studies. From within this lack of empirical evidence came Holloway's (1987) critique of what people were calling "developmental models of clinical training." She called for the empirical study of such models. She put forth a research agenda that would provide a scientific attempt at verifying construct validity and usefulness. Holloway (1987) cited the stark absence of longitudinal data in the investigation of change in clinical trainees and called for a correction of this course. She recommended that the fields initiate longitudinal studies, attend to both the assessment of basic personality structures of trainees and to the intra-individual changes across the course of a training program. Additionally she discussed a debate concerning how it:

> has been frequently argued in counseling approaches that the professional identity is a part of and integrated into the personal identity, insofar as without such congruency between professional behavior and self, the counselor lacks authenticity and consequently potency in the counseling relationship. (p. 215)

To date, little has been done to follow the recommendations of Holloway. There are no published longitudinal studies that have sought to address developmental issues nor have there been many significant publications of

empirical studies concerning the relationships between personality and the development of theory.

## Factors of Influence in Clinical Theory Development

### *Personality*

In avenues of similar thought to Holloway's (1987), a number of authors have published their conceptualizations concerning an individual's clinical theory development. An entire 1978 special edition of the journal *Psychotherapy: Theory, Research, and Practice* attended to the factors influencing therapists' selection of theory. One of the most frequently identified factors was that of personality. In addition to personality, a multitude of other factors were proposed as important, if not the most important, factor(s) in determining the theoretical orientation of counselors. Such influences may be those of professors, clinical supervisors, peer groups, "in vogue emphasis" of the time, past life experiences, and various circumstantial factors.

Heatherington (1987) studied the relationship between beginning family therapists' personalities and their choice of theoretical orientation. She employed a methodology that only included Structural Family Therapy, Existential Family Therapy and Bowen's Family Systems Therapy models. Through the use of videotaped therapy sessions, personality measures, and a videotape rating questionnaire, Heatherington obtained the data for analysis. Heatherington (1987) employed a factor analysis and predictive models to derive her results.

Following her analysis of the data, Heatherington suggested that the "correspondence between therapists' own views about themselves and their preferences for different styles is a real one" (p. 175) and that "both (personality scores) and evaluative ratings are related to one's self-concept, and that this factor is a critically important one in family therapy training and supervision" (p. 175). While the results of the study supported a strong link between therapists' personalities and their choice of theory, the author reported that she "does not believe that one's personality need wed one to a particular approach" (p. 175). Heatherington cited the words of Albert Ellis, suggesting that therapists may "force" themselves to use techniques of a style that is favored intellectually or even theoretically but is not initially consistent with their own personality (1987). This selection, which is counterintuitive to the natural personality of the therapists, would likely occur early in one's training when the influence of professional/training factors are the strongest, akin to the thinking of Cummings and Lucchese (1978), which will be reviewed below.

In addition to Heatherington (1987), Kolevzon, Sowers-Hoag, and Hoffman (1989) published one of the few MFT focused studies on the influence of personality attributes in practice. They identified the push toward eclecticism but warned about the inherent complexity involved in the integration of various theoretical tenets. These authors put forth that individuals' personality traits predispose them towards a particular model and that there is a fit between the therapist's model of therapy and their own personality. Liddle (1982) stated something similar when he suggested that model selection might not be an

"objective" choice but is influenced by the individual's own belief system. This is what Lebow (1987a,b) called the "fit" between clinicians' personality and the approach they "choose." Kolevzon et al. (1989) found a statistically significant connection between different personality structures and the model of therapy they tended to adopt. Using a personality inventory, the16 pf, and therapists from three distinctly different training programs/orientations (Bowen's Family Center, Haley's Family Institute, and Satir's Avanta Network) the authors found discriminating relationships between each orientation and the personality structures within the inventory. The relationship between theoretical orientation and specific personality factors was taken as evidence of the strong relationship between personality and the selection of a theoretical orientation. The authors reported possible implications as being:

> ...if the position is taken that one's personality attributes are a relatively "fixed" or immutable part of the individual, then the study's findings would further suggest that these differences in personality attributes across the three family therapy models' known-group respondents may be largely a function of a selection or self screening process rather than a reflection of the impact of the training received by each model. If this inference is valid, one further implication of the study's findings would be that different models of family therapy are best learned by different types of clinicians, and that the personality attributes of the therapist should be considered when making decisions about where to begin in model selection, the

course of subsequent training and supervision, as well as the clinician's overall movement towards some form of eclectic practice. (p. 256)

It may be of importance to note that this study included only three models of therapy namely, communications, structural/strategic, and Bowen systems theory. Neither post modernism theories nor any additional perspectives were taken into consideration.

In his 1978 article in *Psychotherapy:Theory Research and Practice*, Albert Ellis articulated his strong belief in the importance of personality on therapists' choice of therapeutic orientation. He argued that the form of therapy he espouses, rational-emotive therapy, tended not to get adherents who "practice forms of therapy that are mystical, deeply religious, magical, and anti-intellectual" (p. 330). Instead he indicated that adherents to his form of therapy "tend to be those who feel quite comfortable with a large variety of treatment methods and who do not want to stick somewhat rigidly to one monolithic modality...(they) tend to be extremely scientific, empirical, anti-absolutistic, and undevout in their approach" (p. 330). This pattern of characteristics is what Ellis regarded as the impetus for the selection of a rational-emotive therapeutic approach. It is characteristics or personality traits like these that Ellis linked with the concept of personality governing the ultimate theory selection process of therapists. While Ellis eloquently articulated his position, he offered no empirical data but only anecdotal information to support his premise.

Duncan Walton (1978) attempted to empirically study the relationship between clinicians' personality constructs and their choice of theoretical

orientation. Walton used a factor analysis to break down the data generated by the personality questionnaire he mailed out. The eight derived factors were subjected to an analysis of variance that resulted in three factors that were statistically significant in relationship to the clinicians' theoretical orientation. These three factors were labeled "complexity" in which the therapists tended to "see himself as complex" (p. 392), "seriousness" in which the therapist views himself as being "...serious on most of the variables measured" (p. 392), and "rationality" which refers to the "therapist's view of his rationality and his self-perception as wise, good, and successful" (p. 392). These three statistically significant factors were subjected to the Scheffe procedure. Results of this procedure indicated that there were statistically significant differences on these factors in terms of how therapists of different orientations scored. Rational emotive therapists and psychodynamic therapists differed on both the "complexity" and "seriousness" factors. Psychodynamic therapists tended to see themselves as being more serious and more complex, scoring higher on these factors. Rational emotive therapists scored higher on the "rationality" factor. The results were interpreted to support the idea that "Therapists' self-concept variables as measured by a semantic differential technique are related to theoretical orientation" (p. 394).

Tremblay, Herron, and Schultz (1986) used the personal orientation inventory and the obtained demographics, which included a query that elicited the therapist's primary theoretical model, to assess the relationship between personality and the choice of theory. The results of the personal orientation

inventory was subjected to multiple analyses. Interaction effects were assessed and controlled for. Seven of the subscales of the personal orientation inventory were found to be significant. Pairwise tests were used to compare the means for the three orientation groups and the seven scales. They found that:

> The humanists had significantly higher scores on I (inner directed), SAV (self-actualizing value), and S (spontaneity) then did either the psychodynamic or behavioral groups, who did not differ significantly from each other. Behaviorists were found to have significantly lower Ex (existentiality), Fr (feeling reactivity), A (acceptance of aggression), and C (capacity for intimate contact) scores then the other two orientation groups, who did not differ significantly from each other. (p. 108)

In the end they concluded that "there appears to be a 'therapist personality' that spans theoretical orientations and comprises a focus on the present, strong self-acceptance and self-regard, synergy, and a constructive view of the nature of humanity" (Tremblay et al., 1987, p. 109). As a result of the relationships between sub scales on the personal orientation inventory and the differing theoretical orientations espoused by therapists involved in the study, the authors concluded there was a relationship between the therapists' personality and their chosen theoretical orientation.

In another study ascertaining the influence of personality on the selection of personal theory, Johnson, Germer, Efran, and Overton (1988) identified an empirical connection between professionals' personalities and their theoretical orientations. The authors used the World Hypothesis Scale and the Organicism-

Mechanism Paradigm inventory, in combination with the identified theoretical orientations of the subjects' published works, to assess the relationship between theory and personality. They found that behaviorists tended to be orderly, stable, conventional, and conforming; objective and realistic in their cognitive style; and interpersonally passive, dependent, and reactive–all of which is descriptive of the mechanistic world view. In contrast, human developmentalists tended to be fluid, changing, creative, and non-conforming. Developmentalists tended to be "participative and imaginative in their cognitive style" (p. 833), and were reported to be seen as active, purposive, autonomous, and individualistic.

This sampling of articles bears evidence of a prominent view that personality greatly influences the therapist's selection of theory. While these authors are convincing in their arguments, there remain others who are not swayed and provide their own rational alternatives. These varying perspectives seek alternative explanations of the theory selection algorithm. These diverse hypotheses are discussed below.

Norcross and Prochaska (1983) reviewed the prevalent ideas surrounding the issues of determinants of clinical theory development and found a wide spectrum of ideas, including some that ascribed the means by which clinicians come to a personal theory, as being governed "by the whims of fate" (Cummings & Luchese, 1978, p. 327). Such generalized labeling by them would likely meet resistance with Cummings and Luchese, who describe the determinant themselves as "the adventitious nature of (influential powers) that shape a psychotherapist's orientation" (1978, p. 323).

### *Pragmatics*

In their attempt to incorporate empirical evidence into the determinant equation for therapists selection of orientation, Norcross and Prochaska (1983) found that clinicians, who described themselves as eclectic, as compared to those who were not considered eclectic, were influenced more by the type of client they were working with and the "pragmatic and economic conditions" (p. 205) but were less influenced by theoretical formulations in their personal theory of therapy. At the same time, the non-eclectic group were found to be more affected by a theory's ability to help them understand themselves. Eclecticism provides a plethora of intervention techniques, but lacks explanatory power of singular models. Singular theories are strong in their ability to interpret information due to the unified world view but are more limited in their intervention inventory. These researchers suggested that less experienced therapists rely more upon theories in therapy than do more experienced colleagues. The variable of clinical experience was found to be the most influential factor in clinicians' adopting a theoretical orientation. Closely trailing the influence of experience were the variables of the clinician's personal values and philosophy. These personal variables were also demarcated by Steiner (1978) as implicit assumptions and Garfield (1980) as personal predilections. Thus, Norcross and Prochaska (1983), Steiner (1978), and Garfield (1980) all came to similar conclusions: that personal values of the trainee have a powerful influence upon the selection of a theoretical orientation.

### *Adventitious Influences*

Cummings and Lucchese (1978) put forth their thesis that there has been a "failure to fully appreciate the adventitious nature of the influences shaping a psychotherapist's orientation" (p. 323). They attempted to articulate, through logic and example, that there is just as much variety of personality and world views within each orientation as there is variety between each orientation. This discrepancy is cited as evidence of their postulate that it is factors of chance that actually predict the orientations of therapists. The authors recognized that there were multiple factors (such as: finances, proximity, GPA, entrance exam scores, assistantships, scholarships, etc...). All of which combine with the psychological bent of the programs and educational opportunities to lead individuals to choose their particular graduate school. Thus, these non-psychological factors influence the choice of grad school which, in turn, represents a substantial influence upon the early formation of the professional therapist. Trainees seek to learn from their supervisors, clinging to advice, attempting to emulate them in light of their intense awareness of feelings of personal ineptitude regarding their embarking into the new realm of therapy.

### *Other Influential Factors*

In a different perspective on determinants, Herron (1978) ascribed the influential factors to be what he called the "visibility factor", the "success factor", the "adaptability factor", the "need satisfaction factor", and the "demand factor"; each of which factors contribute to the clinical theory development of the trainee.

The visibility factor is the “degree of exposure a potential therapist has to a certain orientation. Such exposure provides informational impressions” (p. 397). The success factor involves the experienced effectiveness of a theory in the attempted application by the trainee. The success factor is also seen to be how well the theory fits for the therapist and “requires a marriage between (the trainee’s) needs and the patient’s needs” (p. 397). The adaptability factor is conceptualized to mean that “the theory needs degrees of resiliency to allow for varying interpretations and numerous technical modifications enabling the therapist to believe that what is being done is valid conceptually as well as within the therapist’s behavioral capabilities” (p. 397). Herron (1978) explained that the need and demand factors involve the demand generated for the fulfilling of an existing need. For example, the need for intervention with children in schools lends itself more easily to behavioral approaches than it does to psychoanalytic approaches. Thus therapists with a behavioral orientation would be more likely to work in/with schools. These factors may influence the theoretical choices made by therapists who desire to work in the school systems and so forth.

### *Personal/Professional Life Experiences*

While Herron (1978) and most other preceding authors reviewed thus far articulated their own perspectives on the influences in theoretical selection, Poznanski and McLennan (1995) conducted a historical review of the therapeutic orientation research conducted up to the date of their publication. They traced the debates around therapeutic orientation to begin around the 1950s, when

Fiedler concluded that “experienced psychotherapists from differing theoretical schools did not differ greatly in their actual therapeutic practice” (p. 411). This conclusion preceded a series of subsequent studies that claimed that therapists from different theoretical orientations did differ in the way they practiced therapy (Fey, 1958; Strupp, 1955; Sundland & Barker, 1962). These studies were followed by others (e.g., Levin, 1978; Patterson, Levene, & Breger, 1971; Trembley, Herron, & Schultz, 1986; Walton, 1978) that concluded that the counselor’s choice of therapeutic orientation was not solely determined by personality but that it arises largely out of their personal and professional life developmental experiences. This last premise is one that is supported by more recent publications, such as one by Johnson and Brems (1991), in which they concluded there is a fundamental difference between the therapeutic orientations of clinical psychologists and counseling psychologists. Clinical psychologists put a greater emphasis on “inherent and genetic factors than do counseling psychologists...clinical subjects emphasize internal sources such as the presence of a natural developmental process to account for interpersonal differences, whereas the counseling subjects emphasize social sources” (p. 135). These types of results may suggest more support for the beliefs that the professional training the therapist receives, as constituted by the program’s own orientation and method, is highly influential in therapists’ therapeutic orientation, at least initially. It is possible that, with the exit from the clinical training program, therapists become more influenced by their natural inclinations and experiences, embarking from the base created within their clinical program.

