



CONNECTICUT ASSOCIATION FOR  
Marriage & Family Therapy

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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. Wilson:

I am writing as Legislative Liaison on behalf 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 and to legislation introduced in the 2015 legislative session (HB 6861).

CTAMFT has researched and waited for the appropriate time to propose legislation for the “associate” or provisional license (LMFTA) since 2009. In the 2015 legislative session, HB 6861 was introduced and advanced throughout the legislative process, furthering our understanding and highlighting the need for the ‘associate” license in Connecticut.

Since 2009, we have collected the following information about an “associate” license. 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. Because the LMFTA will require a supervisor to be named and contracted with, it will provide assurance that those seeking licensure are indeed practicing under supervision.

### **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. Unlike social workers who largely begin their clinical experience after graduating with a Masters degree, MFTs are required to undergo extensive clinical training prior to graduation by accruing 500 hours of direct client contact ( 250 of which **must** be relational or with more than one member of the client's family system in the treatment room). They are also required to attain 250 hours of supervision. After graduation, MFTs are required to continue supervised practice to attain 1000 more hours of direct client contact with 100 hours of supervision. The training process involves developing a comprehensive mental health and family intervention knowledge base from a "systemic" perspective.

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 and they require employment to receive said 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

*MFT is the only mental health specialization that requires this level of extensive clinical training prior to graduation, and has the only training programs that incorporate live supervision using one-way mirrors. Hence MFTs entering the field during the pre-licensure stage have met clinical milestones above and beyond their counterparts with Masters degrees in other fields.*

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. The LMFTA would also require post graduates to first pass the licensure exam and 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. It will also provide a higher level of public protection knowing that those holding an LMFTA have demonstrated the ability to pass the rigorous national exam vetted by the American Association of Marriage and Family Therapy Regulatory Board (AAMFT-RB).

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 independent practice. 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 the scope of practice in any way** rather, it will 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 has happened in the 2014-2015 legislative session?**

Although the LMFTA was not chosen for scope of practice review in 2014-2015, the bill was drafted and HB-6861: An Act Concerning Marital and Family Therapists was voted out of the Public Health Committee, voted out of the Appropriations Committee, and sat on the House floor where it died at the end of the legislative session.

## **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](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](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_Licensing_Boards%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,
  - 8) provide parity with CT social workers.

Thank you for your time, and feel free to email me at [maryann.labella@fairfield.edu](mailto:maryann.labella@fairfield.edu) or call 203-733-5403 if you have further questions. The CTAMFT Association Manager can be contacted at [manager@ctamft.org](mailto:manager@ctamft.org), or 860-952-9638.

Sincerely,

*Maryann LaBella, MA, LMFT*

Maryann LaBella, MA, LMFT

Legislative Liaison,

CT Association for Marriage and Family Therapy



General Assembly

**Substitute Bill No. 6861**

January Session, 2015



**AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-195b of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 (a) Except as provided in section 20-195f, no person shall practice  
4 marital and family therapy unless he or she is licensed in accordance  
5 with the provisions of section 20-195c, as amended by this act.

6 (b) No person shall use the title "licensed marital and family  
7 therapist" or "licensed marital and family therapist associate" unless he  
8 or she is licensed in accordance with the provisions of section 20-195c,  
9 as amended by this act.

10 Sec. 2. Section 20-195c of the general statutes is repealed and the  
11 following is substituted in lieu thereof (*Effective October 1, 2015*):

12 (a) Each applicant for licensure as a marital and family therapist  
13 shall present to the department satisfactory evidence that such  
14 applicant has: (1) Completed a graduate degree program specializing  
15 in marital and family therapy [from] offered by a regionally accredited  
16 college or university or an accredited postgraduate clinical training  
17 program, accredited by the Commission on Accreditation for Marriage  
18 and Family Therapy Education, offered by a regionally accredited

19 institution of higher education; (2) completed a supervised practicum  
20 or internship with emphasis in marital and family therapy supervised  
21 by the program granting the requisite degree or by an accredited  
22 postgraduate clinical training program, accredited by the Commission  
23 on Accreditation for Marriage and Family Therapy Education, offered  
24 by a regionally accredited institution of higher education in which the  
25 student received a minimum of five hundred direct clinical hours that  
26 included one hundred hours of clinical supervision; (3) completed a  
27 minimum of twelve months of relevant postgraduate experience,  
28 including at least (A) one thousand hours of direct client contact  
29 offering marital and family therapy services subsequent to being  
30 awarded a master's degree or doctorate or subsequent to the training  
31 year specified in subdivision (2) of this subsection, and (B) one  
32 hundred hours of postgraduate clinical supervision provided by a  
33 licensed marital and family therapist; and (4) passed an examination  
34 prescribed by the department. The fee shall be three hundred fifteen  
35 dollars for each initial application.

