Marriage and Family Therapist Websites: A Qualitative Content Analysis

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The positive benefits of therapy are well-established (Duberstein et al., 2018) and therapy continues to make significant strides with regard to therapeutic outcomes. However, little is known regarding client initiation processes as well as how therapists reach out to clients. Clients present with a variety of challenges, and researchers and clinicians struggle with creating ways to increase access to care, reach out to potential clients, and engage individuals in therapy services. Nevertheless, therapist engagement and connection with the client can have a significant impact (Sexton, Littauer, Sexton, & Tømmerås, 2005). Marriage and Family Therapists (MFTs) are uniquely trained and qualified to develop strong therapeutic relationships with multiple clients at the same time (Blow & Sprenkle, 2001). As a rapidly growing field that is competing against other professional counseling services, it is crucial to understand how MFTs reach out to clients and potential clients. This study addressed this research gap by conducting a qualitative content analysis of MFT websites in order to better understand what and how therapists are passively marketing to clients and potential clients. Twenty-five websites were selected from Psychology Today. Each website was a professional marketing strategy for only one MFT. Matrices were used to organize and commence the analysis process. Next, each website was uploaded into Linguistic Inquire Word Count (LIWC; Francis & Booth, 1993), a text analysis software program. This program assisted with providing statistical information surrounding preestablished categories. Then, the websites were uploaded into Dedoose (Dedoose Software, 2014), an online qualitative software program, where coding occurred and themes emerged. Results from the LIWC revealed higher level thinking, a strong demonstration of confidence, and mixed results of authenticity and overall emotional tone. Some of the themes from the study included: collaboration, client-centered, and negative motivation. Additionally, a lack of MFT branding or description was observed. The findings are discussed, and clinical implications and future research ideas are provided.