

**ALUMNI: THE ACTUAL SURVEY IS ADMINISTERED ONLINE.
THE QUESTIONS ARE AVAILABLE TO THE PUBLIC IN THIS FORMAT.
PLEASE DO NOT COMPLETE THIS VERSION OF THE SURVEY IN ERROR.**

ALUMNI SURVEY 1 YR

Dear MFT Alumni, thank you for taking the time to complete our survey. The purpose of this project is to explore your experiences. Our hope is to work toward a better understanding of our program, your current position and goals in the field, and your current experiences of post master's clinical supervision. The survey will take about 15-20 minutes to complete.

You are being asked to participate in a survey research project entitled "MFT Alumni Experience," which is being conducted by Jennifer Lambert-Shute and Kate Warner, both faculty members in the Family Therapy Program at Valdosta State University.

This survey is not anonymous. We do collect your name and contact information at the beginning of the survey. This data is to help the program maintain a current database of alumni and their contact information and will not be used for this research study. The data is stored on a secure website that hosts the survey. The site is username and password protected and only those with the correct user name and password can assess the data. The graduate students working on this project will download the data and assign codes to replace the names before data analysis begins. The list that contains the matching of the names with the codes will be kept in a locked filing cabinet in the principal's investigators office. Thus, the data will be cleaned of identifying information prior to data analysis.

Your participation is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. You must be at least 18 years of age to participate in this study. Your completion of the survey serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older.

Questions regarding the purpose or procedures of the research should be directed to Jennifer Lambert-Shute at 229-245-4323 or jjshute@valdosta.edu. This study has been through the expedited review with the Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-259-5045 or irb@valdosta.edu

Thank you for your time, Jennifer and Kate

Month/Year of Graduation from the MFT Program

Name (first and last)

Home Address (Street, City, State, Zip)

Home Phone (area code + number)

E-Mail Address

The following questions ask about your current situation in regards to licensure.

Are you a member of AAMFT?

Yes

No

Does not
apply

no answer

Are pursuing a PhD?

If "yes", in what discipline?

Are you fully licensed as an LMFT? (If yes, please skip the next 3 questions)

Yes

No

Does not apply

no answer

Are you pursuing licensure?

Yes

No

Does not apply

no answer

I am collecting the client contact I need to become licensed

Yes

No

Does not apply

no answer

I am collecting the supervision I need to become licensed

Yes

No

Does not apply

no answer

Do you feel that the MFT program has prepared you to pass the licensing exam?

Yes

No

Does not apply

no answer

Have you taken the licensing exam?

Yes

No

Does not apply

no answer

Have you passed the licensing exam?

Yes

No

Does not apply

no answer

If "yes,"

When did you pass the exam? (month/year)

If "no," do you plan on taking the exam again?

If yes, please write when (month/year) you are taking the exam

The following questions ask about your first employment upon graduation

What was your first paid position following graduation from the MFT program?

Please indicate the name of the organization

What was your position title

Please write a brief description of this position (non/mental health, population, in/out patient, public/private, etc.)

What was the salary range for your first full-time paid position following graduation.

Less than \$10,000

\$10,000-\$20,000

\$21,000-\$30,000

\$31,000-\$40,000

\$41,000-\$50,000

More than

\$51,000

no answer

If you are willing to share the specific dollar amount of salary earned per year, please indicate the exact amount

The following questions ask about your current work situation

Current place of employment (Organization Name)

Current job title

Work Address

Work Phone Number

Time in months at your current position

Please write a brief description of your current position (non/mental health, population, in/out patient, public/private, etc.)

On a scale of 1-5 (5 being most satisfied), how satisfied are you with your current position?

1

2

3

4

5

no answer

What is your current salary?

- Less than \$10,000
- \$10,000-\$20,000
- \$21,000-\$30,000
- \$31,000-\$40,000
- \$41,000-\$50,000
- More than \$51,000

no answer

If you are willing to share the specific dollar amount of salary earned per year, please indicate the exact amount

AAMFT encourages all programs to get in touch with employers who hire our graduates to ask them how well-prepared they believe our graduates are for employment in their agency. This helps us learn if we need to change our curriculum, for instance, to include specific emerging content areas that employers think is important (like addictions, treatment planning, etc.). We would like to contact your supervisor to ask them how they think the VSU program is doing at preparing our graduates for work in their agency (not how they think you are doing). Information we collect from employers will not be linked to your name and will be kept entirely confidential. The following 7 questions ask about your current employer.