36 (b) Each applicant for licensure as a marital and family therapist  
37 associate shall present to the department (1) satisfactory evidence that  
38 such applicant has (A) completed a graduate degree program  
39 specializing in marital and family therapy offered by a regionally  
40 accredited college or university or an accredited postgraduate clinical  
41 training program, accredited by the Commission on Accreditation for  
42 Marriage and Family Therapy Education, offered by a regionally  
43 accredited institution of higher education, and (B) passed an  
44 examination prescribed by the department; and (2) verification from a  
45 supervising licensed marital and family therapist that the applicant is  
46 working toward completing the postgraduate experience required for  
47 licensure as a marital and family therapist under subdivision (3) of  
48 subsection (a) of this section. The fee shall be one hundred twenty-five  
49 dollars for each initial application.

50 [(b)] (c) The department may grant licensure without examination,  
51 subject to payment of fees with respect to the initial application, to any

52 applicant who is currently licensed or certified as a marital or marriage  
53 and family therapist or a marital and family therapist associate in  
54 another state, territory or commonwealth of the United States,  
55 provided such state, territory or commonwealth maintains licensure or  
56 certification standards which, in the opinion of the department, are  
57 equivalent to or higher than the standards of this state. No license shall  
58 be issued under this section to any applicant against whom  
59 professional disciplinary action is pending or who is the subject of an  
60 unresolved complaint.

61 ~~[(c) Licenses issued]~~ (d) (1) A license issued to a marital and family  
62 therapist under this section may be renewed annually in accordance  
63 with the provisions of section 19a-88, as amended by this act. The fee  
64 for such renewal shall be three hundred fifteen dollars.

65 (2) Each licensed marital and family therapist applying for license  
66 renewal shall furnish evidence satisfactory to the commissioner of  
67 having participated in continuing education programs. The  
68 commissioner shall adopt regulations, in accordance with chapter 54,  
69 to [(1)] (A) define basic requirements for continuing education  
70 programs, which shall include not less than one contact hour of  
71 training or education each registration period on the topic of cultural  
72 competency, [(2)] (B) delineate qualifying programs, [(3)] (C) establish  
73 a system of control and reporting, and [(4)] (D) provide for waiver of  
74 the continuing education requirement for good cause.

75 (3) A license issued to a marital and family therapist associate shall  
76 expire on or before thirty-six months after the date on which such  
77 license was issued and may be renewed once for an additional thirty-  
78 six months in accordance with the provisions of section 19a-88, as  
79 amended by this act. The fee for such renewal shall be two hundred  
80 twenty dollars.

81 (4) Each licensed marital and family therapist associate applying for  
82 license renewal shall furnish evidence satisfactory to the commissioner  
83 of working toward completing the postgraduate experience required

84 for licensure as a marital and family therapist under subdivision (3) of  
85 subsection (a) of this section and the potential for successful  
86 completion of such experience prior to the expiration of the thirty-six  
87 month renewal period.

88 [(d)] (e) Notwithstanding the provisions of this section, an applicant  
89 who is currently licensed or certified as a marital or marriage and  
90 family therapist in another state, territory or commonwealth of the  
91 United States that does not maintain standards for licensure or  
92 certification that are equivalent to or higher than the standards in this  
93 state may substitute three years of licensed or certified work  
94 experience in the practice of marital and family therapy, as defined in  
95 section 20-195a, in lieu of the requirements of subdivisions (2) and (3)  
96 of subsection (a) of this section.

97 Sec. 3. Subdivision (1) of subsection (e) of section 19a-88 of the  
98 general statutes is repealed and the following is substituted in lieu  
99 thereof (*Effective October 1, 2015*):

100 (e) (1) Each person holding a license or certificate issued under  
101 section 19a-514, 20-65k, 20-74s, 20-195cc or 20-206ll and chapters 370 to  
102 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 384,  
103 384a, 384b, 384d, 385, 393a, 395, 399 or 400a and section 20-206n or 20-  
104 206o shall, annually, or, in the case of a person holding a license as  
105 marital and family therapist associate under section 20-195c, as  
106 amended by this act, on or before thirty-six months after the date of  
107 initial licensure, during the month of such person's birth, apply for  
108 renewal of such license or certificate to the Department of Public  
109 Health, giving such person's name in full, such person's residence and  
110 business address and such other information as the department  
111 requests.

112 Sec. 4. Section 20-206oo of the general statutes is repealed and the  
113 following is substituted in lieu thereof (*Effective October 1, 2015*):

114 The Commissioner of Public Health may adopt regulations in

115 accordance with the provisions of chapter 54 to carry out the  
116 provisions of subdivision (24) of subsection (c) of section 19a-14,  
117 subdivision (e) of section 19a-88, as amended by this act, subdivision  
118 (15) of section 19a-175, subsection (b) of section 20-9, subsection [(c)]  
119 (d) of section 20-195c, as amended by this act, sections 20-195aa to 20-  
120 195ff, inclusive, and sections 20-206jj to [20-206oo] 20-206nn, inclusive.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2015	20-195b
Sec. 2	October 1, 2015	20-195c
Sec. 3	October 1, 2015	19a-88(e)(1)
Sec. 4	October 1, 2015	20-206oo

**PH** Joint Favorable Subst.