Poznanski and McLennan's (1995) own integration of the body of research led them to suggest that there are differences among counselors from different therapeutic orientations/practices. These differences are what they believe to be differences in epistemic beliefs, verbal response behavior, and use of specific therapeutic techniques. Poznanski and McLennan (1995) believed these variables were what determined which orientations differing therapists espoused. These authors went on to cite other findings and suggested that there is a correlation between adherence to a therapeutic orientation and clinical efficacy, as measured in client outcomes. It is safe to say that therapists in clinical practice will gravitate to what works for them in therapy. A clinical therapist who chooses to adhere blindly to a therapeutic orientation/approach that does not produce positive client outcomes will quickly be seeking other means of supporting themselves.

### *Supervision*

An additional body of literature that sheds light upon the struggles of the clinical fields to ascertain the determinants of therapists' choice of therapeutic orientation is the supervision literature. The supervision literature takes multiple approaches to explaining the supervision process but does not tackle the idea of determinants beyond the concept of socialization, as played out in articles such as that of O'Bryne and Rosenberg (1998). In general, the supervision writings identify how to work with trainees in nurturing their growth versus a "here is why they do what they do" approach. It is likely safe to say that the supervision

literature is primarily concerned with the process of supervising new trainees into their professional roles.

An excellent synthesis of the supervision literature up through 1995 is provided by Anderson, Rigazio-Digilio, and Kunkler (1995). These authors broke the history into eras. The first era (1970s) was seen to be rather scattered in content, addressing such things as the role of personal therapy for trainees, family of origin of the trainee, and influential variables within the training context. During this era, there were three "essential" therapy skills identified: "perceptual skills", "conceptual skills", and "intervention skills." It was found that emerging patterns in theories, methods, and values were reflected in the training environment. Lastly, this era was seen as being the beginning of the emphasis on supervisory modalities for family therapy, such as live supervision, videotape, and group supervision. The 1980s (second era) were seen to place emphasis on "critical appraisal and evaluation" (p. 490). A more individualized or personal approach was embraced. Developmental patterns in families and within trainees themselves were introduced. Beyond these emerging emphases, the field of family therapy supervision seemed to have little consensus on the "what should be taught or how it should be taught" (p. 490).

The end of the 1980s and the decade of the 1990s brought what Anderson et al. (1995) referred to as an emphasis on isomorphism, meaning

parallel processes, and content of therapy and supervision. Many supervisors were found to train their trainees in their own personal model of therapy. Modalities initiated in the previous era became ingrained in the zeitgeist of family therapy supervision but no data was generated to assist the supervisors in determining which type of modality was best for which situations. The emphasis was on description of the process, rather than the differentiating and validating the effectiveness of them.

During this time, the purist schools of therapy were challenged by some promoting integration of the differing theories in different ways. This was accompanied with the inclusion of developmental models of supervision, trainee development, and supervisor development.

The conclusion of the 1990s and the early 21st century has brought an increasing emphasis on outcome research and contextual factors, such as personal values, gender, and meaning systems, within the training and therapy systems. Despite the new found emphasis on empirical and rigorous qualitative data, there continues to be little outcome data differentiating what to do and when to do it in the therapy context. It is my personal bias that this type of information will only be extracted from long-term studies that enable powerful analyses capable of finding the organized patterns within the seemingly endless

swirls of chaos. Some have begun the process of pattern making. The concept of common factors is a step in this direction (Asay & Lambert, 1999; Sprenkle et al., 1999). These authors were able to mine the vast array of data available in the counseling experience and were able to differentiate degrees of influence for various discernible factors. Even this research is far from discerning what a therapist or supervisor should do and when. The ability to do so awaits us in the distant future. My part in that future is to begin the process of understanding how family therapists form their own theory of therapy.

The studies cited up to this point have relied primarily upon the input of supervisors, as well as some correlational data. I believed it would be of benefit to give weight to the voice of trainees in their experience. The voice of the trainees could be tapped through a self-report mechanism that provided them space to generate an understanding of their personal experiences. These experiences, were seen to have the capacity to produce an understanding of the influential factors at work in their theory development process.

A factor that is up for debate is whether or not there is a pattern to this theory selection and whether the data is organized enough to be discernible or too chaotic to wrestle with at this point. This exploration will be a first step toward identifying that distinction. Clearly there is support for personality being

influential and yet there are host of other seemingly relevant factors of influence present.

The complexity of the influencing variables made it difficult to construct a survey that would appropriately tap the phenomenon. This is likely to be the reason past studies have predominantly focused on the opinions of providers of training instead of the trainees themselves. I proposed that a modified Delphi methodology would be an appropriate process for learning about the trainees' process of theory development from their perspective.

# CHAPTER 3: Methodology

A modified Delphi method (Blow & Sprenkle, 2001; Fish & Busby, 2005; Sori & Sprenkle, 2004) was used to tap the experience of marriage and family therapy trainees. Fish and Busby (2005) noted that the Delphi method originated out of studies performed in the area of military defense. It was used for its ability to address complex problems through the input of varied experts in the area of interest. This approach incorporates the opinions of experts, while eliminating the unproportioned influence of charismatic individuals. Anonymity "encourages opinions which are true and not influenced by peer pressure or other extrinsic factors" (Goodman, 1987). Thus the opinion of all panelists are heard equally and in the same way without the complexities of personally meeting together.

The application of the Delphi method involves the identification of experts within the area of interest. Typically in the social sciences these experts are selected based upon the number of publications and conference presentations regarding the topic of interest (e.g. Stone-Fish & Busby, 2005; Sori & Sprenkle, 2004). While it is true that the Delphi Method has predominantly been incorporated in a "top down" approach of experts, I believe it would be useful to take a bottom up approach—taking the immediate experience of the trainees themselves as a position of authority on their experience. I believe no one to be

more expert on the individual experience of personal theory development then the trainees. Supervisors are able to observe the process and may serve as good reports of second hand experience. Supervisors see the process as a supervisor. Trainees experience the process itself. It is upon this premise that this study is based. In this study panelists were selected based upon their status as trainees in Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited training programs. Using COAMFTE accredited programs ensured similar qualities of training as all accredited programs are held to strict standards in regards to student--professor ratios for supervision, core subjects to be covered, and standardized requirements for clinical contact/experience. Twelve COAMFTE accredited programs were identified by this dissertation committee as being geographically representative of all the programs in the United States.

## Sample

Key to the Delphi process is the panel. Dalkey (1969) reported that proper panel selection is the key to ensure a quality outcome in the Delphi method. It is essential that the panel be composed of individuals who are able to speak with authority on the topic at hand. Panelists were recruited from COAMFTE-accredited marriage and family therapy master's programs. Participants had completed more then one practicum with the exception of one who was in their first practicum.

There were 19 masters degree students who completed the first Delphi Questionnaire (DQ1). These 19 students had an average age of 29 (7.87). The respondents were composed of 13 females and 6 males. There was limited ethnic diversity, 17 listed Caucasian, 1 Asian-American, and 1 Eastern European as their ethnicity. The number of practicums completed ranged from one respondent in their first practicum to another having completed 12 practicums. The average number of completed practicums was 4 (3.5). Geographically, the sample had no representation from the west coast nor the Southeast. Seven panelists listed Midwest and 12 listed Northeast as their geographic region. Two of the participants had already completed masters degrees prior to the study. The undergraduate degrees of panelists varied--10 psychology, 4 family studies, and 3 unspecified. The panelists reported their interest in MFT theory to be an average of 4.37 (.68), with 5 being high and 3 being a moderate amount of interest.

Round two of the Delphi process saw a change in the mean age to 27 (2.87). Male representation increased marginally from 32% to 36% with seven females and 4 males completing round 2.. Round two panelists had completed an average of 3.75 (3.20) semesters of practicum. The ethnic diversity reduced further to 10 listing Caucasian and 1 listing Asian-American as their ethnicity. The panelists interest in MFT theory was 4.67 (.50) in round 2. In summary those who completed round 2 were younger, less experienced, and more interested in MFT theory then the collective group in round 1.

Round three of the Delphi process was completed by 10 of the 11 panelists that completed round 2 and one additional panelist that participated in round 1 but not round 2, bringing the total number of panelists participating in round three to 11. Seven females and four males completed this round. The average age was 28.18 (4.26), average number of practicums completed 3.56 (3.05), and ethnic dispersion was 10 Caucasian and one Eastern European. Level of interest in MFT theory for this round was 4.36 (.81). The panelists in round three were rather similar to those who completed round two with a slight increase in experience and a slight decrease in interest in MFT theory.

## Procedure

The program directors of the twelve identified programs were contacted via email, seeking their assistance in recruiting their students to participate and asking them to forward a forthcoming email to their students (See Appendix A). The next day a second email was sent to the program directors for which it was assumed that they forwarded it to their students in their masters program (See Appendix B). Three program directors confirmed that they did indeed forward the message to their students. DQ1 was made available on the web the same day the program directors were sent the invitation asking students to participate in the study. The offering was available from 9/7/2006 to 9/23/06. A follow-up email was sent one week from the offering date seeking the input of those who had not yet offered it (See Appendix C).

A web based survey was administered through the services offered at Kansas State University. Three waves of data collection were executed. According to Linstone and Turoff (1975) three waves of data collection are optimal due to the fact that additional waves of data collection have been found to offer no further enrichment of data and served to alienate panelists. The first wave provided a list of 64 questions (See Appendix H) regarding items that were influential in the panelists personal theory development process. If panelists found the item to be influential they were asked to give more specific examples of the influence such as specific professional publications or books. Space was provided for panelists to offer new ideas that were not included in the survey.

The responses of the panelists were reviewed. Items that were identified by at least 2 of the panelists as being important were included in DQ2. I also included three more questions regarding supervision that were overlooked in DQ1 and were not listed by the panelists. These questions tapped the experience of different forms of supervision.

A letter of invitation to participate in the second round was sent to the email address each panelist provided (See Appendix D). DQ2 was available from 10/13/2006 to 10/31/2006 on the Kansas State Survey system. DQ2 had a total of 94 questions. These questions provided the items identified in DQ1 as being influential and provided a 5 point Likert scale on which the panelists ranked the amount of influence of the items on their personal clinical theory development process, from low--1 to high--5 (See Appendix I) . While the standard Likert scale used with Delphi studies relies upon a 7 point scale, the survey system at

Kansas State University sets it at five with no ability to change it to seven. The input in DQ2 primarily involved the panelists clicking radial buttons on the Likert scale to indicate their ratings.

One week after the beginning date an automatically generated follow-up email was sent to each participant (See Appendix E). The results of DQ2 were entered into the SPSS statistical package. Descriptive statistics were run to identify the median as a measure of central tendency and to compute the interquartile range (*Q*). The interquartile range was calculated by subtracting the 25% quartile score from the 75% quartile score. An individualized Delphi questionnaire (DQ3) was created for each panelist who completed DQ2. All items from DQ2 were once again listed with the addition of information regarding the median, interquartile range, and the rating they chose in the last round. The median was presented as a measure of how panelists as a group rated the importance of the item on their clinical theory development. The interquartile range was used to depict the level of agreement amongst the panelists. The rating by the panelist was provided to give them an opportunity to recall the level of emphasis they placed on the item on the prior survey (See Appendix K-U).

The additional information that was added to each individualized item was included in order to allow the panelist to reassess the importance of the item in the context of what others similar to them have done. This reassessment is the consensus building component that is built up to throughout the entire process.

In addition to the standard DQ3, a modified DQ3 (DQ3.1) was used to tap the input of panelists who completed DQ1 but failed to complete DQ2. The

modified third round Delphi questionnaire (DQ3.1) was identical to DQ3 save for the omission of the panelists score for each item from DQ2 (See Appendix J). This last offering, DQ3 and DQ3.1 were available 11/19/2006 to 12/9/2006. A follow-up email was sent one week into the survey window to seek input from those who had not yet participated (See Appendix G). This non-standard addition, DQ3.1, was an attempt to increase the response rate that is so often abysmal on round three in Delphi studies. The inclusion of this subset held the promise of eight more participants but yielded only one. Letters of invitation to participate in the third round were sent to each panelist (See Appendix F)

Issues of response rate for DQ1 are difficult to discuss due to the nature of this study. The unknown number of directors who actually passed along the invitation to participate to their students precludes the ability to generate any numbers regarding the size of the sample invited. The suggested sample goal by the committee was 20, the initial response was 19. This Delphi experienced the common attrition common to Delphi studies (Linstone & Turoff, 1975). This attrition is readily attributed to the length of time involved in participating, the time that passes between iterations, and the related loss of interest in the subject at hand. Despite these shortcomings that are common to this method, the process continues to offer useful information regarding the topic of study as evidenced by its increasing use in multiple areas of study, including the social sciences (Landeta, 2006).

The Delphi method's unique attributes of sample selection as well as the structured data collection of narrative and quantitative input have resulted in

difficulties in establishing reliability and validity as is common with typical quantitative methods. The single attempt that has been documented was by Ono and Wedemeyer (1994). Keeney, Hasson, and McKenna (2001) summarized the results of Ono and Wedemeyer (1994) in this way:

> Ono and Wedemyer reported on the results of a study designed to replicate a Delphi study 16 years earlier. They state that results show "that the findings of the Delphi technique 16 years earlier reflected present findings which were accurate in terms of forecasting communication developments" (p. 198).

Hence, in a limited way, there is some support for the idea of validity for the products of the Delphi process but this is far from incontrovertible. The very nature of the Delphi process makes it difficult to establish validity and reliability.

Clearly the reliability and likely the validity of the product from the Delphi study process is founded on the panel that is recruited. It is the expert nature of the panel regarding the subject of study that is the essential foundation. Other critiques of the Delphi method are that the administrator has undue influence in the process. The administrator is able to manipulate the results of the study to reflect their biases with no checks. Another vulnerability is the amount of time and effort required of the panel, which leads to the ever present problem of significant sample attrition by the third round.

A last vulnerability of the Delphi method is that of the anonymity of the panelists (Goodman, 1987). While the anonymity is also a strength in eliciting unfiltered input it is also vulnerable to "impunity conferred by the anonymity with

respect to irresponsible actions on the part of the experts" (Landeta, 2006). The anonymous expert may provide misleading input they would never otherwise deem appropriate because the lack of accountability provided in the structure of this process.

