



Challenges in MFT Licensing in California

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Summary

Licensure as a marriage and family therapist (MFT) is based on a qualifying degree and two years of full-time, supervised experience (3,000 hours, inclusive of practicum) or the equivalent. Over time, the process of becoming an MFT in California has become increasingly difficult at both the educational and post-degree levels. The expenses associated with becoming a marriage and family therapist have increased dramatically, with little evidence to demonstrate that these increased expenses are associated with either better clinical effectiveness or improved long-term income. Changes in the licensure process are needed to ensure that the process has its intended effect of public protection without being so onerous that it can only be achieved by the wealthy few. We make specific recommendations as to how this balance can be better achieved.

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Background

Over the past few years, AAMFT-CA has heard many concerns from members suggesting that it has become increasingly difficult to become a family therapist. This is inarguably true. Training programs have become significantly longer and more expensive, student loans have become more difficult to come by,¹ the specific categories of hours for licensure have increased in complexity and shifted in composition, and the BBS has had significant delays in processing applications for exam eligibility even when applicants have completed all other requirements for licensure.

More information on each of these concerns follows. We have engaged in a process of research and assessment with the goal of easing the pathway to MFT licensure without compromising the quality of either MFT training or public safety. We are grateful to the BBS and to CAMFT for their active contributions to this report.

In the pages that follow, we address six specific concerns related to the struggles of those coming into the profession:

1. Training programs have gotten significantly longer and more expensive
2. The structure of required experience is difficult to understand and apply
3. The apprenticeship structure of 3,000 hours of supervised experience is based on tradition and politics, not science
4. The current structure misleads MFTs about how long licensure will take
5. The specific hour-type minimums and maximums for MFTs do not improve public safety
6. The existing structure risks the creation of class bias among the therapist population

We then make four specific recommendations for policy-based improvements:

1. Reduce unfounded “buckets” of specific hour types for licensure
2. Adopt a data-driven approach to licensure requirements moving forward
3. Ensure appropriate long-term staffing levels at the BBS
4. Increase funding for scholarship, stipend, and loan reimbursement programs

We do not believe that these solutions are all-encompassing (as one example, educational costs exist in a much larger context), but we do believe that enactment of each of them would amount to a meaningful improvement to the current process by which new MFTs enter into the profession.

Factual findings: Education

Training programs have become significantly longer and more expensive

The minimum graduate program length for license eligibility as an MFT has grown from 36 semester units to 48 in the 1980s, and now to 60 for those who began their degrees after August 1, 2012. These increases were not motivated by any data showing that students with longer graduate programs are more clinically effective. The move to a 60-unit curriculum in 2012 was a response to a perceived weakness in the argument that MFTs and LCSWs are similarly qualified for clinical positions. Because LCSWs require 60 units, the reasoning went, demanding the same of MFTs would make it easier to argue that the two professions are similarly qualified, and subsequently improve the employment outlook for MFTs.

Meanwhile, increases in graduate tuition costs are well-documented. Very few MFT programs in the state can be completed at a cost of less than \$30,000; many private universities are charging more than \$50,000 for graduate programs in MFT. A recent review of publicly-available tuition information for 34 of the largest MFT programs in the state found that just five of these programs had total tuition costs under \$33,000; the median total tuition was \$46,640, with 13 programs charging more than \$50,000 and six charging more than \$60,000.² Once costs for fees, books, and related course materials are considered, it is not at all unusual for students to be paying well above \$50,000 for their graduate degrees. AAMFT-CA has received some communications from members noting total expenses of more than \$100,000 in the achievement of their qualifying degrees.

The state of California and its counties have attempted to defray some of these costs through stipend and loan reimbursement programs. While these programs are to be praised for their success in bringing diverse MFTs into public mental health employment in underserved areas, they are competitive awards that provide up to \$18,500 – providing only partial relief from the high costs of education, and then for only a small minority of students.

This is, of course, only one example of larger systemic issues in higher-level education. Education costs have increased faster than inflation and even faster than health care costs,³ while tuition assistance has become much more difficult to obtain. The causes and implications of these changes are open to debate, but it is clear at present that the financial strains on those seeking qualifying degrees as marriage and family therapists are much more severe than those faced by previous generations of therapists-in-training.

Factual findings: Experience

The structure of required experience is difficult to understand and apply

At present, family therapists' required hours of experience for licensure are broken into no less than nine different categories. Even tracking these hours is so complex that it has given rise to a successful for-profit business whose product keeps track of the many varied minimums, maximums, combined maximums, and incentives to ensure that hours are not counted inappropriately.⁴ Because of this complexity in how required hours of experience are structured, the BBS reports that applications for MFT exam eligibility are significantly more difficult to evaluate than are applications for CSW exam eligibility. This makes sense, considering the complexity of hours involved (Psychologists and LPCCs are included for reference here as well):

License type	Supervised experience requirements
Marriage and Family Therapist (BBS)	Nine different categories of hours , with one minimum, four maximums, and two combined maximums
Clinical Social Worker (BBS)	Two categories of hours , with three minimums (one for each category, and one for a subtype in one category)
Professional Clinical Counselor (BBS)	Six categories of hours , with one minimum, four maximums, and one combined maximum
Clinical Psychologist (Board of Psychology)	No categories of hours. Supervised experience is on a clock-hours basis.

