



CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

August 1, 2014

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Healthcare Quality and Safety Branch
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RE: Scope of Practice review information for proposed legislation regarding an **“Associate” (LMFTA) or provisional license for Marriage and Family Therapists** per Public Act 11-209, An Act Concerning the DPH Oversight Responsibilities relating to Scope of Practice Determinations for Health Care Professions

Dear Ms. Furniss:

I am writing as President of The CT Association for Marriage and Family Therapy to request a "scope of practice" committee review regarding an "Associate" (LMFTA) or provisional license for Marriage and Family Therapists, which is a follow up to our submission last year.

CTAMFT has researched and waited for the appropriate time to propose legislation for the “associate” or provisional license (LMFTA) since 2009, and the following is information we have collected during that process. The criterion that requires us to submit this scope of practice data is the fact that it is a new licensing category for CT Marriage and Family Therapists. This is not a new category, as CT Social Workers have obtained this level of licensing in 2010 and received appropriations for its implementation in 2013. Provisional licenses are standard practice for MFTs in 23 other states and social workers in the majority of U.S. states. The LMFTA’s function, would serve to regulate and clarify, rather than to expand, scope of practice in this licensing category.

The LMFTA covers the time frame where new graduates are moving from a highly supervised COAMFTE accredited Masters Educational Program to work with the public for 1000 hours of practice. During the 1000 hours, they work under the clinical supervision of a licensed Marriage and Family Therapist, which consists typically of 1.5 hours of case consultation per week before they are designated as being able to work without consultation.

Why is the Associate License for Marriage and Family Therapists important?

Marriage and Family Therapy is a mental health specialization that is Masters prepared, similar to the social work and professional counselor professions. Marriage and Family Therapists treat many of the same populations as social workers, counselors and psychologists with the particular niche of working with couples and families in their entirety. MFTs also treat individuals with a focus on their role within their relationship

network and are trained in typical mental health treatment interventions. The training process involves developing a comprehensive mental health and family intervention knowledge base as well as 500, then 1000 additional practice hours consisting of specific in-person sessions with individuals, couples and families plus 100 hours of clinical supervision/case consultation.

The provisional license would provide greater clarity around the role of clinicians working under clinical supervision. Many insurers will not cover unlicensed practitioners and therefore many agencies choose not to hire post grads. While students may have served well at an agency as interns, the transition to a paid unlicensed staff position is not always smooth for students, agencies or their clients. Currently new grads often end their unpaid internships and at times cannot be hired due to their unlicensed status and the lack of clarity around how to pay them. Treatment is generally interrupted to transfer the case to another provider and agencies must make a commitment to training and then retraining a new rotation of unpaid interns. A conundrum is created, because post grads cannot become fully licensed unless they continue to work under supervision. Many of our post grad CTAMFT members find it difficult to navigate this period of their career financially. Some drop out of the field altogether, work unpaid, or others develop their own cash businesses that are sometimes inadequately supervised. None of these options are good for our trainees, the profession's reputation, employers or consumers.

Over the years several CTAMFT Boards have discussed the LMFTA due to concerns around: public access to quality treatment in a variety of modalities--specifically family/systemic, continuity of care, accountability for new grads, ability for consumers to understand the training level, and if need be, report on the competence of their therapists and practice consistency across disciplines.

Having an Associate License or LMFTA would allow CTAMFT to educate the public to seek licensed MFTs, knowing that these practitioners were accountable to practicing within the acceptable limits of the profession, under appropriate conditions, with available recourse for malpractice. While the national exam does not prove that those who pass are fully qualified practitioners, it is a hurdle that helps to highlight those grads who are committed to the field and have been able to amass a required knowledge base.

The accountability incorporated in the Associate License could potentially reduce liability concerns that have prevented commercial insurers from allowing post grad, or even newly licensed practitioners from being reimbursed and paneled. This would increase opportunities for agencies to pay their graduating interns from multiple sources, as well as provide a greater, better vetted applicant pool for employment. Greater seamlessness in payment practices would help agencies to maintain continuity with their clients as their interns transition to post grads and work toward independence. Qualified trainees could develop optimal visibility with insurance providers and learn in high quality agency settings that may not now be available to them.