Despite the weaknesses and vulnerabilities identified above, the Delphi process holds great promise in the exploration of new areas. The area of interest for this study is well suited to the consensus building cycle of MFT trainees regarding what they believe are the most influential factors in their personal theory development.

# CHAPTER 4: Results

Statistical exploration of the data was attempted by various means. An exploratory attempt to use data reduction to identify any common factors within the panelists' responses failed to reach convergence after 25 rotations. The scree plot and Eigen values indicated ten factors that accounted for 100% of the variability in responses but was confounded by the cross loadings that were so common as to preclude any fruitful interpretation. Tables were organized to portray those items rated most important, as indicated by high median scores (4 or 5) , and for which there was a high degree of consensus, as indicated by interquartile ranges scores of 0 or 1. Each item was rated on a 5 point Likert scale, one being of little or no significance and five being highly influential. Twenty nine variables, having a median score of one or two, were omitted due to being ranked as having a low level of importance,.

The resulting medians and interquartile ranges were organized to portray those items rated most important and with the highest degree of consensus first (See Table 1). The results will be divided in terms of level of importance and will only deal with items ranked with a median score of 4 or 5. The first table depicts

those items rated as being highly influential in MFT trainee's clinical theory development process. This category encompasses professional socialization variables, positional relationships, collegial relationships, course work, and personal values.

Table 1
High Level of rated importance and degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| graduate general systems theory class | 5 | 0 | 5 | 0 |
| graduate practicum class | 5 | 0 | 5 | 1 |
| graduate class--mft theories in general | 5 | 0 | 5 | 1 |
| personal relationship with supervisors | 4 | 1 | 5 | 1 |
| personal relationship with mft professors | 5 | 1 | 5 | 1 |
| personal relationships with other trainees–specifically the cohort cohesion and support | 5 | 1 | 5 | 1 |
| on-campus practicum supervisor's constructive criticism offered | 5 | 2 | 5 | 1 |

Table 1
High Level of rated importance and degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| on-campus practicum supervisors--challenged me in my own theory development | 5 | 1 | 5 | 1 |
| on-campus practicum supervisors–the variety of perspectives offered by them | 5 | 1 | 5 | 1 |
| client population--families | 5 | 1 | 5 | 1 |
| personal value--equality | 4 | 2 | 5 | 1 |
| personal value--openness | 4 | 1 | 5 | 1 |
| undergraduate class--family systems | 5 | 1 | 5 | 4 |

*Q* = interquartile range. Md = median.

The second expansive category of variables are all considered to be moderately high in their influence by the panel (See Table 2, 3, 4). This category consists of 57% of all the 94 variables studied. The level of consensus across this category is not as high, but yields an average interquartile range of 1.796, while the most influential items yield an average interquartile range of 1.154.

This category is broken up according to the level of consensus obtained on the rankings, starting with a narrow interquartile range of 1.

Table 2
Moderately high level of rated importance and high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| personal relationships in general | 5 | 1 | 4 | 1 |
| personal relationship with parents | 4 | 2 | 4 | 1 |
| personal relationships with other trainees in general | 4 | 1 | 4 | 1 |
| personal relationships with other trainees–specifically discussing my theory with my colleagues | 5 | 1 | 4 | 1 |
| on-campus practicum supervisors in general | 4 | 1 | 4 | 1 |
| professional books in general | 4 | 1 | 4 | 1 |
| professional articles in general | 5 | 1 | 4 | 1 |
| client population--individuals | 4 | 0 | 4 | 1 |
| graduate class–couples therapy | 4 | 1 | 4 | 1 |
| personal value--respect | 5 | 1 | 4 | 1 |

Table 2

Moderately high level of rated importance and high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| personal value--focusing on the positive | 4 | 1 | 4 | 1 |
| personality issues in general | 3 | 3 | 4 | 1 |
| processes--live supervision | 5 | 2 | 4 | 1 |
| processes–case consultation with audio/video | 4 | 1 | 4 | 1 |
| processes–case consultation without audio/video | 4 | 1 | 4 | 1 |
| social/political movements or ideas–feminist movement | 4 | 1 | 4 | 1 |
| social/political movements or ideas–civil rights movement | 4 | 2 | 4 | 1 |
| social/political movements or ideas–post-modern movement | 4 | 2 | 4 | 1 |
| prominent therapist–Salvadore Minuchin | 4 | 2 | 4 | 1 |

Table 2
Moderately high level of rated importance and high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| spirituality elements–openness/acceptance of differences | 4 | 1 | 4 | 1 |
| spirituality elements–openness to other's spirituality | 4 | 1 | 4 | 1 |
| key clinical experiences–positive client feedback | 4 | 1 | 4 | 1 |
| pressures within program–awareness of cultural/contextual factors | 5 | 1 | 4 | 1 |

*Q* = interquartile range. Md = median.

Table three portrays the variables identified as being moderately high in influence with a moderately high degree of consensus (Md = 4) and an interquartile range of 2.

Table 3
Moderately high level of rated importance and moderately high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| prominent therapists in general | 4 | 1 | 4 | 2 |
| personal value--community | 4 | 1 | 4 | 2 |
| personal relationships with other trainees–the sense of camaraderie | 4 | 1 | 4 | 2 |
| personal relationship--professors in general | 4 | 2 | 4 | 2 |
| personal relationships– in family of origin | 4 | 1 | 4 | 2 |
| family members–parents | 4 | 1 | 4 | 2 |
| family members–siblings | 4 | 2 | 4 | 2 |
| family members–seeing how they fit into theories and models | 4 | 3 | 4 | 2 |
| client population--couples | 4 | 0 | 4 | 2 |

Table 3

Moderately high level of rated importance and moderately high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| client population--children | 4 | 2 | 4 | 2 |
| graduate class--mft skills | 4 | 2 | 4 | 2 |
| graduate class--structural therapy | 4 | 2 | 4 | 2 |
| graduate class–social constructionism/ constructivism | 5 | 2 | 4 | 2 |
| spirituality element--as a guiding influence | 3 | 3 | 4 | 2 |
| pressures within program--research | 5 | 2 | 4 | 2 |
| pressures within program–emphasis on theory of change | 5 | 2 | 4 | 2 |
| political orientation–liberal agenda with social issues | 4 | 3 | 4 | 2 |
| political orientation–social justice | 5 | 2 | 4 | 2 |

Table 3
Moderately high level of rated importance and moderately high degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| successes in performing therapy | 4 | 0 | 4 | 2 |
| negative personal therapy experiences | 4 | 4 | 4 | 2 |
| positive personal therapy experiences | 4 | 2 | 4 | 2 |
| personal therapy experiences– desirable traits/ qualities to reflect in own practice | 4 | 2 | 4 | 2 |

*Q* = interquartile range. Md = median.

Table four completes the list of items rated as moderately high in influence (Md = 4) with less consensus as evidenced by interquartile ranges of three or four. This category is dominated by the influence of prominent therapists.

Table 4

Moderately high level of rated importance and moderate to moderately low degree of consensus for DQ2, DQ3 items

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| prominent therapist--Steve DeShazer | 4 | 2 | 4 | 3 |
| prominent therapist--Murray Bowen | 4 | 2 | 4 | 3 |
| prominent therapist--John Gottman | 4 | 2 | 4 | 3 |
| prominent therapist--Insoo Kim Berg | 4 | 2 | 4 | 3 |
| prominent therapist--Sue Johnson | 4 | 2 | 4 | 3 |
| family member--spouse | 4 | 4 | 4 | 3 |
| prominent therapist--Michael White | 4 | 3 | 4 | 4 |
| professional video--Steve De Shazer performing therapy | 4 | 1 | 4 | 4 |
| graduate class--strategic therapy | 3.5 | 3.25 | 4 | 4 |

*Q* = interquartile range. Md = median.

Panelists generated a robust set of variables they believe to be influential in their personal clinical theory development process. At first glance, it appeared the results indicated a regression towards the mean for most variables. Closer inspection did not support that hypothesis. Items in the first table experienced an increased (23%) in the median score over rounds two and three. Twenty three percent of items in table one decreased in the level of consensus, while 15% of the items increased in their level of consensus from the second to third round.

Items contained in tables two, three, and four were assessed in terms of changes in the median score and interquartile range between rounds two and three of the Delphi survey. Nineteen percent of the items decreased in terms of their perceived importance, while six percent increased. The level of consensus experienced changes as well. Thirty percent of items rated as being moderately high in influence, experienced a decrease in the level of consensus, as measured by the interquartile range figures. Twenty percent of moderately high items experienced an increase in their level of consensus.

It is interesting to note that the level of consensus in these two categories decreased for 28% of the items. At the same time, only 19% of the items increased in the level of consensus achieved. The goal of the Delphi process is

to reach consensus on the importance of the items. It is possible that another round of surveys would have garnered greater consensus. It is also possible that the discrepancies in the training experiences amongst the panelists were different enough to preclude the ability to obtain higher degrees of consensus. Nevertheless, acceptable consensus was achieved for many highly rated variables in this study.

The variables of this study have been analyzed in terms of: 1) a data reduction technique that failed to provide any coherent structure, 2) patterns of data according to the median and interquartile range scores, and 3) patterns of change in median and interquartile range scores between the second and third Delphi questionnaire. A core set of professional socialization, positional relationships, and personal values stood out as carrying the greatest influence on the personal clinical theory development of panelists. Most items rated as being highly important (5 out of 5) had very little variance in ranking except for the variable of “undergraduate class–family systems” which had a large interquartile range of 4. As reviewed above, rankings of influence were variable in the direction of change. It is possible, that these sometimes confusing changes in consensus are due to the continued learning of the panelists which was prompted by the survey itself. Assuming panelists were exposed to new ideas in

this survey it would be natural for them to be undecided on the rankings as they have not had sufficient experience to determine as much. It is likely that without the Delphi process, which encourages consensus, there would be much greater variability in the reports given by the panelists. It appears the Delphi method was a productive tool in generating a preliminary consensus on these issues.

The results of this study have been largely presented in this chapter. The following chapter will offer specific thematic tables in order to aid the discussion of the results obtained. While it is not necessarily standard to provide new information in the discussion section, the decision was made to organize the data and discussion in this manner to facilitate a coherent dialogue concerning the results of this study.

# CHAPTER 5: Discussion

The results of this study provided some rich information on what marriage and family therapy trainees see as being the most influential factors in their personal clinical theory development. Initially, there was a concern that with greater specificity there would be an increasing difficulty in obtaining consensus amongst panelists. On the other end of the spectrum, if items were too general as to make obtaining consensus more likely, then the information offered would be too vague as to offer any useful data. The final process resulted in the inclusion of general and specific variables identified by panelists as being influential on their own theory development process. Through the identification of these variables the personal process of theory development has been demonstrated to have enough commonalities as to warrant the attainment of consensus amongst a varied panel of MFT trainees.

The paucity of literature addressing the subject of this study resulted in few published articles wrestling with the same variables. It was in these situations that I offered my own experience to generate hypotheses to make sense of the findings. I made no assertions to being unbiased, objective, or neutral in any fashion but offered plausible meanings and discussion derived from 13 years of education and 8 years of professional practice.

I found it of interest that cultural variables of popular media such as television, movies, and songs were seen to have little to no influence upon the theory development process. Included in this limited category of initial variables that did not survive the reduction criteria are the influence of “licensing requirements”, “reimbursement for services offered” issues, and “financial” issues. This set of insufficient variables concerns our entertainment, professional/legal guidelines, and means of financially supporting ourselves. These issues, although a part of the professional's life, were not considered to be of importance in the personal process of theory development by the panelists of this study.

The items of rated importance will be discussed thematically. The first theme will be that of “education” (See Table 5). Panelists ranked an “undergraduate course in family systems” as being highly influential, granted with a large degree of variability. Four panelists rated this variable as a 1, one as a 3, and six as a 5. It is very possible that those who ranked an “undergraduate course in family systems” as a 1 did not take such a course, for such a course would likely appeal to an individual who was pursuing a profession based upon family systems theory. It was confusing as to why panelists would initially demonstrate less variability in their ratings in the second round versus the third round. One of the panelists who rated the course in family systems as a 1 in the third round did not participate in the second round, two panelists de-emphasized this course from a 4 to a 1, and one panelist rated this item a one in both rounds. It is possible that completing the entire second round of the study created a

different context for the panelists, prompting a different reference point from which they measured the degree of influence this item had (considering all of the graduate experiences demarcated in the study may have diminished the perceived importance).

The courses that dealt with theories of clinical psychology and human development were seen to be moderately influential. It is likely that this bias originated in what might be called a "fit" between systems theory and the individual, which in turn led to the individual pursuing a career in systems based clinical practice versus clinical psychology or human development.

**Table 5**
**Influential Undergraduate Courses**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| family systems | 5 | 1 | 5 | 4 |
| clinical/ abnormal psychology | 3 | 2 | 3 | 2 |
| human development | 4 | 2 | 3 | 3 |

*Q* = interquartile range. Md = median.

In comparison to the limited listing for undergraduate courses, influential graduate courses were more numerous and unified in foundational ways (See Table 6). The most highly influential course and variable in this study for that matter, is that of the “graduate course in general systems theory.” This variable alone had an absolute consensus as to being highly influential on the theory development process. It may be argued, that this course likely laid the broad foundation upon which the more specific courses were built in the professional

socialization of marriage and family therapists. Closely following, only in terms of consensus, were “practicum” and “MFT theory” courses in general, both of which maintained high consensus with an interquartile range of 1. Found to have a moderately high influence were specific therapy courses in couples therapy, “structural therapy”, “social constructionism/constructivism therapy”,” MFT skills”, and “strategic therapy”. Strategic therapy had a high level of discord in the ranking of its importance, with an interquartile range of 4. It is my experience that students tend to either appreciate strategic therapy or not. There seems to be little middle ground as those who dislike this approach tend to characterize it as being manipulative and even unethical. Graduate courses in diagnosis/assessment were seen to be only moderately influential. It is not uncommon to hear conversations within graduate courses regarding a hesitance to "pathologize" or "label" a client by assigning a diagnosis. Marriage and family therapists in general seem to be reluctant to think in terms of diagnosis due to a foundational belief that symptoms reside within a context (system) and that it is at the system level that interventions must occur.

