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Challenges Faced by MFTs in Administrative or Managerial Positions

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This article reports the findings of a Delphi study designed to examine the experiences of MFTs who secure nonclinical administrative or managerial positions after graduating from a COAMFTE accredited doctoral program. Delphi panelists, each selected for their experience in this realm, listed the unique challenges they faced and how they overcame these challenges. Results showed there was consensus among participants regarding six particularly difficult challenges they faced in this role. The identification of these challenges and the ways in which participants overcame them provides practical and useful information about the preparedness of MFTs for managerial and administrative positions following graduation from a COAMFTE accredited doctoral program.

Marriage and family therapists (MFTs) are increasingly being employed in settings where their unique and systems theory-informed skills are being noticed and valued outside the clinical realm. More and more MFTs are securing administrative or managerial positions in their work settings (Doherty & Simmons, 1996; Northey, 2002). MFTs have obtained managerial positions in such settings as mental health treatment centers, primary healthcare settings, religious organizations and residential treatment facilities (Northey, 2002).

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While MFTs receive extensive training in understanding and implementing various systemic and structural concepts applicable to family systems, most have not applied their systems thinking to organizational settings although literature in this area is beginning to grow (e.g., Ackoff, 2006; Matheny & Zimmerman, 2001; Plowman, et al., 2007; Shumway, Kimball, Korinek, & Arredondo, 2007). Most studies in this area have been "practice setting" types of studies and have focused primarily on identifying, through descriptive statistics, the types and characteristics of positions MFTs have obtained in nontraditional clinical settings, such as corporations. The purpose of the current study is to focus on the specific challenges experienced by MFT graduates who have obtained management positions in these types of locations. The two primary research questions that guided the study are:

(1) What are the most difficult challenges MFTs face when they are in management positions? and
(2) What strategies, as informed by their specific MFT training, have MFT managers used to overcome such challenges?

BACKGROUND

Educational Training

The primary focus of COAMFTE accreditation at the master's level is to implement and ensure that adequate standards have been met in clinical training. Students at the doctoral level in MFT also need to know how to do research, write clinical services grants, evaluate clinical outcomes (including supervision), integrate and develop theory, and provide leadership in clinical settings (including management, budgeting, and business planning (Wooley, 2010)). Given the many different career tracks that an MFT could explore it is worth investigating how prepared MFTs are to assume leadership positions in these venues. MFT graduates will need to know how to join with others to evaluate the potential for organizational change, prioritize problems, identify people of influence who can support the desired change, consider the potential professional risks and plan a change strategy that will be effective (Zellmer, 2003).

Although many MFT skills can be readily applied to effective leadership (e.g., listening skills, empathy, and awareness of cultural differences), specific leadership practices (e.g., completing performance reviews, communicating compensation practices, addressing performance problems, creating organizational policy and procedures, and being accountable for team productivity) are not typically taught in traditional MFT doctoral programs. Although an individual may use effective leadership skills with clients this does not necessarily equate to the effective application of these same skills with colleagues (Curtis & Sherlock, 2006).

MFTs and Management

As the discipline has matured, MFTs have expanded their application of systemic principles to other domains, such as schools, work sites, churches, sports, neighborhoods and communities (Billings et al., 2007). Family therapy has moved out of the clinic and into hospitals, medical and psychiatric outpatient centers, business institutions, courts, school systems, and churches. Most of these MFT vocations are collaborations with other disciplines, for example, MFT-based contributions to medicine, family law, child development, and business (Lee & Nichols, 2010). Many MFTs in these organizations are in managerial or administrative positions.

Professionals who work with organizations from a systemic approach recognize that the problems employees experience are often caused by the interactions and relationships of the employee and the larger organization (Bunker & Alban, 1992). An additional complication is that many organizations have limited resources for providing managerial training. Those who are responsible for promoting staff to managerial positions may assume that if an employee is "good with people" s/he will also be a good manager. However, it is our contention that being trained to be effective dealing with a patient's psychotic "break" does not always translate into being an effective manager of "break" room dynamics. Some MFTs may be most passionate about their clinical work but are enticed by the possible monetary reward that accompanies managerial positions without really considering how well prepared they are for what lies ahead. In these cases, some may not relish the responsibility of managing a team of counselors. Consequently, it is important for mental health practitioners to thoroughly consider the implications of taking on such roles before they embark on this new territory (Curtis & Sherlock, 2006). The results of the current study may prove to be beneficial in this regard.