The apprenticeship structure of 3,000 hours of supervised experience is based on tradition and politics, not science

The number of supervised hours required for licensure comes from tradition dating back to the early days of psychologist licensure, where two years of apprenticeship was settled on as adequate preparation for independent practice. As the master's-level mental health professions came into licensure, political decisions were made to have similar apprenticeship experience.

There is **no scientific evidence** that 3,000 hours is an appropriate amount of supervision for independent practice. In terms of skill development, recent evidence suggests that skills plateau after just a few hundred hours of experience, and while further improvements in skill can of course be made, these come from specific and intentional supervision practices, and are not simply automatic with any particular quantity of supervised experience.⁵

Neither the BBS nor CAMFT nor AAMFT-CA have been able to locate any documentation establishing a specific scientific or policy basis for the existing complex system of categories of hours for MFT licensure. While each individual category, when viewed in a vacuum, is sensible as an activity that should count toward licensure, when viewed in totality, the specificity and segmentation of various categories of experience does not appear to serve a meaningful purpose.

The current structure misleads MFTs about how long licensure will take

A supposed advantage of the current MFT licensing structure is that it includes hours of experience gained during one's degree program. However, this structure does not ultimately lead to faster licensure for MFTs, and may in fact be simply misleading – and ultimately discouraging – those who pursue MFT licensure thinking it will be the fastest pathway to licensure in mental health care.

According to BBS data as of July 2008 (the most recent data of this kind available), it takes the average MFT more than four years after intern registration to complete the required 3,000 total hours of experience. Furthermore, **it takes MFTs longer, on average, to complete their post-degree supervised experience than it takes CSWs.**⁶

This is in spite of the fact that MFTs can count up to 1,300 pre-degree hours toward their total of 3,000 hours, while CSWs cannot count *any* pre-degree hours toward their required 3,200. CSWs must complete all of their required supervised experience after registering with the state as an Associate.

We believe that pre-degree hours should be counted toward licensure requirements, given that they are true apprenticeship experience completed under supervision. We also believe it important that prospective therapists of all types be provided clear and accurate information about how long licensure is likely to take.

The specific hour-type minimums and maximums for MFTs do not improve public safety

Again, neither the BBS nor CAMFT could locate records of the origins of various categories of hours for licensure that demonstrate these categories were created out of compelling public safety concerns. From July 1, 2006, through February 28, 2007 (the most recent period for which data of this type are publicly available), the BBS closed 21 actionable complaints against MFT interns, and 14 complaints against CSW associates⁷ – a statistically insignificant difference from the overall ratio of MFT interns to CSW associates registered with the BBS, which tends to be roughly 3:2. As of November 1, 2013, there were approximately 16,000 MFT interns and 11,000 CSW associates in California.⁸

Simply put, **there is no evidence that the existing hour type categories, with their various minimums and maximums, have any demonstrable impact on public safety.** If they did, consumers and regulators would be rightly up in arms over the clock-hour internship structure afforded to Psychologists, who gain credit toward licensure simply for being at their workplace, as long as the supervisor considers their work to be within the Psychological scope.⁹ The many categories MFTs must track and the limits to which they must adhere simply make licensure more difficult to obtain.

The existing structure risks the creation of class bias among the therapist population

Given the high educational costs and long time span between degree and licensure for MFTs, it is clear that students who have limited resources in terms of money, family support, and child care will have a difficult time becoming family therapists. This should be a concern for the therapy community. An unnecessarily long and expensive path toward licensure does more than weeding out those who lack appropriate skills. It also steers away those who need to be able to effectively support their families, and those who simply can't afford to pay for it all. That can create a class bias in the therapist population, potentially impacting the quality of client care with low-income clients. Family therapy should not be a profession exclusively by and for the well-resourced.

Policy recommendations

1. Reduce unfounded “buckets” of specific hour types for licensure

Simplification of the MFT licensing structure has the potential to dramatically improve current circumstances in multiple ways. It will make it easier for students to accurately track their progression to licensure without the aid of third parties. It will make applications easier to evaluate at the BBS, reducing the tendency for these applications to backlog. And it will do so, we believe, without negatively impacting public safety, as the total and quality of experience MFTs would need to complete would not change.

We support an approach to MFT licensure that more closely mirrors either the Psychologist structure (where internship is based on clock hours, and not divided by activity type) **or the Clinical Social Worker structure** (where hours are simply divided into clinical and non-clinical hours). We do believe that, in keeping with the ethos of the MFT profession and to ensure appropriate portability of licensure, requirements should maintain a standard for clinical work with couples, families, and children.

2. Adopt a data-driven approach to licensure requirements moving forward

While we understand that changes to licensing requirements inevitably carry political considerations, we recommend a data-driven approach to policymaking as it relates to licensure. Changes should not be made solely or predominantly based on political considerations, but rather with careful consideration of the implications of any changes as established by researchers. **Added requirements for training or licensure should be resisted unless there is clear and convincing evidence that they will improve client outcomes, public safety, or both.** When such additions are made, they should typically be accompanied by reduction or elimination of requirements that have become outdated.