**Table 6**
**Influential Graduate Courses**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| general systems theory | 5 | 0 | 5 | 0 |
| practicum | 5 | 0 | 5 | 1 |

**Table 6**
**Influential Graduate Courses**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| mft theories in general | 5 | 0 | 5 | 1 |
| couples therapy | 4 | 1 | 4 | 1 |
| structural therapy | 4 | 2 | 4 | 2 |
| social constructionism/ constructivism | 5 | 2 | 4 | 2 |
| mft skills | 4 | 2 | 4 | 2 |
| strategic therapy | 3.5 | 3.25 | 4 | 4 |
| diagnosis/ assessment | 3 | 2 | 3 | 2 |

*Q* = interquartile range. Md = median.

In general, professional books were found to be moderately influential, with a high degree of consensus (See Table 7). When specific professional books arose from the survey they were rated quite differently by the panelists. Steve De Shazer's book *Words were Originally Magic* (1994) was rated as moderately influential but with very little consensus. Boszormenyi-Nagy's book *Between Give and Take* (1986) was rated very low in influence and had little consensus. These book titles were specified by at least two panelists in order to be included. It is very possible that not all panelists read these books which would clearly result in their having no influence for some, while those who did read them found them very influential, thus the wide interquartile ranges.

Table 7
Influence of Professional Books.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in general | 4 | 1 | 4 | 1 |
| De Shazer's "Words were originally magic" | 2 | 3 | 3 | 4 |
| Boszormenyi-Nagy's "Between Give and Take" | 3 | 3 | 1 | 3 |

*Q* = interquartile range. Md = median.

Professional articles, such as journal articles, were found to have a moderately high level of influence with very high consensus (See Table 8). Journal articles are a dominant feature of MFT training programs and in general are able to be more current regarding the trends of the field than professional books due to the length of the publication process. "Professional articles" were seen to be equally important as "professional books" in general, sharing the same degree of consensus with an interquartile range of 1. It is interesting to consider why no specific articles rose above the others in terms of importance. One possible explanation would be that the variability in the articles used from program to program resulted in panelists identifying key articles familiar to

themselves but not to the other panelists. If this did occur, the article would not have been included due to the lack of 2 or more panelists listing the article.

Table 8
Influence of Professional Articles

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in general | 5 | 1 | 4 | 1 |

*Q* = interquartile range. Md = median.

Panelists identified specific prominent MFT therapists who were influential on their theory development process (See Table 9). Prominent therapists factored in to be moderately high in their degree of influence. Topping the list was Salvadore Minuchin, who obtained a moderately high rating with strong consensus. More variability came in terms of consensus for the other prominent therapists. At the bottom of the list were Virginia Satir and Carl Whitaker, both ranked as having a moderate amount of influence but with good consensus. Of note is the ranking of John Gottman. John Gottman is a well known couples therapy researcher. The inclusion of a well known researcher with “gifted” clinicians is curious. John Gottman was ranked as being as influential as Murray Bowen, Steve De Shazer, Insoo Kim Berg, Sue Johnson, and Michael White. This collection of therapists and theorists compose much of the core readings of many MFT training programs. It is possible that this list of prominent therapists

was more of a list of theory originators than a list of clinicians. Another meaning that could be ascribed to this set is that the forces of change have been pushing for outcome based models to have preference as evidence by publications, such as that by the national association for MFT that was edited by Sprenkle (2002). John Gottman (1999) has conducted a great deal of couples therapy research and as such, his status was elevated to the likes of Murray Bowen and Steve De Shazer. It is possible that the push for outcome based approaches has brought some change to the field of MFT. The scientist/practitioner may be closer to a reality then previously thought (Crane & Hafen, 2002; Crane, et al., 2002). Another possibility is that John Gottman is familiar due to the manner in which he publishes. John Gottman publishes in the popular media and has more exposure outside the field then do the other listed prominent therapists. Hence familiarity may have garnered him this spot.

Table 9
Influence of Prominent Therapists.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| Salvadore Minuchin | 4 | 2 | 4 | 1 |
| in general | 4 | 1 | 4 | 2 |
| Steve DeShazer | 4 | 2 | 4 | 3 |

Table 9
Influence of Prominent Therapists.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| Murray Bowen | 4 | 2 | 4 | 3 |
| John Gottman | 4 | 2 | 4 | 3 |
| Insoo Kim Berg | 4 | 2 | 4 | 3 |
| Sue Johnson | 4 | 2 | 4 | 3 |
| Michael White | 4 | 3 | 4 | 4 |
| Virginia Satir | 3 | 1 | 3 | 2 |
| Carl Whitaker | 3 | 3 | 3 | 2 |

*Q* = interquartile range. Md = median.

One method of introducing MFT trainees to different means or styles of performing therapy, is through the use of professional videos of prominent therapists at work (See Table 10). AAMFT has a collection of videos designated as the “Masters Series.” This collection of videos presents a collection of master therapists demonstrating their approach with clients. The clients are usually legitimate clients, who’s therapist has sought consultation from the “Master Therapist” and agreed to allow the filming of the session. This mode of training offers a rare glimpse in seeing a source application of a therapeutic model. It is one thing for trainees to read of an approach and another to actually see the

originator of the approach demonstrating it with a client. Table ten provides the rankings of panelists regarding the influence of this avenue of training. The most highly ranked professional video was that of Steve De Shazer. Seeing him perform therapy was moderately high in influence but with a strong lack of consensus. In general these videos were seen to have only a moderate amount of influence. John Gottman was not identified in this category.

Table 10
Influence of Professional Videos .

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| Steve De Shazer performing therapy | 4 | 1 | 4 | 4 |
| in general (e.g., the master's series by AAMFT) | 3 | 2 | 3 | 1 |
| Virgina Satir performing therapy | 3 | 2 | 3 | 3 |
| Carl Whitaker performing therapy | 3 | 2 | 2 | 3 |

Table 10
Influence of Professional Videos .

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| Sue Johnson performing therapy | 3 | 2 | 2 | 3 |

*Q* = interquartile range. Md = median

Continuing on with the influence of educational variables, the impact of practicum supervision was broken down into on-campus supervision, off-campus supervision, and supervisory processes. "On-campus practicum supervisors" (See Table 11) were seen to be highly influential in terms of the constructive criticism they offered, their challenging of the trainees' theory development, and by the offering of a variety of perspectives to the trainees. There was a very high level of consensus on these items, interquartile ranges being 1 for each variable.

On-campus supervisors usually play a different role in the training process then off-campus supervisors. On-campus supervisors have an evaluative role regarding the trainee that differs from that of the off-campus supervisors. On-campus supervisors serve a much stronger evaluative role and serve as gatekeepers to the profession. At the same time, off-campus supervisors are predominantly charged with supporting the clinical growth of the trainees and are focused on theory development. Hence, off-campus supervisors generally play a

different role with and have a different relationship with trainees than do on-campus supervisors. These differences are clearly played out in the identified qualities of each below (See Tables 11 & 12).

Table 11
Influence of On-campus Practicum Supervisors.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| constructive criticism offered | 5 | 2 | 5 | 1 |
| challenged me in my own theory development | 5 | 1 | 5 | 1 |
| the variety of perspectives offered by them | 5 | 1 | 5 | 1 |
| in general | 4 | 1 | 4 | 1 |

*Q* = interquartile range. Md = median.

"External placement site supervisors" were ranked as having a moderate level of influence on the theory development process, with a moderately low amount of consensus (See Table 12). These supervisors, were specifically found to be influential in that they were open to the thoughts of the trainee, gave them room to learn, and offered a perspective beyond that of MFT. While the qualities of criticism and challenging were found to be very helpful with on-

campus supervisors, the qualities of openness and freedom were identified with off-campus practicum supervisors. Of note were the differences in supervisors themselves at these sites. Most if not all on-campus supervisors are MFT professors while off-campus supervisors are not MFT professors. Not all trainees experience off-campus practicum sites or supervision which may explain the moderate amount of consensus reached by the panelists.

Table 12
Influence of External Placement Site Supervisors.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in general | 2 | 3 | 3 | 3 |
| were open to my thoughts | 2 | 3 | 3 | 3 |
| gave me room to learn | 2 | 3 | 3 | 3 |
| offered a point of view beyond mft | 2 | 3 | 3 | 4 |

*Q* = interquartile range. Md = median.

Continuing with the theme of supervision, three processes of supervision were evaluated to each have a moderately high level of influence, with strong consensus (See Table 13). These processes were live supervision, which is a trademark of MFT training (Todd & Storm, 1997), case consultation--making use of audio or video of therapy provided, and case consultation--without the use of

audio or video of therapy. Each of these practices were rated equally important in the theory development process for panelists in the final round of data collection.

Table 13
Supervisory Processes

| Variable | DQ2 Md | DQ2 Q | DQ3 Md | DQ3 Q |
|---|---|---|---|---|
| live supervision | 5 | 2 | 4 | 1 |
| case consultation with audio/video | 4 | 1 | 4 | 1 |
| case consultation without audio/video | 4 | 1 | 4 | 1 |

*Q* = interquartile range. Md = median.

The supervision literature, at times, has been critical of case consultation without the use of “raw data” as defined by the use of audio or video records of the therapy being discussed (McCollum & Wetchler, 1995). It is of great interest that these panelists found all versions of supervision equally important as the nature of each is quite different. Case consultation, without the use of audio or video, was the most frequent supervisory process across most training programs (Wetchler, Piercy, & Sprenkle, 1989) finding that it was just as helpful in the

theory development process as those espousing “raw data” is encouraging in terms of this study. These results differed somewhat from that which Wetchler et al., (1989) found. In their study, supervisees preferred delayed supervision, whether using video/audio tape or not, over the use of live supervision although the context of this preference was not referenced specifically to the process of theory development as it is in this study. AAMFT requires that MFT trainees, from accredited programs, complete 50 hours of “raw data” supervision, demonstrating a perceived importance of such practices and the likelihood that it does not occur as frequently as case consultation without the use of audio or video data. It is possible that “raw data” forms of supervision are more beneficial in other realms of trainee development which were not explored by this study.

Panelists placed a moderately high level of importance upon the experiences of receiving positive client feedback as well as experiencing success in their practice of therapy. However the successes in therapy did not reach the level of consensus as that of positive client feedback (See Table 14). The definition of success in therapy was never expanded upon and was left to each panelists who may have defined it differently, but I would argue that the importance of this variable was not the specifics but the perceived experience of

the trainee. Success in terms of these variables builds confidence within the trainee and offers encouragement for further growth and development.

## Table 14
## Influential Clinical Experiences

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| positive client feedback | 4 | 1 | 4 | 1 |
| successes in performing therapy | 4 | 0 | 4 | 2 |

*Q* = interquartile range. Md = median.

In identifying specific client populations that were influential in their theory development process, the variable of “families” arose as being the most influential population, high importance, with a high level of consensus (See Table 15). I would offer that the most influential client populations were the ones trainees work with as they begin performing therapy. The client populations of children, African-Americans, mandated clients, and undergraduate students share little in common. It is possible that these populations differed from what was considered the by the trainee to be dominant client population in training and as such carried additional influence by their uniqueness. It is also a possibility that these populations are the primary clients this limited number of panelists worked with. As the dominant population in the panelists’ practica,

there would be more therapeutic experiences with that population which in turn would increase the influence of that population on the panelists theory development process.

Norcross and Prochaska (1983) identified that therapists, who considered themselves to be eclectic, were most influenced by the client populations with whom they were working as well as the pragmatic and economic factors. Those who considered themselves eclectic in approach saw theoretical formulations as having much less influence on their theory development than those who did not consider themselves eclectic. It is possible that panelists were eclectic in nature, although theoretical orientation was not an identified variable in this study.

Table 15
Influential Client Populations Worked With.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| families | 5 | 1 | 5 | 1 |
| children | 4 | 2 | 4 | 2 |
| African-Americans | 3 | 1 | 3 | 1 |
| mandated clients | 4 | 1 | 3 | 2 |
| undergraduate students | 1 | 2 | 2 | 3 |

*Q* = interquartile range. Md = median.

Panelists identified what they felt were influential pressures within their MFT training program. Three specific variables within this category were seen to be moderately high in their influence (See Table 16). “Emphases within training programs, regarding an awareness of cultural/contextual factors”, reached a high level of consensus as being moderately high in influence. “Awareness of contextual factors” was followed, only in terms of degree of consensus, by an emphasis on one’s theory of change and that of research. These three variables can be seen to represent the clinical, theoretical, and empirical domains. The presence of all three realms is impressive.

An issue of debate within MFT training programs is the perceived conflict between the practitioner and researcher (Crane & Hafen, 2002; Crane et al., 2002). Most practitioners do not read the scientific journals and most researchers tend to not practice as much therapy as the practitioners. The two types of MFTs are at times considered to be rather exclusive of each other and the call has been made, by more then one leader in the field, to bridge the gap with scientist practitioners. Is it possible that bridging efforts have succeeded? The inclusion of all three realms of training as being influential is encouraging. At the same time, is it possible that these realms are all included only in terms of their influence on the individuals’ theory development process as this study has

been designed to delineate? Is it also possible that it is only these training programs, represented by the panelists, that placed an emphasis on these three facets? Review calls for more cautioned valuation of these findings and the need to limit them to the specific topic at hand.

Table 16
Influence of Pressures Within the Training Program.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| awareness of cultural/contextual factors | 5 | 1 | 4 | 1 |
| emphasis on theory of change | 5 | 2 | 4 | 2 |
| research | 5 | 2 | 4 | 2 |

*Q* = interquartile range. Md = median.

Having covered the professional socialization variables, I now turn to the contextual factors. These factors influence how life experiences are interpreted in general. Sandra Rigazio-Degilio spoke in terms of therapists' theory development being nested in a host of contextual factors (Rigazio-Digilio, 1998). While the list generated is by no means exhaustive, panelists identified some social/political movements or ideas that they found to influence their theory development process (See Table 17). "The feminist movement", "civil rights movement", and the "post-modern movement" all shared moderately high

influence with high consensus. In another form, these movements espouse certain values that panelists found to be very impactful in their thought processes as they formulated their own schemas for therapeutic intervention. There appears to be at least one pattern to the specifics offered, that of liberation. Liberation in terms of one's gender, liberation in terms of one's ethnicity, and liberation in terms of one's ascriptions of meaning. An openness is present in these schools of thoughts, a value espoused by panelists and regarded as being very influential (See Table 21).

Table 17
Influence of Social/Political Movements or Ideas.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| feminist movement | 4 | 1 | 4 | 1 |
| civil rights movement | 4 | 2 | 4 | 1 |
| post-modern movement | 4 | 2 | 4 | 1 |
| in general | 3 | 2 | 3 | 2 |

*Q* = interquartile range. Md = median.

