CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

August 13, 2013

Ms. Jennifer L. Filippone
Chief Practitioner/Licensing and Investigations
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

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. Filippone:

I am writing as President of The CT Association for Marriage and Family Therapy to submit data for a "scope of practice" review regarding an "Associate" (LMFTA) or provisional license for Marriage and Family Therapy graduates working toward independent licensure.

CTAMFT has researched proposed 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. We have also submitted a request for exemption, as the category is not new in the sense that a similar profession, CT social work, has obtained this level of licensing in CT and regulation for mental health professionals still working under clinical supervision is common practice nationally. This proposed licensing would not change what is required of new graduates. The LMFTA's function, would serve to regulate and clarify, rather than to expand, scope of practice in this licensing category.

Public Health and Safety

CTAMFT believes that a provisional license will increase the quality of health care by making the training level of new graduates more visible and accountable to the public, increase options for new graduates to build and maintain relationships with employers that will encourage them to practice with appropriate oversight and ongoing training opportunities, as well as enhance employers ability to transition their interns to paid staff without a break in continuity of treatment. A provisional license creates a clear path for new MFTs to practice their profession as they work to obtain licensure.

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 an option 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. Treatment is generally interrupted to transfer the individual, couple or family to another provider and agencies must make a commitment to transferring the client to a new rotation of unpaid

interns. Treatment is often interrupted as graduates move on rather than being based on the client completing services. Many of our post grad CTAMFT members find it difficult to navigate this period of their career. Some drop out of the field and quality providers are lost. Others develop their own cash businesses that are sometimes inadequately supervised.

The LMFTA would require that the provider has passed the National Licensing Exam. 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 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 their training, under appropriate conditions, with more available recourse for malpractice.

The accountability incorporated in the Associate License could also 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.

Access

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.

Marriage and family therapists are a small, relatively new profession in comparison to the social work, psychiatry and psychology professions. While our clinical training is comparable to other disciplines, we continue to face the challenge of practicing in the current mental health system, which is driven by individual treatment preference. Marriage and family therapists are trained to work within this system, but also bring a unique philosophy that a person's relationship network strongly influences, supports, and at times predicts mental health/pathology. Further, each person's network is seen as a diagnostic and treatment tool, which reduces stigma for the identified patient, provides holistic and preventive intervention in addition to treating symptoms. CTAMFT's mission is to ensure that the public is aware of and has access to this treatment modality and supports its members ability to facilitate its use.

We are concerned that unequal procedures in licensing across the similar disciplines of social work, counseling and marriage and family therapy could create an inaccurate perception about the credibility of our unlicensed graduates, that the "licensed" professional is more competent. Of course, in terms of training and capability that would not be the case. In addition, were employers to only hire licensed professionals, this could literally limit access to family therapy as a treatment modality. We believe that consumers and employers should have a range of interdisciplinary providers to choose from, with equal access to each in order to provide the best quality service.

Current Regulatory Oversight

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. Currently this period is not regulated.

Education Training and Exam Requirements

The Marriage and Family Therapist training process involves developing a Masters level comprehensive mental health and family intervention knowledge base in a COAMFTE/USDE accredited teaching program with generally 60 curriculum credits. In addition, 500 closely supervised face to face session practice hours with individuals, couples and families, plus 100 hours of clinical case consultation are required to graduate. 250 of the 500 hours must be with more than one family member in treatment, and one in five sessions must be available for observation to the clinical supervisor through audio, video or in-person contact. In order to reach independent license status post graduation, an additional 1000 hours of session time must be completed with 100 hours of case consultation/clinical supervision required over the course of a minimum of 18 months. The national marriage and family therapy exam must also be passed prior to the application of the independent license.

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.

Effect on existing Healthcare Relationships/other scope of practice efforts

The LMFTA would allow new graduates to have a licensed status while they work toward their independence. Very little would change except that it could open up options for reimbursement by employers or insurers that may have been hesitant to invest in new graduates because they were not reimbursable or chose not recognize this period due to the lack of regulation.

CTAMFT Boards have discussed the LMFTA since 2009 due to concerns around: access to quality treatment in a variety of modalities--specifically family/systemic, continuity of care, accountability for new grads, ability for patients to understand the training level, and if need be, report on the competence of their therapists and the ability to practice consistency across disciplines.

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 reported by AAMFT:

- 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

Discussions with other professions

CTAMFT has had discussions with the CT branch of NASW who achieved this level of licensing several years ago and was recently funded for its implementation. They expressed no concerns about CT Marriage and Family Therapists achieving this as well, and we have agreed that it would be beneficial for all of us to have parity. CTAMFT enjoys a good relationship with the CT Counseling Association. It is foreseeable that they may want this option for counselors for the same reasons that NASW and CTAMFT have pursued it. At this time, CTAMFT has not had discussions with them about the topic, but would if needed, and would not oppose them if they were to pursue it.

Practicing to the full extent of education and training

The LMFTA would support new graduates in the sense that this "gray" period of their development would have structured and credible procedures around oversight, creating greater support for individual clinical supervisors who serve as gatekeepers to the profession. It would also enhance relationships with employers and insurers who must invest in new graduates in order for them to practice.

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 provide identifiable ways for patients to recognize practitioners who have completed the requirements of the field and are operating within its guidelines, provide support for the field's new graduates and their employers, provide clearer paths to independent licensure, open up opportunities for continuity in treatment, increase accessibility to family practitioners who provide an important modality that is unavailable in many clinical settings, open up opportunities for multi-disciplinary collaboration, as well as 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 or 203-671-6522 if you have further questions.

Sincerely,

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