Logistics

The proposed LMFTA would be accessible only upon passing the national licensing exam and regulate the work period between graduation and independent licensure, approximately two years. The provisional license would not change scope of practice in any way except to clarify it, as all requirements for practice settings, training, supervision and the exam would remain as they currently exist. The license also would not allow any activities that are not already under the purview of marriage and family therapists in their post graduate clinical work. Administrative procedures would be generally the same, as CT Marriage and Family Therapists are able to take the national exam at any point after graduation at this time. The main difference would be initiating the provisional LMFTA as the exam is passed,

processing payments for the LMFTA and/or cross referencing supervisor licenses with post grad LMFTAs as many states do.

What is happening nationally?

Per Roger Smith, J.D., Senior Attorney at the *American Association for Marriage and Family Therapy* (AAMFT) our national organization, the following **23 states have licenses for associate MFTs:**

Alaska, Arizona, Arkansas, Delaware, Georgia, Idaho , Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Minnesota, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Texas, Utah, Washington, Wisconsin

Only Connecticut and 10 other states appear to have no associate license or intern designation for MFTs. Having a license for associates is even more common in the social work profession, as most states have a provisional social work license. LPCs have associate licenses in other states as well.

Benefits of the LMFTA as seen at the national level:

- Greater protection of the public by requiring a license for all post-graduates.
- State licensure for associates is rapidly becoming the standard in the mental health field, and, therefore, it is becoming something that public and private payers are expecting recent graduates to have obtained.
- No/low cost to the state since licensure fees cover this cost. Many states consider that there will be less work for staff (fewer costs) when licensed associates apply for independent MFT licensure.
- This initiative will not increase the scope of practice for interns. In fact, it should tighten the scope of practice since they will be under the authority of a state agency rather than practicing unregulated.

The following links are samples from other states, as well as a link to our AAMFT's national licensing look up page:

west virginia <http://www.wvbec.org/images/Series 8 MFT Licensure -July 1, 2010.pdf>

north carolina <http://www.nclmft.org/images/uploads/forms/Application - LMFTA to LMFT - Effective 4-8-13.pdf>

colorado <http://cdn.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632599527&pagename=CBONWrapper>

aamft licensing lookup [http://www.aamft.org/iMIS15/Default.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01&hkey=b1033df3-6882-491e-87fd-a75c2f7be070&=404%3bhttp%3a%2f%2fwww.aamft.org%3a80%2fiMIS15%2fAAMFT%2fDirectories%2fMFT Licensing Boards%2f](http://www.aamft.org/iMIS15/Default.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01&hkey=b1033df3-6882-491e-87fd-a75c2f7be070&=404%3bhttp%3a%2f%2fwww.aamft.org%3a80%2fiMIS15%2fAAMFT%2fDirectories%2fMFT%20Licensing%20Boards%2f)

In closing, the CT Association for Marriage and Family Therapy has reviewed this issue on a local and national level and come to the conclusion that the LMFTA would help to:

- 1) provide identifiable ways for consumers to recognize practitioners who have completed the requirements of the field and are operating within its guidelines,
- 2) provide support for the field's new graduates and their employers with a recognizable credential,
- 3) provide clearer paths to independent licensure,
- 4) open up opportunities for continuity in treatment when student interns complete their Masters Degree,
- 5) increase accessibility to family practitioners who provide an important modality that is unavailable in many clinical settings,
- 6) open up opportunities for multi-disciplinary collaboration, as well as
- 7) widen and increase the quality of non-profit applicant pools.

Thank you for your time, and feel free to contact me at denisept@msn.com, denise.parent@uconn.edu or 203-671-6522 if you have further questions. The CTAMFT Association Manager can be contacted at manager@ctamft.org, or 860-952-9638.

Sincerely,

Denise Parent, LMFT
President
CT Association for Marriage and Family Therapy