Panelists found their political orientation to be moderately high in influence, with good consensus. Panelists specifically detailed a more liberal agenda with social issues and social justice as being significant (See Table 18).

These specific political influences seem to be more akin to liberal ideologies. Panelists reported an overall slightly liberal political orientation with a median of 2 and an interquartile range of 1, with 1 representing liberal and 5 representing conservative. Thus the political orientation of the panelists played out with the specific political issues. It is possible, that the inclusion of more conservative panelists would bring a change in regards to specific political orientation issues of influence. Then again, most social science fields are dominated by more politically liberal individuals.

Table 18
Influence of Political Orientation.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| liberal agenda with social issues | 4 | 3 | 4 | 2 |
| social justice | 5 | 2 | 4 | 2 |

*Q* = interquartile range. Md = median.

Panelists identified their peers as being influential in general (See Table 19). More specific responses to this question did not obtain the level of significance needed to be included in further surveys. Further light might be shed upon this variable by reviewing a section yet to follow regarding aspects of the panelists personal relationships with other trainees (See Table 26). In

general there is a strong consensus that peers of MFT trainees had a moderate amount of influence upon their personal clinical theory development.

Table 19
Influence of Peers.

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in general | 3 | 1 | 3 | 1 |

*Q* = interquartile range. Md = median.

One of the most highly identified variables of influence, in the theoretical selection of clinical trainees, is personality (Ronnestad, 1976; Chwast, 1978; Ellis, 1978; Walton, 1978; Tremblay et al., 1986; Johnson et al., 1988). Panelists in this study identified their own "personality" as being a moderately high influence in their theory development process (See Table 20). Key studies previously cited by Heatherington (1987) and Kolevzon et al. (1989) articulate the important role they believe personality to play in the selection of one's theory.

The MFT trainee panelists in this study reached a strong consensus in regards to the influence of "personality". Panelists ranked "personality" issues in general as being moderately high in influence. It was proposed by Heatherington (1987) and Ellis (1978) that personality plays less of a factor early in training when everything is new and the power of expert supervisors and professors is more dominant. This proposition is supported by the results of this study. Panelists in this study were new in the field and just embarking on their MFT experience, as indicated by their enrollment in an MFT training program and the

fact that on average, they had only completed 3 practica of MFT therapy experience. They placed greater emphasis on the importance of their relationship with their supervisors and MFT professors than upon their personality factors (See Table 23) when it came to the development of their own theory of therapy. To further explore this proposition of experience, training, and the importance of personality versus that of positional individuals (relating to hierarchy), it would be necessary to survey MFTs within a broad range of practice experience. A broader sample base, in terms of experience, would provide a continuum of positional influences and could be correlated to changes in emphasis between positional characters and personality issues. It appears that personality is seen as being important but not as important as positional characters in the early theory development process.

**Table 20**
**Influence of Personality Issues.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in general | 3 | 3 | 4 | 1 |

*Q* = interquartile range. Md = median.

I propose that personality is one aspect of the personal set of variables that are influential in the theory development process. I believe personality is accompanied by other personal factors, such as that of personal values and spirituality. It is possible that there are other personal variables in this category but these are the ones identified as being influential by panelists in this study. The personal values of equality and openness were given equal emphasis in

comparison to positional relationships, in terms of the theory development process (See Table 25). The values of “respect” and “focusing on the positive” were rated as being of equal influence as personality. It appeared “equality” and “openness” tie closely to the political ideas of liberation as previously discussed. These two variables represent a freedom of thought and movement in thought. While respect was seen as being only moderately influential, openness and equality are difficult to nurture in their vulnerability without it. Focusing on the positive is in line with the previously delineated importance of the solution focused ideologies espoused by Steve De Shazer and Insoo Kim Berg (both being cited as being of influence as prominent therapists).

Within personal values, the values of “equality” and “openness” arose as two of the most influential items identified by panelists (See Table 21). Both “equality” and “openness” were rated as highly influential with strong consensus. These two values were followed closed by a moderately high rating of respect and “focusing on the positive”, which both achieved a strong consensus as well. This set of values is seen not only as important to the trainees work with their clients but with the work done with each other in training situations. AAMFT requires MFT trainees to have at least 3 credit hours of training in the contextual factors that include gender and ethnicity (“Commission on Accreditation,” 2002). Within courses such as these a great deal of emphasis is placed upon openness to differences, a sense of equality across differentiating categories, and respect for differences. Such emphasis is put on respect for differences, that an entire chapter was devoted to ideas to help foster this value in the popular supervisory

text by Todd and Storm (1997). Focusing on the positive is embedded in the very concept of therapy, the belief that things can change for the better.

**Table 21**
**Influence of Personal Values.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| equality | 4 | 2 | 5 | 1 |
| openness | 4 | 1 | 5 | 1 |
| respect | 5 | 1 | 4 | 1 |
| focusing on the positive | 4 | 1 | 4 | 1 |

*Q* = interquartile range. Md = median.

The only spirituality variable to arise from this study was the guiding influence that one's spirituality offers (See Table 22). "Spirituality, as a guiding influence", can be translated to be the spiritual lenses through which the trainee views/evaluates new information. In fundamental ways spirituality may guide theoretical selection. For example, a spiritual person may struggle with the acceptance of a theory based upon a premise that denies the existence of a supreme power and the presence of an ultimate source of truth or right. Another example might be how spiritual concepts such as auras and chakras are seen to be of influence but not included in any fashion in dominant marriage and family therapy theories. This place of importance to the trainee and the lack of inclusion in the field, may result in a personalization of theory for the individual. This personalization of one's dominant theory would be guided by the trainees spirituality, thus the importance of spirituality as a guiding influence.

Spirituality has been somewhat elusive in conversations regarding the science of therapy. Many struggle to differentiate where therapy ends and religion/spirituality begin. Stander, Piercy, Mackinnon, and Helmeke (1994) offered a helpful dialogue on the interplay of spirituality, religion, and family therapy. They see the need for the "artificial" boundary between these realms to be dissolved. In a fashion similar to Stander et al. (1994), Bergin and Jensen (1990) called for religiosity to be "more clearly expressed and overtly translated into practice" (p. 7). This inclusion still leaves the variables as identified in this study untouched. I would offer that sensitivity to the trainees' spirituality and how that spirituality influences their theory development, be a matter of consideration in class discussions and supervision.

**Table 22**
**Influence of a Spirituality Element.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| as a guiding influence | 3 | 3 | 4 | 2 |

*Q* = interquartile range. Md = median.

Family members were seen to be just as influential as personality, albeit with slightly less consensus. "Parents", "siblings", "spouses", and "specifically seeing how family members fit into theories and models" were all identified as being moderately high in influence (See Table 23). There was less consensus, a moderate amount, for the variable of "spouse". It is likely that some panelists were not married. Parents and siblings were just as influential and with the same level of consensus as the specific experience of seeing how family members fit

into theories and models. When trainees learn new theories or models it seems only natural for them to see how well it explains their own family. This application of new ideas offers to shed light on one's own family and at the same time provides an opportunity to identify holes in the new systems of thought. Questions may be asked for patterns or meanings that do not fit the framework the new information prescribes.

**Table 23**
**Influence of Family Members.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| parents | 4 | 1 | 4 | 2 |
| siblings | 4 | 2 | 4 | 2 |
| spouse | 4 | 4 | 4 | 3 |
| specifically seeing how they fit into theories and models | 4 | 3 | 4 | 2 |

*Q* = interquartile range. Md = median.

It is interesting to note that the influence of family members has not been identified before this time as a major factor of influence on clinical theory development. It is possible that beyond the testing ground for new theories, families serve as a different type of positional variable. This type of positional variable is based upon connectedness versus hierarchy. While parents may be considered to be in a hierarchical position, they were rated no more influential than siblings or a spouse. This may have indicated that it is not positional but connectedness at play here. The connection between trainees and their parents,

siblings, and spouses may lend greater credence to the input that they offer on the level of values and spirituality.

When panelists thought of specific influences from their families, they were coined in terms of issues within their family of origin (See Table 24). Panelists identified “boundaries” and “divorce” as being family of origin issues that impacted their theory development process. “Boundaries” had strong consensus as being moderately influential, while “divorce” had good consensus as being a lesser factor. In general, it appears that panelists see family of origin issues as having little influence upon their theory development process, whereas their relationships within their family of origin carried much more influence. Murray Bowen (Kerr & Bowen, 1988) would likely disagree with this premise. Bowen (Kerr & Bowen, 1988) maintained that individuals should address their family of origin issues in order to maximize their capacity as a family therapist. By addressing family of origin issues the therapist is freed from replicating such patterns within the therapeutic relationship and in turn offers much more to the client seeking treatment. This system of thinking was rated rather high in influence, in terms of the identification of Bowen as a influential prominent therapist (See Table 9).

**Table 24**
**Influence of Issues within the Family of Origin.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| boundaries | 3 | 2 | 3 | 1 |
| divorce | 2 | 3 | 2 | 2 |

*Q* = interquartile range. Md = median.

A second category of relationships was identified (See Table 25). Panelists placed the greatest emphasis upon their relationships with supervisors and MFT professors. The relationships with both supervisors and MFT professors were seen to be very influential with a high degree of consensus. As discussed previously, this finding may offer support for the importance of the positional relationship early in the professional's training. The positional relationship has been identified as being of significance, early on in the training, in numerous counselor developmental models (Borders, 1989; Hess, 1987; Holloway, 1987, 1988; Loganbill, Hardy, & Delworth, 1982; Miller, 1982; Stoltenberg,1981; Stoltenberg & Delworth, 1988; Wiley & Ray,1986; Worthington, 1987). Slightly less emphasis was placed upon "personal relationships in general" as well as "personal relationships with parents", "professors in general", and "family of origin". In terms of a spouse, a personal relationship with them was considered to be of only moderate influence but with good consensus.

**Table 25**
**Influence of Personal Relationships.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| supervisors | 4 | 1 | 5 | 1 |
| mft professors | 5 | 1 | 5 | 1 |
| in general | 5 | 1 | 4 | 1 |
| parents | 4 | 2 | 4 | 1 |
| professors in general | 4 | 2 | 4 | 2 |

**Table 25**
**Influence of Personal Relationships.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| in family of origin | 4 | 1 | 4 | 2 |
| spouse | 4 | 2 | 3 | 2 |

*Q* = interquartile range. Md = median.

Personal relationships, whether positional or purely relational, are a powerful medium of influence. Boszormenyi-Nagy and Krasner (1986) argued, that it is within the give and take of relationships that we as individuals are defined. We are the summation of our relationships. Opinions from others, with whom an individual has relationships, carry an influence in the thought processes that are a part of the personal clinical theory development. It is interesting to note, that panelists rated parents within the category of "family members" similarly to "personal relationships in general". A stronger consensus was obtained when viewing that parental relationship in a general framework of relationships versus a family member framework.

When asked about the influence of personal relationships with other trainees, panelists identified that, in general, they carry a moderately high level of influence with strong consensus (See Table 26). The process of discussing their personal theory with their colleagues was equally influential. Panelists differentiated between cohort cohesion/support and a sense of camaraderie. A sense of camaraderie with other trainees had good consensus as being moderately high in influence. The "cohort cohesion and support found within the

personal relationships with other trainees", rose above the rest in this category and was ranked as being highly influential, with strong consensus. A sense of camaraderie/cohesion/support develops amongst cohorts given the amount of time spent together in classes, time together out of classes, the sharing of similar experiences, and the vulnerability that is exposed in the training process. Trainees are expected to demonstrate their fledgling attempts of therapy in front of other trainees, expose their mistakes (as well as triumphs) for the subject of group supervision, and in general expose themselves to evaluation by their colleagues. Personal struggles for growth take place in this environment. For a trainee to not be trusting of their colleagues would preclude the disclosure of fears, concerns, and other general arenas of growth. It may be that this need is one reason AAMFT requires trainees be supervised by AAMFT approved supervisors ("Commission on accreditation," 2002), necessitating a high degree of experience and training in the provision of supervision in order to maintain a healthy supervisory environment. Great trust is put in other trainees and the supervisor, so that struggles can be discussed and openly addressed without the fear of rejection and belittlement. The values espoused as being influential by the panelists concur with the desired/needed traits that are influential: openness, respect, equality, and focusing on the positive.

**Table 26**
**Influence of Personal Relationships with other Trainees.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| specifically the cohort cohesion and support | 5 | 1 | 5 | 1 |
| in general | 4 | 1 | 4 | 1 |
| specifically discussing my theory with my colleagues | 5 | 1 | 4 | 1 |
| the sense of camaraderie | 4 | 1 | 4 | 2 |

*Q* = interquartile range. Md = median.

Panelists identified that their experiences as a customer of therapy services were influential in their own personal clinical theory development (See Table 27). Panelists identified that “positive experiences” and “negative experiences” in therapy were equally influential (rated to be moderately high (4) with good consensus (2)). The more specific aspect of their therapy experience they identified, was the act of identifying/experiencing traits or qualities that they desire to reflect in their own practice. This specific function carried the equivalent ratings and consensus as the positive and negative variables.

Receiving therapy from a good therapist was no more powerful than experiencing “poor therapy” (being differentiated by the identification of either positive or negative experiences in therapy). Cummings and Lucchese (1978) identified that the therapists who trainees see, often serve as models for the

trainees. The very experience of being in therapy appears to be influential regardless of the effectiveness of the encounter.

**Table 27**
**Influence of Personal Therapy Experiences.**

| Variable | DQ2 Md | DQ2 *Q* | DQ3 Md | DQ3 *Q* |
|---|---|---|---|---|
| negative | 4 | 4 | 4 | 2 |
| positive | 4 | 2 | 4 | 2 |
| desirable traits/qualities to reflect in own practice | 4 | 2 | 4 | 2 |

*Q* = interquartile range. Md = median.

The results of this study contain variables that some have tried to organize into a logical framework. One such individual was Russell Haber. Haber (1996) offered a construction he referred to as the "professional house" as a means of describing the nature of trainees and supervisors. Although he conceptualizes this model out of interest for the supervisory process, it is of interest to note the descriptions he offers for the impinging factors that make up the individual. He identifies four levels or floors that make up this model. The "bottom floor" is the self of the therapist. This floor consists of the trainees physiological, historical experiences, emotional experiences, as well as personal/profession/family characteristics. This floor is represents the self of the therapist. The middle floor is made up of rules, roles, and the parameters of boss, colleagues, referral sources, social services, control agencies, and financial influences. This floor refers to the construction of the role and the environment of the "work context."