METHODS

The Delphi method is useful when approaching an area that has not been well defined or has received little investigation (Stone Fish & Busby, 1996, 2005), such as understanding the challenges that MFTs face in management positions. Blow and Sprenkle (2001) and Warters (1999) supported the use of the Delphi method as an inductive approach for acquiring knowledge about new phenomena though achieving a consensus by a panel of experts. This article reports the consensus reached by a panel of COAMFTE doctoral graduates, who had significant experience in managerial settings. The panelists were initially polled regarding their experiences in managerial settings and then were asked to rate one another's responses in order to arrive at statistical consensus regarding their experiences.

Participants

To be considered an expert for the current study, participants were required to have graduated from a COAMFTE accredited doctoral program and held a management position within ten years of graduation. Panelists were required to have a minimum of at least one year in their management position to ensure that they would have been exposed to a full range of managerial duties (e.g., performance reviews and accreditation reporting). Additionally, panelists must have managed staff members, evidenced by completing employee evaluations. Finally, participants reporting any formal business or management training prior to obtaining their position were excluded in an attempt to control for participants' level of management education.

Potential participants were identified from the AAMFT membership list. An email was sent to all individuals with a PhD. The email contained the study's rationale, a brief description of the Delphi method, the requirements for participation, a consent form, and an eligibility questionnaire. Approximately 1750 potential participants were sent emails and 94 returned the preliminary questionnaire. Of the 94 initial responses, 47 met the criteria for the study and were sent the next questionnaire. A final group of 17 completed all questionnaires, making up the expert panel. The final sample consisted of 10 males and 7 females from various locations of employment (e.g., family medicine, domestic violence, and child sexual abuse programs).

Data Collection and Analysis

Consistent with the Delphi method, participants completed a series of questionnaires that facilitated the opportunity for participants to anonymously work toward consensus. After the initial questionnaire to determine eligibility, panelists were emailed "Questionnaire II." Questionnaire II consisted of two questions: (1) What were your primary challenges relating to your experience as a manager or supervisor and (2) How did you manage such challenges? Following these responses, an additional question required the panelists to identify the three most difficult challenges of those listed.

In total, 83 challenges were listed by the panel, with 46 of the challenges identified as being the most difficult. The 46 most difficult challenges were given to an independent reviewer who consolidated and clarified the responses. The review process resulted in a final list of 44 challenges. A similar process was utilized for the responses to the second question of how the panelists overcame these challenges. A total of 67 strategies were listed in panelists' responses and were consolidated by the independent reviewer into 15 basic strategies. In some cases, panelists listed challenges without listing a strategy to manage the challenge.

Questionnaire III was developed from the revised list of 44 challenges and listed each of the challenges alongside a 7-point Likert scale, ranging from "no difficulty" to "extreme difficulty." An additional 7-point Likert scale, ranging from "no need for education/training" to "comprehensive

study needed" was included with each challenge to determine if panelists thought they would have benefitted from additional education in the respective areas. Each panelist was asked to rank the degree of difficulty and need for education based on his or her experience with each challenge. The answers from this questionnaire were used to determine consensus among panelists on those situations they experienced as being the most challenging.

To determine the existence of consensus in the Delphi method, basic statistical analysis is performed using the panel's responses to the Likert-scaled questions. The degree of consensus is determined by calculating the interquartile range (IQR) for participant responses to each item, which demonstrates the overall variability of responses without the impact of extreme scores. For example, if all participants give the same high score to a specific item in the survey, then there is consensus among panelists or experts around the concept expressed in that item. The median and IQR for each of the 88 scales were calculated, and consistent with other Delphi studies in Family Therapy (Stone Fish & Busby, 1996; 2005) an IQR of ≤1.5 points was utilized to indicate consensus. Due to the exploratory nature of the study and the proximity to the cutoff, IQRs between 1.51 and 1.59 were also noted. The range for the degree of difficulty of challenges (faced in the workplace) is 1–1.99 = no difficulty, 2–2.99 = slightly difficult, 3–3.99 = moderately difficult, 4–4.99 = difficult, 5–5.99 = very difficult, and 6–7 = extremely difficult. The range for the degree of perceived need for education and training (related to the challenges identified) is 1–1.99 = no need, 2–2.99 = slightly needed, 3–3.99 = moderately needed, 4–4.99 = needed, 5–5.99 = very needed, and 6–7 = comprehensive study needed.