There is meaningful data that exists today that can inform the decision-making process as it relates to requirements for licensure. As a directly applicable example, the research of Sean O'Connor¹⁰ (previously employed by the BBS, now at the Department of Consumer Affairs) showed a number of factors that decrease MFT interns' and CSW associates' odds of reaching licensure, including:

- Difficulty in finding supervision
- Time spent raising a child while completing supervised experience
- Holding an out-of-state degree

Each of these has clear policy implications. Though some of O'Connor's other findings have policy implications that are less clear, these should not be ignored: those working in the Bay Area were more than twice as likely as others to reach licensure, and those who identified as African-American or Latino had less than half the chance of reaching licensure compared to other demographic groups. This last finding, in particular, should generate serious concern and immediate attention given that the BBS and the state's loan reimbursement programs are actively trying to increase the diversity of the state's mental health work force.

As part of this data-driven approach, we encourage additional publication of anonymized data sets of BBS licensees and registrants, showing their progression to licensure. The BBS can directly benefit from the work of outside researchers using this anonymous data to gain insight about strengths and weaknesses in the existing licensure structure. The BBS is to be praised for its publication of such data in the past. Knowledge gained in our state can influence licensure and training processes nationwide.

3. Ensure appropriate long-term staffing levels at the Board of Behavioral Sciences

As of June 23, 2014, the BBS was working on applications for MFT exam eligibility received the week of October 1, 2013 – a delay of approximately nine months. Thanks to new staff positions, this delay is likely to decrease in the months ahead. Furthermore, we understand the BBS itself is not responsible for these delays, which are instead the product of state budget problems that led to required furlough days and difficulty in hiring new staff.

That said, this is not the first time that applicants have encountered major delays with application processing. The long-term ebb and flow of delay and catch-up at the BBS is well-documented. A more effective long-term solution is needed.

Special fund agencies like the BBS should not be restricted from using their reserves to hire additional staff whenever necessary to support mission-critical functions. We encourage the pursuit of legislation to this effect.

4. Increase funding for scholarship, stipend, and loan reimbursement programs

We recognize these programs to be merely a band-aid in a larger context of inadequate funding for those pursuing family therapy education and licensure. While they are not an effective long-term solution, they nonetheless serve a number of positive functions, including supporting the employment of MFTs in public mental health settings and making education and internship more affordable for those who receive these awards. **We encourage the development and use of any and all available funding streams for increasing both the number of such awards distributed and the amount of each award.**

Endnotes

¹ According to the US Government Accountability Office, due to tightened lending criteria and other factors, the number of people accessing private loans for their education dropped by more than 50 percent between 2007-08 and 2011-12.

<http://www.gao.gov/products/GAO-14-7>

² Caldwell, B. E. (2013). *California family therapy program rankings: 34 of the state's best MFT programs*. Los Angeles, CA: Author.

³ <http://www.today.com/money/good-graph-friday-whats-rising-faster-health-care-college-costs-6C9677832>

⁴ www.trackyourhours.com

⁵ Readers are directed to the research of Scott Miller, www.scottdmiller.com, for a wealth of additional information on the links between experience and effectiveness and the activities that lead to clinical improvement.

⁶ The average MFT who had reached licensure took 4.04 years to attain licensure status after submitting the initial registration application. The average LCSW took 4.13 years to do the same. This difference is fully accounted for by LCSWs taking, on average, more attempts to complete their exams, and thus taking more time between exam eligibility (the completion of required hours of experience) and licensure. Data from Board of Behavioral Sciences (2008). *Tracking the LCSW and MFT Licensing Processes: A current snapshot of 2002-2004 graduates*. Available online at

http://www.bbs.ca.gov/pdf/publications/tracking_licensing_process.pdf. Among 2003 and 2004 graduates, the time to licensure is not significantly different between MFTs and CSWs. However, these data sets are incomplete, as many of those who would ultimately go on to achieve licensure had not completed the process as of July 2008. The 2002 data set is the most reliable.

⁷ Board of Behavioral Sciences (2007). *Breakdown of enforcement complaint closures by type: 2006-2007 fiscal year*. Available online at

http://www.bbs.ca.gov/pdf/agen_notice/2007/0407_consprot_mtg_material.pdf .

⁸ The most recent licensee and registrant statistics are occasionally updated by the BBS at http://www.bbs.ca.gov/app-reg/licreg_stats.shtml .

⁹ Compare the Verification of Experience form for those becoming Psychologists (http://www.psychology.ca.gov/forms_pubs/verification_experience.pdf) with the Verification of Experience form for those becoming MFTs (<http://www.bbs.ca.gov/pdf/forms/mft/exp-mfc.pdf>).

¹⁰ O'Connor, S. T. (2010). *Why don't they get licensed? Investigating success in the California Clinical Social Worker and Marriage and Family Therapist licensing process*. Master's thesis for California State University, Sacramento.