Pulling these two floors together, Haber stated “The self generates information and images; the role decides whether and how to use the information” (1996, p. 21). The top floor consists of the theoretical orientation of the therapist and organization, mentors, and supervisors as well as ethics and values. This floor is summarized as “ideology.” The top floor, or attic, is composed of culture, paradigm change, and archetypal issues. Haber (1996) describes this level as being mystical and symbolic in influence, more so then the other floors in his model. The attic is the culture of the trainee.

Models such as Haber’s are useful in the organizational schema they offer for the magnitude of variables identified in this study. However they offer only organizational ideas and not empirically generated constructs. The need for further empirical exploration is imperative in order to avoid distractions of opinion and allow the pursuit of understanding. This study offers the variables for further modeling with quantitative techniques that can delineate change and interconnectedness within the variable set.

## Limitations

While this study has generated valuable information, there are some limitations. The sample size of this study was disappointing. As the rounds progress, it is common for Delphi studies to suffer increasing sample attrition (Goodman, 1987; Keeney et al., 2001; Sori & Sprenkle, 2004; Landetta, 2006). This study was no different. The dispersion of the sample appeared to be limited despite attempts to encourage otherwise. The prevalence of several programs’

participants, likely shaded the data gathered according to the peculiarities of those programs. For example, students from Purdue–Calumet may place greater emphasis on particular elements of training based upon the characteristics of the program and the characteristics of the trainees the program recruits. Although Delphi studies do not rely upon sampling measures as quantitative models do, the dispersion offers the opportunity for richer outcomes. The constructs of reliability and validity are founded in the sample. Despite the limited sample size, in the end, the information is very valuable in terms of exploratory data as was the intent of this study. The variable of marital status was not included in the demographic gathering. This omission precluded the ability to further clarify the discrepancies regarding the influence of a spouse. Additionally, the inability to discern whether or not program directors did indeed pass along the invitation to their trainees is a clear weakness.

Another point is identified by Simon (2006) who believed nurturing theory development was not enough. He argued that the appropriate fit of the theory with the self of the therapist is where the difference lies. He called for the testing of the hypothesis “that a therapist becomes maximally effective when he or she uses a model of proven efficacy whose underlying worldview closely matches his or her own” (Simon, 2006, p. 343). Something this study did not do.

Lastly, this study was composed of self-report feedback. It is possible that trainees are not aware of some of the factors that influenced their theory development process. Despite this possibility, most other studies reviewed in chapter two of this work were based upon the report of outside observers. It may

be fruitful to combine the perspectives to create the larger picture of the development process. This is the only study to offer the type of data gathered to this date.

## Implications

The results of this study offer a level of detail about the influences upon MFT trainees personal theory development that has not previously been researched. Extant theories of influence are now accompanied by initial variables of importance for future study. The variables contained in the "high level of influence" table are those upon which the greatest efforts should be focused. Resources should be committed to these identified areas in order to maximize the advancement of the MFT trainee's clinical theory development. The use of on-campus practicum site supervisors–which would entail an on-campus practicum site, are more influential then off-campus practicum site supervisors. These on-campus supervisors are additionally helpful in offering constructive criticism, challenging trainees in their theory development, and offering multiple perspectives.

Personal relationships with MFT professors and supervisors were rated as being very influential in the theory development process. While the valuable resource of time is limited for professors, with demands of publication, university committees, course preparation, etc... it would seem wise to reconfigure to provide more opportunity for the development of this influence. Creativity is

needed to balance the economic pressures of limited resources and high demands with the needs of the developing MFT trainees.

Core classes that lay the theoretical foundation should be taught by professors best suited to doing so. This study did not seek to identify which professors are best for which classes, but did identify that there are key courses that are very influential. The graduate course in general family systems theory was unequivocally rated as being highly influential in the personal clinical theory development of the trainee. Particular attention to the selection of faculty to teach this course would appear to be very important.

The only client population to make the highly influential table was that of families. If trainees find working with families to be so influential in their developmental process then efforts must be made to provide these opportunities. It is my experience that the opportunities to work with entire families is more uncommon than the other treatment populations. Efforts must be made to provide these opportunities. One example of such an effort would be that of Kansas State University's marriage and family therapy program. This program engaged in the provision of in-home family therapy for Kansas' Family Preservation program. This program is for families at risk of losing their children. This arrangement provided trainees with experience performing family therapy and also fulfilled the need to assist these families. In line with the findings of this study, an ideal training scenario would be for the family therapy (specifically identified as being influential in this study) to occur on-campus (to enable the

influential on-campus supervision of cases). These are optimum conditions for personal clinical theory development.

Lastly, the values of openness and equality are crucial. It appears greater understanding of the personal theory development process comes from the lenses of openness and equality. These two guiding values may be just as important in the professional socialization process the trainees experience. Different programs carry different theoretical bents to them, some maintaining more rigid structural qualities while some prefer more post-modern approaches, and some maintain a combination of these to formulate their own unique environment. It appears further exploration in the training effectiveness of differing MFT programs is called for. This exploration might be based solely upon their theoretical approach to the training as the independent variable. The dependent variable could be some measure of personal clinical theory development. This combination of variables would provide a means to determine which environment(s) is/are most effective in nurturing theory development in MFT trainees. The experience of a trainee in the masters level Syracuse program would be very different from that within the Purdue–Calumet program, which in turn differs from the Iowa State program or the Kansas State University program. No two programs are alike and yet each has its own differing approach to training individuals to become marriage and family therapists.

The results of this study have provided an initial framework but call for empirical confirmation. These variables could be assessed in terms of

interconnectedness and possibly discern whether or not differences are predictable and/or signifcant between different trainees and theories.

## Conclusion

Many ideas have been generated to explain how therapists in general develop. Fewer ideas have been generated to explain the theory development process of therapists. This study has offered an exploration into the factors of importance in the personal clinical theory development of marriage and family therapy trainees. The data generated offers some insights into areas of emphasis that may garner greater harvests in terms of theory development. The future of marriage and family therapy is dependent upon the quality of training received in MFT programs. The attention to the factors at play in trainees' clinical theory development is a step in the right direction.

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# APPENDIX A: Letter of Invitation to Program Directors

Dear MFT Program Director,

I am currently a doctoral student in marriage and family therapy at Kansas State University. Dr. Mark White is my advisor and Doctors Candyce Russell and Anthony Jurich are my committee members.

I am conducting a Delphi Study concerning the influential factors in personal theory development among marriage and family therapy trainees. While numerous opinions have been offered in other fields no study has yet taken into consideration the experiences of marriage and family therapy trainees.

Your program has been selected based upon your reputation for quality training. Panelists need to be masters students that have completed at least one practicum (4-5 months of therapy experience in the program). The surveys will be administered via the web and should not take more than a total of one hour to complete. Your support in this process would be greatly appreciated.

I will be sending you a second message that can be forwarded to the students in your program. This message will contain an invitation to participate in this study. Your program's input is invaluable to the outcome of this study.

Thank you

Darwin West, MS, LMFT

darwinw.showlow@narbha.org

# APPENDIX B: INVITATION LETTER FOR STUDENTS

Dear Marriage and Family Therapy Student,

I would like to ask your help in an important research study for the field of marriage and family therapy. This study is designed to explore which factors have the most influence on your personal theory development as a marriage and family therapist. No previous study has taken in the input of the trainees perspectives. This is where you come in as the expert on your own personal experience.

You were chosen because of the theoretical strength of your training program. Your program is considered to be one of the strongest COAMFT accredited programs. There will be three surveys sent to you which should not take over one hour total to complete. These surveys will be administered via the web. In appreciation for your participation, a summary of the study will be sent to you at the conclusion via email.

This study will use the Delphi technique, a method commonly used to achieve consensus amongst experts in certain areas. This method assures anonymity of your responses to other participants and eliminates pressures often exerted in group discussions. As someone with first hand knowledge of the marriage and family therapy training experience your participation would be greatly appreciated.

Your participation will help clarify the training process and forward the field's understanding of the training experience. In turn it will serve to improve the training provided to marriage and family therapists. All this with the goal of increasing the effectiveness and efficiency in training qualified marriage and family therapists.

Please navigate to the following web address to begin the survey if you are not able to just click on the link please type it in a web browser address field:

https://surveys.ksu.edu/TS?offeringId=56479

Respectfully,
Darwin West, MS, LMFT

ps. you may select the address, copy and past it into a browser address bar if the link does not work for you.

# APPENDIX C: FOLLOW UP INVITATION FOR STUDENTS

Your participation is essential to the successful completion of this study on the influences that shape mft students' theories of therapy. If you have not yet responded, please consider your crucial role as an expert on your experience as a mft student. Your experiences will contribute to a greater understanding of the mft theory development process at an individual level. Your expertise on this personal process is invaluable to this study.

Please navigate to the following link to participate:

https://surveys.ksu.edu/TS?offeringId=56479

I appreciate your attention to this need. This survey will be available for one more week.

Darwin West, MS, LMFT

# APPENDIX D: DQ2 LETTER

Thank you for taking the time to complete the first survey. As a fellow graduate student I truly appreciate how limited our free time is. The remaining two surveys will take substantially less time. Please navigate to the link provided in this message and complete the second survey, this survey only requires rating the level of importance of the items identified by participants in the first survey. The last survey will be similar. If you have any problems accessing this survey please contact me at: darwinw.showlow@narbha.org

Again, thank you for investing your time in adding to our understanding of the theory development process.

Sincerely,

Darwin West, MS, LMFT

Please click on the Web address (URL) below to complete and submit
the survey by 10/31/06. All responses are kept confidential.

< The actual URL will be listed here >

This Survey URL is for your use only. It cannot be used by anyone else.
If you cannot click on the Web address, please copy the underlined
text and paste it into the address field of your Web browser.
If you experience any difficulties please contact Technical Support
at (800) 865-6143 or 532-7722, email: help@surveys.ksu.edu

If you do not want to participate in this survey visit

< The actual URL will be listed here >

to remove your email address.

If you have any questions contact help@surveys.ksu.edu

# APPENDIX E: DQ2 Follow-up Letter

This is an automated reminder to complete the second survey in the theory development study. Thank you.

Please click on the Web address (URL) below to complete and submit the survey by 12/09/06. All responses are kept confidential.

https://surveys.ksu.edu/TS?key=xxxxxxxx

This Survey URL is for your use only. It cannot be used by anyone else.
If you cannot click on the Web address, please copy the underlined text and paste it into the address field of your Web browser.
If you experience any difficulties please contact Technical Support at (800) 865-6143 or 532-7722, email: help@surveys.ksu.edu
If you do not want to participate in this survey visit
https://surveys.ksu.edu/TS?key=-xxxxxxxxx
to remove your email address.
If you have any questions contact help@surveys.ksu.edu

# APPENDIX F: DQ3 Letter

This is the final round of this study. Your personal investment of your time and experience is greatly appreciated. Your input is essential to furthering this exploration. Thank you for your help.

If you did complete the second survey please do not respond to this survey, a personalized one is being sent--some panelists used different email addresses and this has resulted in some receiving two surveys. Once again complete the survey that lists your rating on the last survey if you did complete the round two survey.

Please click on the Web address (URL) below to complete and submit the survey by 12/02/06. All responses are kept confidential.

< The actual URL will be listed here >

This Survey URL is for your use only. It cannot be used by anyone else.
If you cannot click on the Web address, please copy the underlined text and paste it into the address field of your Web browser.

I

f you experience any difficulties please contact Technical Support

at (800) 865-6143 or 532-7722, email: help@surveys.ksu.edu

If you do not want to participate in this survey visit

< The actual URL will be listed here >

to remove your email address.

If you have any questions contact help@surveys.ksu.edu

# APPENDIX G: DQ3 Automated Reminder

This is an automated reminder to complete the last survey in the theory development study. Thank you.

Please click on the Web address (URL) below to complete and submit the survey by 12/09/06. All responses are kept confidential.

https://surveys.ksu.edu/TS?key=-xxxxxxxx

This Survey URL is for your use only. It cannot be used by anyone else.
If you cannot click on the Web address, please copy the underlined text and paste it into the address field of your Web browser.
If you experience any difficulties please contact Technical Support at (800) 865-6143 or 532-7722, email: help@surveys.ksu.edu
If you do not want to participate in this survey visit
https://surveys.ksu.edu/TS?key=-xxxxxxxx
to remove your email address.
If you have any questions contact help@surveys.ksu.edu

# Appendix H - DQ1 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
The purpose of this study is to explore influential factors in family therapists' personal theory development. You are eligible to participate in the study if you have completed at least your third quarter/semester of practicum (or are currently enrolled in your third practica). It is important for the field of family therapy to hear from current trainees about what factors influence their process of theory development, hence you are an expert in this area and are an important member of the participant panel whom I'm inviting to participate in a three-round Delphi study.

**Opening Instructions**
As you complete the following survey, please note that you may omit any question that you would prefer not to answer. If you are unsure about how to answer a question, please give the best answer you can. Completing the online questionnaire should take approximately 15-25 minutes. There are 3 different surveys you will be asked to complete in this study, with the subsequent surveys taking less time to complete then current one.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 785-532-6984 Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax,

Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

**Page 1**

Your attention to accuracy is appreciated.

**Question 1** ***** required *****

Please provide your email address to be used for study correspondence:

(maximum of 200 characters)

**Question 2** ***** required *****

Age:

(maximum of 200 characters)

**Question 3** ***** required *****

Sex:

- Female
- Male

**Question 4** ***** required *****

Race / Ethnicity

(maximum of 200 characters)

**Question 5** ***** required *****

Completed undergraduate and graduate degrees:

(maximum of 200 characters)

**Question 6** ***** required *****

Number of practicum semesters completed (include your current practicum)

(maximum of 200 characters)

**Question 7** ***** required *****

Geographic Region of your MFT program:

- Northwest United States
- Southwest United States
- Midwest United States
- North East United States
- South East United States

**Question 8** ***** required *****

General political orientation

**1 - Liberal | 2 - - | 3 - - | 4 - - | 5 - Conservative**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **8.1** General political orientation | | | | | |

**Question 9** ***** required *****

Level of personal spirituality

**1 - not spiritual | 2 - - | 3 - - | 4 - - | 5 - very spiritual**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **9.1** Level of personal spirituality | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 10** ***** required *****

Level of personal religiosity (participation in organized religion)

**1 - none | 2 - - | 3 - - | 4 - - | 5 - high**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **10.1** Level of personal religiosity | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 11** ***** required *****

Level of interest in mft theory

**1 - low | 2 - - | 3 - - | 4 - - | 5 - high**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **11.1** Interest in mft theory | ☐ | ☐ | ☐ | ☐ | ☐ |

**Page 2**

For the interest of this study a personal theory of therapy will be defined as the way you view therapy, how you make sense of therapy, or the ideas/beliefs that guide your therapy. Please answer the following questions and provide an example of what you are identifying as having an influence on you (e.g. Identify the popular media book(s) that were influential if there were any).