RESULTS

Difficulty of Challenges

Analysis of the responses on Questionnaire III showed that across all responses to the 44 challenges identified, 53% of the responses scored as "difficult" (score of 4 on the Likert scale) or higher. In total, 12.8% of all responses indicated "no difficulty" (score of 1) and 4.8% indicated a score of "extremely difficult" (score of 7). A consensus was achieved on three challenges with an IQR ≤1.5, as well as an additional three challenges with IQRs between 1.51 and 1.59. The median scores for the challenges indicate the degree of difficulty agreed upon by the consensus opinion. Table 1 shows the 6 challenges in order of difficulty. These challenges ranged from "extremely difficult" to "slightly difficult."

Strategies for Managing Challenges

The strategies used by the panelists to overcome their challenges were consolidated into 15 general strategies by the independent reviewer. As an

TABLE 1 Consensus of Most Difficult Challenges (Ranked by Difficulty)

		Percentile		
Topic	Median	25th	75th	Consensus
Managing politics of obtaining program resources	6.00	4.50	6.08	Extremely Difficult
Holding employees accountable	5.10	4.37	5.95	Difficult
Using assertive communication skills	4.50	3.75	4.86	Moderately Difficult
Finding balance between supervision and autonomy	4.50	3.75	5.15	Moderately Difficult
Managing staff egocentrism	3.64	3.03	4.58	Moderately Difficult
Developing trust with employees	3.08	2.46	3.79	Slightly Difficult

Note. Difficulty of challenge: 1–1.99 = no difficulty; 2–2.99 = slightly difficult; 3–3.99 = moderately difficult; 4–4.99 = difficult; 5–5.99 = very difficult; 6–7 = extremely difficult.

example of consolidation, the strategy, "*Implemented new process for each therapist to track and be accountable for theirs*," was consolidated into the strategy labeled "Developed Policy/Procedures." The frequency with which these strategies were noted ranged from one to 15 times. The most frequently utilized strategies to manage challenges are seen in Table 2 with the number of times each strategy was identified.

Benefit of Further Education

Out of the 44 challenges in Questionnaire III, consensus regarding the benefit of additional education (IQR ≤1.5) was achieved for three items, as well as one item with an IQR between 1.51 and 1.59. For one item (ensuring documentation standards) the panelists indicated a "comprehensive need for education," while the consensus on the other items indicated a "moderate need" (availability to employees) and a "slight need" (time management and scheduling, and preventing favoritism with referral sources) (Table 3).

TABLE 2 Most Frequent Strategies Utilized to Manage Challenges

Strategies	Frequency	% of Total Responses
Provided staff supervision	15	17.6
Provided staff training/development	14	16.4
Sought out consultation	14	16.4
Utilized self-care strategies	7	8.2
Increased understanding of organization functioning	7	8.2
Developed policy/procedures	5	5.8
Learned from experience	4	4.7

TABLE 3 Consensus of Belief in Need for Education

		Percentile		
Topic	Median	25th	75th	Consensus
Ensuring documentation standards	6.08	5.25	6.79	Comprehensive Study Needed
Availability to employees	3.21	2.45	3.82	Moderately Needed
Time management and scheduling	2.72	2.25	3.58	Slightly Needed
Preventing favoritism with referral sources	2.33	1.66	3.00	Slightly Needed

Note. Need for education: 1–1.99 = not needed; 2–2.99 = slightly needed; 3–3.99 = moderately needed; 4–4.99 = needed; 5–5.99 = very needed; 6–7 = comprehensive study needed.

DISCUSSION

The purpose of this study was to identify the challenges that MFTs in management positions face through a consensus of experts. The study also sought to understand which strategies are most commonly used by these experts to overcome the challenges they listed. The results indicate that a wide range of challenges are experienced by MFTs in management positions and that a few of these challenges were common to each of the panelists to a similar level. The results also suggest that MFTs graduating from COAMFTE accredited programs likely rely on their clinical training when managing challenges faced in management positions.

The wide range of challenges faced by MFTs in management positions is evidenced by the large list of 44 challenges faced by MFTs in these positions. The fact that a consensus regarding the significance of a challenge was only reached on six of these 44 challenges may suggest that most challenges and experiences are unique to particular individuals in specific work environments. The lack of consensus may also suggest that while many challenges were reportedly experienced by most of the panelists, the perceived significance of the challenge varied between participants. The relatively low frequency of consensus suggests that the significance of most challenges faced by COAMFTE graduates are likely influenced by individual characteristics, individual perception, unique setting characteristics, differences in training received, and other differences.