Please indicate if you agree to let us contact your work supervisor to learn how well-prepared they believe our graduates are for employment in their agency?

- Yes
- No

no answer

If you indicated YES, you would be willing to share information about your work supervisor please answer the following questions. If you indicated NO then please skip to the next section

- Work Supervisor's Name
- Work Supervisor's Position Title
- Work Supervisor's Phone Number
- Work Supervisor's E-mail Address

The following 3 questions ask about your decisions to attend the MFT program at VSU

How did you find out about the VSU MFT program?

What did you know about or found out about the program that resulted in your making the first contact with the MFT program at VSU?

What factors influenced you in selecting VSU?

The following 15 questions ask about your experiences while in the MFT program at VSU

In the MFT program, the coursework interested you?

Agree

Disagree

Neither

no

answer

I feel that the MFT program has taught me to effectively practice family therapy?

Agree

Disagree

Neither

no answer

I feel that the MFT program taught me to do therapy in ways that fit your personal values, beliefs, and personal style?

Agree

Disagree

Neither

no answer

I feel that the MFT program challenged me intellectually?

Agree

Disagree

Neither

no answer

I feel that the MFT program gave me a greater understanding of people who make life choices different from my own?

Agree

Disagree

Neither

no answer

I feel that the MFT program taught me to see more than one viewpoint?

Agree

Disagree

Neither

no answer

Do you believe that you benefited from taking courses outside of your major, such as the sociology electives?

Agree

Disagree

Neither

no answer

If you agree that outside courses were beneficial please indicate the name of these courses

How important do you think it is to be able to identify the strengths and resources clients bring to therapy?

Very Important

Not at all Important

Somewhat Important

no answer

How important is it to be able to function effectively as a member of a treatment team?

Very Important

Not at all Important

Somewhat Important

no answer

How important is it to be able to make sense of behavior in the context in which it occurs?

Very Important

Not at all Important

Somewhat Important

no answer

How important is it to place treatment problems in a systemic perspective?

Very Important

Not at all Important

Somewhat Important

no answer

How important is it to practice ethical family therapy?

Very Important

Not at all Important

Somewhat Important

no answer

How important is being a member of the AAMFT?

Very Important

Not at all Important

Somewhat Important

no answer

Would you choose a masters degree in the MFT program if you had to do it over again? If "no," what career path do you think you would choose now?

Yes

No

other...

no answer

What do you recall as your most important experience or learning in the program?

What aspect of the program would you suggest that the MFT faculty change or do differently? (examples: specific courses, timing, class schedule, areas of preparation such as theories, ethics, etc.)

You are almost at the end of the survey. The following 10 questions are about your post master's clinical supervision

Do you have a clinical supervisor?

Yes

No

no answer

If No, please continue to the end of the survey. If yes, please answer the following questions

The following questions about your clinical supervisor

What license does your clinical supervisor hold?

How many hours per month do you receive clinical supervision

Is your clinical supervisor your employer?

The following questions are about your post master's clinical supervision experience

What type of supervision do you receive?

Live

Video Tape

Case Report

Audio

Supervision

Other

Please Specify

no answer

How much does your clinical supervisor require for payment per individual supervision hour:

1. More than \$10.00

2. More than \$20.00

3. More than \$30.00

4. More than \$40.00

5. More than \$50.00
6. More than \$60.00
7. More than \$70.00
8. More than \$80.00
9. More than \$90.00
10. More than \$100.00
11. More than \$150.00
12. More than \$200.00

no answer

How much does your clinical supervisor require for payment per group supervision hour:

1. More than \$10.00
2. More than \$20.00
3. More than \$30.00
4. More than \$40.00
5. More than \$50.00
6. More than \$60.00
7. More than \$70.00
8. More than \$80.00
9. More than \$90.00
10. More than \$100.00
11. More than \$150.00
12. More than \$200.00

no answer

Can you describe a typical supervision session?

How helpful has your clinical supervision been to your practice? (5 being the most helpful)

- 1
- 2
- 3
- 4
- 5

*no
answer*

The MFT program is very interested in learning more about your post master's clinical supervision. If you are willing to participate in a phone interview which explores more fully your post master's clinical supervision please leave your name and email address in the boxes below. Thank you

Name:

Email Address:

Thank you for your valuable time, Jennifer, Kate, and Martha