**Question 12** ***** required *****

Were there any popular media books or articles that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 3

**Fill out this page only if you answered:**

- ***yes*** on question ***12. Were there any popular media books..*** on ***page 2*** .

For the interest of this study a personal theory of therapy will be defined as the way you view therapy, how you make sense of therapy, or the ideas/beliefs that guide your therapy. Please answer the following questions and provide an example of what you are identifying as having an influence on you (e.g. Identify the popular media book(s) that were influential if there were any).

**Question 13** ***** required *****

Please identify which book(s) or media were influential.

(maximum of 200 characters)

## Page 4

**Question 14** ***** required *****

Were there any television shows that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 5

**Fill out this page only if you answered:**

- ***yes*** on question ***14. Were there any television shows th..*** on ***page 4*** .

---

**Question 15** ***** required *****

Please identify the television show(s) that were influential.

(maximum of 200 characters)

## Page 6

**Question 16** ***** required *****

Were there any popular media movies that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 7

**Fill out this page only if you answered:**

- ***yes*** on question ***16. Were there any popular media movie..*** on ***page 6*** .

### Question 17 *** required ***

Please identify which movies were influential.

(maximum of 200 characters)

### Page 8

### Question 18 *** required ***

Were there any songs that were influential in the development of your personal theory of therapy?

- yes
- no

### Page 9

**Fill out this page only if you answered:**

- ***yes*** on question ***18. Were there any songs that were inf..*** on ***page 8*** .

### Question 19 *** required ***

Please identify the songs that were influential.

(maximum of 200 characters)

### Page 10

### Question 20 *** required ***

Were there any social/political movements or ideas that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 11

**Fill out this page only if you answered:**

- ***yes*** on question ***20. Were there any social/political mo..*** on ***page 10*** .

### Question 21 *** required ***

Please identify the social/political movements or ideas that were influential.

(maximum of 200 characters)

## Page 12

### Question 22 *** required ***

Were there any professional books that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 13

**Fill out this page only if you answered:**

- ***yes*** on question ***22. Were there any professional books ..*** on ***page 12*** .

### Question 23 *** required ***

Please identify the professional books that were influential.

(maximum of 200 characters)

## Page 14

### Question 24 ** *required* **

Were there any professional articles that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 15

**Fill out this page only if you answered:**

- ***yes*** on question ***24. Were there any professional articl..*** on ***page 14*** .

### Question 25 ** *required* **

Please identify the professional articles that were influential.

(maximum of 200 characters)

## Page 16

### Question 26 ** *required* **

Were there any professional videos that were influential in the development of your personal theory of therapy (e.g. AAMFT master's series tapes)?

yes

no

## Page 17

**Fill out this page only if you answered:**

- ***yes*** on question ***26. Were there any professional videos..*** on ***page 16*** .

### Question 27 *** required ***

Please identify the professional videos that were influential.

(maximum of 200 characters)

## Page 18

### Question 28 *** required ***

Were there any prominent therapists that were influential in the development of your personal theory of therapy?

yes

no

## Page 19

**Fill out this page only if you answered:**

- ***yes*** on question ***28. Were there any prominent therapist..*** on ***page 18*** .

### Question 29 *** required ***

Please identify the prominent therapists that were influential for you.

(maximum of 200 characters)

## Page 20

### Question 30 ** *required* **

Were there any personal relationships that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 21

**Fill out this page only if you answered:**

- ***yes*** on question ***30. Were there any personal relationsh..*** on ***page 20*** .

### Question 31

Please identify the personal relationships that were influential.

(maximum of 200 characters)

## Page 22

### Question 32 ** *required* **

Were there any external placement site supervisors that were influential in the development of your personal theory of therapy?

yes

no

## Page 23

**Fill out this page only if you answered:**

- ***yes*** on question ***32. Were there any external placement ..*** on ***page 22*** .

### Question 33 *** required ***

Please identify how the external placement site supervisors were influential.

(maximum of 200 characters)

## Page 24

### Question 34 *** required ***

Were there any on-campus practicum supervisors that were influential in the development of your personal theory of therapy?

yes

no

## Page 25

**Fill out this page only if you answered:**

- ***yes*** on question ***34. Were there any on-campus practicum..*** on ***page 24*** .

### Question 35 *** required ***

Please identify how the on-campus practicum supervisor(s) were influential.

(maximum of 200 characters)

## Page 26

### Question 36 ** *required* **

Were there any personal relationships with other trainees that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 27

**Fill out this page only if you answered:**

- ***yes*** on question ***36. Were there any personal relationsh..*** on ***page 26*** .

### Question 37 ** *required* **

Please identify what about the personal relationship with other trainees that was/is influential.

(maximum of 200 characters)

## Page 28

### Question 38 ** *required* **

Were there any professional conferences that were influential in the development of your personal theory of therapy?

yes

no

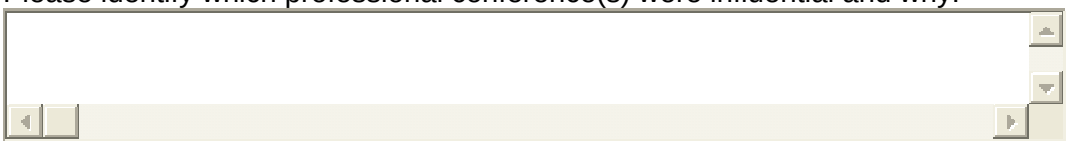
## Page 29

**Fill out this page only if you answered:**

- ***yes*** on question ***38. Were there any professional confer..*** on ***page 28*** .

### Question 39 *** required ***

Please identify which professional conference(s) were influential and why.



(maximum of 200 characters)

## Page 30

### Question 40 *** required ***

Were there any professional presentations that were influential in the development of your personal theory of therapy?

yes

no

## Page 31

**Fill out this page only if you answered:**

- ***yes*** on question ***40. Were there any professional presen..*** on ***page 30*** .

### Question 41 *** required ***

Please identify which professional presentation(s) were influential.

(maximum of 200 characters)

## Page 32

### Question 42 ** *required* **

Were there any specific client populations that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 33

**Fill out this page only if you answered:**

- ***yes*** on question ***42. Were there any specific client pop..*** on ***page 32*** .

### Question 43 ** *required* **

Please identify which specific client population(s) were influential.

(maximum of 200 characters)

## Page 34

### Question 44 ** *required* **

Were there any undergraduate classes that were influential in the development of your personal theory of therapy?

yes

no

## Page 35

**Fill out this page only if you answered:**

- ***yes*** on question ***44. Were there any undergraduate class..*** on ***page 34*** .

### Question 45 *** required ***

Please identify which undergraduate classes were influential.

(maximum of 200 characters)

## Page 36

### Question 46 *** required ***

Were there any graduate classes that were influential in the development of your personal theory of therapy?

yes

no

## Page 37

**Fill out this page only if you answered:**

- ***yes*** on question ***46. Were there any graduate classes th..*** on ***page 36*** .

### Question 47 *** required ***

Please identify which graduate classes were influential

(maximum of 200 characters)

## Page 38

### Question 48 ** *required* **

Were there any family members that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 39

**Fill out this page only if you answered:**

- ***yes*** on question ***48. Were there any family members that..*** on ***page 38*** .

### Question 49 ** *required* **

Please identify which family member(s) were influential and describe how they influenced you.

(maximum of 200 characters)

## Page 40

### Question 50 ** *required* **

Were there any peer influences amongst trainees that were influential in the development of your personal theory of therapy (e.g. multiple classmates adopted a certain view and this influenced you)?

yes

no

## Page 41

**Fill out this page only if you answered:**

- ***yes*** on question ***50. Were there any peer influences amo..*** on ***page 40*** .

### Question 51 *** required ***

Please identify the peer relationship pressures that influenced you.

(maximum of 200 characters)

## Page 42

### Question 52 *** required ***

Were there any spirituality elements that were influential in the development of your personal theory of therapy?

yes

no

## Page 43

**Fill out this page only if you answered:**

- ***yes*** on question ***52. Were there any spirituality elemen..*** on ***page 42*** .

### Question 53 *** required ***

Please identify how your spirituality was influential in your clinical theory development.

(maximum of 200 characters)

## Page 44

### Question 54 ** *required* **

Were there any specific personal values that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 45

**Fill out this page only if you answered:**

- ***yes*** on question ***54. Were there any specific personal v..*** on ***page 44*** .

### Question 55 ** *required* **

Please identify which of your personal values that were influential.

(maximum of 200 characters)

## Page 46

### Question 56 ** *required* **

Were there any political orientation issues that were influential in the development of your personal theory of therapy?

yes

no

## Page 47

**Fill out this page only if you answered:**

- ***yes*** on question ***56. Were there any political orientati..*** on ***page 46*** .

### Question 57 *** required ***

Please identify which aspects of your political orientation that were influential.

(maximum of 200 characters)

## Page 48

### Question 58 *** required ***

Were there any personality issues that were influential in the development of your personal theory of therapy?

yes

no

## Page 49

**Fill out this page only if you answered:**

- ***yes*** on question ***58. Were there any personality issues ..*** on ***page 48*** .

### Question 59 *** required ***

Please identify which aspect(s) of your personality that were influential.

(maximum of 200 characters)

## Page 50

### Question 60 ** *required* **

Were there any family of origin issues that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 51

**Fill out this page only if you answered:**

- ***yes*** on question ***60. Were there any family of origin is..*** on ***page 50*** .

### Question 61 ** *required* **

Please identify which family of origin issues were influential for you.

(maximum of 200 characters)

## Page 52

### Question 62 ** *required* **

Were there any mft licensing requirements that were influential in the development of your personal theory of therapy?

yes

no

## Page 53

**Fill out this page only if you answered:**

- ***yes*** on question ***62. Were there any mft licensing requi..*** on ***page 52*** .

### Question 63 *** required ***

Please identify which mft licensing requirements played an influence on your theory development.

(maximum of 200 characters)

## Page 54

### Question 64 *** required ***

Were there any reimbursement for services provided issues that were influential in the development of your personal theory of therapy?

yes

no

## Page 55

**Fill out this page only if you answered:**

- ***yes*** on question ***64. Were there any reimbursement for s..*** on ***page 54*** .

### Question 65 *** required ***

Please identify what aspect of reimbursement for services provided that influenced you.

(maximum of 200 characters)

## Page 56

### Question 66 ** *required* **

Were there any financial issues that were influential in the development of your personal theory of therapy?

- yes
- no

## Page 57

**Fill out this page only if you answered:**

- ***yes*** on question ***66. Were there any financial issues th..*** on ***page 56*** .

### Question 67 ** *required* **

Please identify which financial issues played a role in your theory development and briefly how they played that role.

(maximum of 200 characters)

## Page 58

### Question 68 ** *required* **

Were there any key clinical experiences that were influential in the development of your personal theory of therapy?

yes

no

## Page 59

**Fill out this page only if you answered:**

- ***yes*** on question ***68. Were there any key clinical experi..*** on ***page 58*** .

### Question 69 *** required ***

Please identify the key clinical experiences that were influential

(maximum of 200 characters)

## Page 60

### Question 70 *** required ***

Were there any pressures within your mft program that were influential in the development of your personal theory of therapy?

yes

no

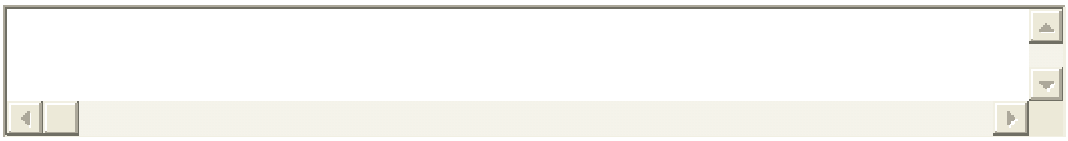
## Page 61

**Fill out this page only if you answered:**

- ***yes*** on question ***70. Were there any pressures within yo..*** on ***page 60*** .

### Question 71 *** required ***

Please identify which pressures within your mft program that were influential.


(maximum of 200 characters)

## Page 62

### Question 72 ** *required* **

Were there any personal (your own) therapy experiences that were influential in the development of your personal theory of therapy?

- yes
- no

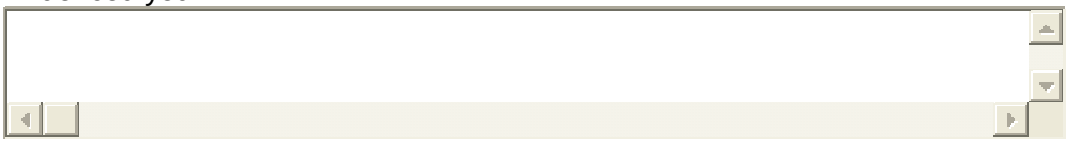
## Page 63

**Fill out this page only if you answered:**

- ***yes*** on question ***72. Were there any personal (your own)..*** on ***page 62*** .

### Question 73 ** *required* **

Please identify which personal therapy experiences were influential and how they influenced you.


(maximum of 200 characters)

## Page 64

### Question 74 ** *required* **

Are there any other factors not listed that were influential in the development of your personal theory of therapy?

yes

no

## Page 65

**Fill out this page only if you answered:**

- ***yes*** on question ***74. Are there any other factors not li..*** on ***page 64*** .

### Question 75 *** required ***

How were these issues influential on your theory development.

(maximum of 200 characters)

### Closing Message

Thank you for taking the time to complete this survey. Your input is the beginning of a different approach to studying the process of family therapist's theory development. Your responses will be combined with those of other participants to form the next (2 of 3) survey. The next survey will only involve you ranking items on a scale and will take much less time.