Perhaps the most the most significant results of this study are the six challenges for which consensus was achieved. In spite of the potential differences just listed, these challenges were identified as resulting in a similar level of significance for each panelist. Interestingly, all but one of these challenges has to do with the supervisory relationship with employees. While many of the other challenges listed by panelists could be categorized as personal challenges, dealing with work-place politics, human resource challenges, challenges surrounding standards of care, or challenges with financial

aspects of management positions, only one challenge (managing the politics of obtaining program resources) achieved consensus from any of these categories.

The reported significance of these challenges may be attributable to the potential differences between supervisor-employee relationships and typical therapist relationships for which graduates from COAMFTE accredited programs are trained. The nature of the power differential, the responsibility for the actions of employees, and the responsibility to make decisions that may significantly impact the lives of employees generally fall outside the nature of therapeutic relationships. For many MFTs, a managerial relationship with employees may require a significant paradigmatic shift from that of their therapeutically based relationships.

It may also be the case that consensus was most frequently achieved for challenges involving employee supervision because that domain of challenge was the most commonly experienced across each position held. For example, the challenge of "managing the budget" may have not been a challenge experienced by each of the panelists because their positions may not have required this responsibility. Conversely, the requirements for participation required all the panelists be in a position in which employee supervision was part of the managerial position.

The challenge of "managing the politics of obtaining program resources" clearly falls outside the clinical training received by MFTs. Challenges such as this may be perceived by MFTs as distant from the factors that led to their decision to pursue a career in MFT. It may be the case that this challenge resulted from the belief by the panelists that they do not have the resources needed to provide the services they deem necessary, potentially furthering the disconnect between motivations to enter the field and the reality of their current position.

Despite the consensus achieved on these challenges, no consensus was achieved regarding the desire for education related to these challenges. This does not mean the panelists disagreed that they would have benefitted from education surrounding these issues, but the range of perceived necessity of this education was greater than the level needed to establish consensus. This suggests that the belief that a challenge is significant does not necessarily precede the belief that education would be beneficial or is necessary. It may also suggest the belief that, at least for some, the education they received adequately prepared them for these challenges.

The most common strategies identified by the panel for managing challenges reflect their MFT education. The three most frequently used strategies (provided staff supervision, provided staff training/development, and sought out consultation) most clearly represent MFT training. This suggests that even in managerial positions MFTs rely on the supervision training they receive and the supervision they see modeled throughout their education. It is appropriate that the most commonly used strategies for managing challenges

are relational in nature as most of the challenges for which consensus was reached involve supervisory relationships with employees.

This finding indicates that MFTs in management positions rely on their MFT training but it does not necessarily indicate whether or not this is successful or a useful strategy. However, one could argue that the frequency with which these strategies were used shows some consistency in aptitude for managing the types of conflicts encountered. As a result of these findings, it would be too much of a leap to call for changes to the COAMFTE's accreditation requirements as a result of these findings. However, the authors recommend that examples of organizational and other non-familial systems be discussed in MFT programs' systems theory courses. This addition would prepare graduates for non-clinical jobs and would also serve to deepen their overall understanding of systems theory.

For example, in the same way students learn to identify unhealthy feedback loops in couples therapy, they could discuss feedback loops that contribute to conflicts between employees. Understanding feedback loops gives MFTs a more complete understanding of employee conflicts than an individually-focused, problem-oriented perspective. As another example, systems theory classes could discuss the concept of interdependence as it relates to issues between employees and managers. It may be common for non-systemic thinkers to view one side of a conflict as the problem, but MFTs are able to evaluate the role that each party plays in conflicts and are better able to address the second-order changes needed in the organization's system. Differences between organization and family systems would also be useful to identify (e.g., permeability of boundaries) to increase MFTs understanding of systems theory. These discussions would add to the existing ability of MFTs to apply their unique education to management and administrative positions.

Limitations

The Delphi method has been associated with several limitations that are applicable to this study, including the time commitment needed from panelists, and minimization of diversity (Stone Fish and Busby, 1996; 2005). Participants are asked to respond to open ended questions and participate in several rounds of questionnaires. This issue of time commitment may have been the primary contributor to the decrease in participants from 47 potential participants to 17 final participants. The final 17 panelists may have chosen to continue in the study in part because they readily recalled significant challenges and thus may have been more likely to identify and confirm challenges than those who did not participate. Minimization of some diversity is inherent in the Delphi method as experts are identified and deemed appropriate by virtue of their homogeneity. Furthermore, the process of data analysis has as an end goal the arrival of a "consensus" understanding of a

particular phenomenon. Using other survey methods, it may be found that there are certain challenges that are experienced by all MFTs in managerial positions but that the range of perceived significance of these challenges between individuals is not great enough to arrive at consensus.