- End of Survey -

# Appendix I – DQ2 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
This survey is the second within a three part Delphi study. The questions on this survey are taken from the results of the initial survey you have completed.

**Opening Instructions**
Thank you for participating in the first round of this study. Your responses were combined with those of others and used to create this second survey. This survey is simply a scaling of each item as to how influential/important it was/is in your personal clinical theory development. This should take only 5-10 minutes of your time.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may

otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the first survey that were identified by at least two separate participants have been included below.

### Question 1 *** required ****

Please enter your email address. (This will be used to provide you your tailored results for the next survey.)

(maximum of 200 characters)

### Question 2

Please identify the level of influence of the following items on your theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.4** Specific social/political movements or ideas--civil rights movement | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.9** Professional articles in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.31** Specific personal Relationships--family of origin | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them | ☐ | ☐ | ☐ | ☐ | ☐ |

### Question 3

Please identify the level of influence of the following items on your theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.8** Specific client population--couples | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.14** Specific client populations--individuals | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Please identify the level of influence of the following items on your theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.20** Specific key clinical experiences--positive client feedback | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.22** Specific pressures within your mft program--research | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input is the beginning of a different approach to studying the process of family therapist's theory development. Your responses will be combined with those of other participants to form the next (3 of 3) survey. The next survey will be individualized. The third survey will share the compiled ratings of other participants and identify how you personally rated each item. You will be given an opportunity to review the group score and your personal score for each item and make any changes in your ratings if you so choose.

- End of Survey -

# Appendix J – Survey For Those Who Did Not Participate In DQ2


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.1dq2np This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the first two surveys.
**Opening Instructions**
Thank you for participating in the final round of this Delphi study. Responses from the first and second surveys were summarized and included in this survey. This survey provides you the median rating (Md) and the inter-quartile range (iR). The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply a scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.
**Page 1**

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to evaluate the level of importance of each item to you.

**Question 1** ***** required *****

Please enter your email address.

(maximum of 200 characters)

**Question 2**

Below are the same items as on the second survey. Next to the question you will find two numbers. The first number is the median (Md), an indicator of how the group ranked the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the group's rating of the item. Please identify how important you believe this item to be in your own theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1) | | | | | |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2) | | | | | |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1) | | | | | |
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2) | | | | | |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2) | | | | | |
| **2.6** Professional books in general (Md=4, iR=1) | | | | | |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3) | | | | | |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3) | | | | | |
| **2.9** Professional articles in general (Md=5, iR=1) | | | | | |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2) | | | | | |
| **2.11** Specific professional video--Steve De Shazer | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| performing therapy (Md=4, iR=3) | | | | | |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 3**

Below are the same items as on the second survey. Next to the question you will find two numbers. The first number is the median (Md), an indicator of how the group ranked the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the group's rating of the item. Please identify how important you believe this item to be in your own theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.5** Professional conference(s) in general (Md=3, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.14** Specific client populations--individuals (Md=4, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find two numbers. The first number is the median (Md), an indicator of how the group ranked the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the group's rating of the item. Please identify how important you believe this item to be in your own theory development process.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| (Md=5, iR=2) | | | | | |
| **4.16** Personality issues in general (Md=3, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix K – DQ3.1 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.1 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 3**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 4

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.2** Specific family members--parents (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix L – DQ3.2 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.2 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 3**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

### Question 4

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.2** Specific family members--parents (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix M – DQ3.3 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.3 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=2) | | | | | |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=)3 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix N – DQ3.4 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.4 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 3**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 4

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.2** Specific family members--parents (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix O – DQ3.5 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.5 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to 2my thoughts (Md=2, iR=3, YS=) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix P – DQ3.6 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.6 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix Q – DQ3.7 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.7 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS= 'you did not answer') | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix R – DQ3.8 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.8 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my

participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=2) | | | | | |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=4) | | | | | |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=3) | | | | | |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=1) | | | | | |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=2) | | | | | |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=1) | | | | | |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=4) | | | | | |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=4) | | | | | |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=4) | | | | | |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=4) | | | | | |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=1) | | | | | |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=1) | | | | | |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=4) | | | | | |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=4) | | | | | |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=3) | | | | | |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix S – DQ3.9 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.9 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=1) | | | | | |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=5) | | | | | |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=5) | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **2.4** Specific social/political movements or ideas--civil rights movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix T – DQ3.10 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.10 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my

participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been sumarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=2) | | | | | |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=2) | | | | | |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=2) | | | | | |
| **2.4** Specific social/political movements or ideas--civil rights | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| movement (Md=4, iR=2, YS=2) | | | | | |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| iR=2, YS=4) | | | | | |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | | | | | |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=4) | | | | | |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=4) | | | | | |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=4) | | | | | |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=4) | | | | | |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=3) | | | | | |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=2) | | | | | |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=4) | | | | | |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=4) | | | | | |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=3) | | | | | |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=5) | | | | | |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | | | | | |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=4) | | | | | |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -

# Appendix U – DQ3.11 Survey


## Personal Clinical Theory Development: A Delphi study of influential factors

**Survey Description**
3.11 This survey is the third within a three part Delphi study. The questions on this survey are taken from the results of the second survey you completed.

**Opening Instructions**
Thank you for participating in the second round of this study. Your responses were combined with those of others and used to create this third survey. This survey provides you the median rating (Md) and the inter-quartile range (iR) as well as your previous response (YS) in regards to each particular item. The median functions as a measure of central tendency and the smaller the interquartile range the greater the agreement amongst panelists as to the importance of that item. This survey is simply an opportunity to see how other people are rating each item and provide a last opportunity to make any desired changes in the scaling of each item as to how influential/important it was/is in your personal clinical theory development.

We do not anticipate any risks associated with participating in the study and you may benefit from reflecting on the factors of influence of your personal theory of therapy. It is hoped the information you provide will help us provide better family therapy training for future family therapists.

The information you share with us will be confidential. Your email address is will be used to tailor your third survey to your second survey responses. Your name will not be associated with the data in any published reports. The questionnaires will only be seen by the researchers and their assistants and will be stored in locked files or password protected computers.

If you become distressed while completing the survey, we encourage you to contact your current/former therapist/supervisor or another mental health professional in your area.

If you have any questions about the study or problems with your participation, you can contact any of the following individuals: Mark White, Associate Professor & Lead Researcher, 303 Justin Hall, Kansas State University, Manhattan, KS 66506; 252-737-2076. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224 Jerry Jaax, Associate Vice Provost for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224

TERMS OF PARTICIPATION: I understand this project is research and that my

participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled I verify that my submission of this survey indicates that I have read and understand this consent, and willingly agree to participate in this study under the terms described. We thank you in advance for your thoughtful responses.

## Page 1

All responses from the second survey have been summarized below. The purpose of this survey is to provide you a summary of how all panelists have ranked the level of importance of each item in their own theory development process and offer an opportunity for you to re-evaluate the level of importance of each item to you.

### Question 1 *** required ****

Please enter your email address.

(maximum of 200 characters)

### Question 2

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the **median (Md)**, an indicator of how the group ranked the item. The second number is the **interquartile range (iR)**, the lower the interquartile range the greater the agreement in the group's rating of the item. The last number is the **weight you placed on that specific item on the second survey (YS)**. Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **2.1** Popular media books or articles (not professional) (Md=2, iR=1, YS=1) | | | | | |
| **2.2** Social/political movements or ideas in general (Md=3, iR=2, YS=3) | | | | | |
| **2.3** Specific social/political movements or ideas--feminist movement (Md=4, iR=1, YS=4) | | | | | |
| **2.4** Specific social/political movements or ideas--civil rights | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| movement (Md=4, iR=2, YS=4) | | | | | |
| **2.5** Specific social/political movements or ideas--post-modernism movement (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.6** Professional books in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.7** Specific professional book--Boszormenyi-Nagy's *Between Give and Take* (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.8** Specific professional book--De Shazer's *Words Were Originally Magic* (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.9** Professional articles in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.10** Professional videos in general (e.g., the masters series by AAMFT) (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.11** Specific professional video--Steve De Shazer performing therapy (Md=4, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.12** Specific professional video--Virginia Satir performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.13** Specific professional video--Sue Johnson performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.14** Specific professional video--Carl Whitaker performing therapy (Md=3, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.15** Prominent therapists in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.16** Specific prominent therapist--Salvador Minuchin (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.17** Specific prominent therapist--Virginia Satir (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.18** Specific prominent therapist--Steve De Shazer (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.19** Specific prominent therapist--Michael White (Md=4, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.20** Specific prominent therapist--Carl Whitaker (Md=3, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.21** Specific prominent therapist--Murray Bowen (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.22** Specific prominent therapist--John Gottman (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.23** Specific prominent therapist--Insoo Kim Berg (Md=4, | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| iR=2, YS=4) | | | | | |
| **2.24** Specific prominent therapist--Sue Johnson (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.25** Personal relationships in general (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.26** Specific personal relationships--supervisors (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.27** Specific personal relationships--parents (Md=4, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.28** Specific personal relationships--spouse (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.29** Specific personal relationships--professors in general (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.30** Specific personal relationships--mft professors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.31** Specific personal Relationships--family of origin (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.32** External placement site supervisors in general (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.33** Specifically, external placement site supervisors--offered a point of view beyond mft (Md=2, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.34** Specifically, external placement site supervisors--were open to my thoughts (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.35** Specifically, external placement site supervisors--gave me room to learn (Md=2, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.36** On-campus practicum supervisors in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.37** Specifically, on-campus practicum supervisors--constructive criticism offered (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.38** Specifically, on-campus practicum supervisors--challenged me in my own theory development (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2.39** Specifically, on-campus practicum supervisors--the variety of perspectives offered by them (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |

## Question 3

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **3.1** Personal relationships with other trainees in general (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.2** Personal relationships with other trainees--specifically discussing my theory with my colleagues (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.3** Personal relationships with other trainees--specifically the cohort cohesion and support (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.4** Personal relationships with other trainees--specifically the sense of camaraderie (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.5** Professional conference(s) in general (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.6** Specific professional conference--the AAMFT Annual Conference (Md=2, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.7** Professional presentations in general (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.8** Specific client population--couples (Md=4, iR=0, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.9** Specific client population--undergraduate students (Md=1, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.10** Specific client populations--families (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.11** Specific client populations--mandated clients (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.12** Specific client populations--children (Md=4, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3.13** Specific client populations--African-Americans (Md=3, iR=1, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **3.14** Specific client populations--individuals (Md=4, iR=0, YS=4) | | | | | |
| **3.15** Specific undergraduate classes--human development (Md=4, iR=2, YS=2) | | | | | |
| **3.16** Specific undergraduate classes--clinical/abnormal psychology (Md=3, iR=2, YS=2) | | | | | |
| **3.17** Specific undergraduate classes--family systems (Md=5, iR=1, YS=5) | | | | | |
| **3.18** Specific graduate classes--mft theories in general (Md=5, iR=0, YS=5) | | | | | |
| **3.19** Specific graduate classes--mft skills (Md=4, iR=2, YS=2) | | | | | |
| **3.20** Specific graduate classes--social constructionism/constructivism (Md=5, iR=2, YS=5) | | | | | |
| **3.21** Specific graduate classes--couples therapy (Md=4, iR=1, YS=4) | | | | | |
| **3.22** Specific graduate classes--structural therapy (Md=4, iR=2, YS=4) | | | | | |
| **3.23** Specific graduate classes--strategic therapy (Md=3.5, iR=3.25, YS=4) | | | | | |
| **3.24** Specific graduate classes--practicum (Md=5, iR=0, YS=4) | | | | | |
| **3.25** Specific graduate classes--general systems theory (Md=5, iR=0, YS=5) | | | | | |
| **3.26** Specific graduate classes--diagnosis/assessment (Md=3, iR=2, YS=3) | | | | | |

**Question 4**

Below are the same items as on the second survey. Next to the question you will find three numbers. The first number is the median (Md), a group composite score for the item. The second number is the interquartile range (iR), the lower the interquartile range the greater the agreement in the groups rating of the item. The last number is the weight you placed on that specific item on the second survey (YS). Please select how important you believe this item to be in your theory development process, you can provide the same answer as before or elect to change.

**1 - Low | 2 - - | 3 - Moderate | 4 - - | 5 - High**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **4.1** Specific family members--spouse (Md=4, iR=4, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.2** Specific family members--parents (Md=4, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.3** Specific family members--siblings (Md=4, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.4** Specific family members--seeing how they fit into theories and models (Md=4, iR=3, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.5** Peer influences in general (Md=3, iR=1, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.6** Specific spirituality elements--openness/acceptance of differences (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.7** Specific spirituality elements--openness to other's spirituality (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.8** Specific spirituality elements--guiding influence (Md=3, iR=3, YS=1) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.9** Specific personal values--community (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.10** Specific personal values--respect (Md=5, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.11** Specific personal values--equality (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.12** Specific personal values--focusing on the positive (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.13** Specific personal values--openness (Md=4, iR=1, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.14** Specific aspects of political orientation--liberal agenda with social issues (Md=4, iR=3, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.15** Specific aspects of political orientation--social justice (Md=5, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.16** Personality issues in general (Md=3, iR=3, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.17** Specific family of origin issues--divorce (Md=2, iR=3, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.18** Specific family of origin issues--boundaries (Md=3, iR=2, YS=2) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.19** Specific key clinical experiences--successes (Md=4, iR=0, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **4.20** Specific key clinical experiences--positive client feedback (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.21** Specific pressures within your mft program--emphasis on theory of change (Md=5, iR=2, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.22** Specific pressures within your mft program--research (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.23** Specific pressures within your mft program--awareness of cultural/contextual factors (Md=5, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.24** Specific personal therapy experiences--bad experiences (Md=4, iR=4 YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.25** Specific personal therapy experiences--positive experiences (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.26** Specific personal therapy experiences--desirable traits/qualities to reflect in own practice (Md=4, iR=2, YS=5) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.27** Specific processes--live supervision (Md=5, iR=2, YS=3) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.28** Specific processes--case consultation with video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4.29** Specific processes--case consultation without video/audio (Md=4, iR=1, YS=4) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Closing Message**

Thank you for taking the time to complete this survey. Your input has been invaluable in completing this exploration. I will be sending you a copy of the final results. Your contributions are greatly appreciated.

- End of Survey -