The number of participants in and of itself does not necessarily weaken the results of a Delphi study as the results are drawn from a panel of experts, not the general population. This study was able to identify experts in the area of study and fulfill that purpose. Any effort to broaden the inclusion criteria with the goal of identifying additional potential participants would likely weaken the results of the study as the additional participants would not likely have the desirable level of expertise.

CONCLUSION

This study utilized the Delphi method because of the dearth of literature in this area. The goal of the study was to attain a consensus among COAMFTE graduates about what challenges they face in management positions. The researchers sought to understand the methods used to overcome these challenges. The results indicate that a wide range of challenges existed but that the most agreed-upon challenges primarily involved employee relationships and involvement. The results indicate, based on the nature of the challenges and the methods used to address the challenges, that MFTs may be particularly well-suited for managerial positions and the most difficult challenges that accompany these positions. Because of the exploratory nature of this study, future research should seek to confirm or disconfirm the prominence of the challenges identified in this study. Furthermore, researchers should continue to explore the differences and similarities in preparedness of MFTs for managerial positions compared to graduates from programs in other mental health or even non-business related disciplines. This exploratory study contributes to the foundation from which the MFT field can continue to expand its investigation in how an education in MFT can be useful in a variety of non-clinical domains.

REFERENCES

Ackoff, R. L. (2006). Why few organizations adopt systems thinking. *Systems Research and Behavioral Science*, *23*, 705–708.

Billings, J. C., Kimball, T. G., Shumway, S. T. & Korinek, A. W. (2007). Organizational Systems Questionnaire (OSQ) validity study. *Journal of Marital and Family Therapy*, *33*(2), 149–164.

Blow, A. J., & Sprenkle, D. H. (2001). Common factors across theories of marriage and family therapy: A modified Delphi study. *Journal of Marital and Family Therapy*, *27*, 385–402.

Bunker, B. B., & Alban, B. T. (1992). Conclusion: What makes large group interventions effective? *Journal of Applied Behavioral Science*, *28*(4), 579–591.

Curtis, R. C., & Sherlock, J. (2006). Wearing two hats: Counselors working as managerial leaders in agencies and schools. *Journal of Counseling & Development*, *84*, 120–126.

Doherty, W. J., & Simmons, D. S. (1996). Clinical practice patterns of marriage and family therapists: A national survey of therapists and their clients. *Journal of Marital and Family Therapy*, *22*(1), 9–25.

Lee, R. E., III, & Nichols, W. C. (2010). The doctoral education of professional marriage and family therapists. *Journal of Marital & Family Therapy*, *36*(3), 259–269.

Matheny, A. C., & Zimmerman, T. S. (2001). The application of family systems theory to organizational consultation: A content analysis. *The American Journal of Family Therapy*, *29*, 421–433.

Northey, W. F. (2002). Characteristics and clinical practices of marriage and family therapists: A national survey. *Journal of Marital and Family Therapy*, *28*(4), 487–494.

Plowman, D. A., Solansky, S., Beck, T. E., Baker, L., Kulkarni, M., & Travis, D. V. (2007). The role of leadership in emergent, self-organization. *The Leadership Quarterly*, *18*, 341–356.

Shumway, S. T., Kimball, T. G., Korinek, A.W. & Arredondo, R. (2007). A family systems-based model of organizational intervention. *Journal of Marital and Family Therapy*, *33*, 134–148.

Stone Fish, L., & Busby, D. M. (1996). The Delphi method. In D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 469–482). New York, NY: Guilford Press.

Stone Fish, L., & Busby, D. M. (2005). The Delphi method. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy: Second edition*. New York, NY: Guilford Press.

Warters, W. C. (1999). Graduate studies in dispute resolution: A Delphi study of the field's present and future. *The Online Journal for Peace and Resolution*, *33*. Retrieved from http://www.trinstitute.org/ojpcr/2_2warters.htm

Wooley, S. R. (2010). Purposes, diversities and futures in MFT doctoral education. *Journal of Marital and Family Therapy*, *36*(3), 282–290.

Zellmer, D. D. (2003). Teaching to prevent burnout in the helping professionals. *Analytic Teaching*, *24*, 20–25.