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PREFACE

This report is the eighth in a series of 21 evaluations being done in response to a mandate from the Michigan Legislature embodied in Section 215 of 1980 PA 299, as amended. The Act calls for the creation of a temporary Commission on Professional and Occupational Licensure (COPOL), with eleven members appointed by the Director of Licensing and Regulation with the advice and consent of the Senate. The Act further requires that four of the members be persons licensed or registered under the Act, and that seven members be representatives of the general public. The life of the Commission is four years.

The charge to the Commission is to recommend to the Legislature changes in the regulatory provisions of the Act, including the possible repeal of certain articles. The criteria to be used in this evaluation are:

1. The ability of the general public to competently evaluate the service provided by an occupation.
2. Whether an occupation directly offers services to the general public.
3. A balancing of the costs of regulation, including entrance restriction and reduced competition in an occupation through licensure or registration, with the costs incurred by the general public as a result of nonlicensure or nonregistration.
4. The quality of consumer information provided by the Department and the Board.
5. The capacity of existing mechanisms to protect the general public.
6. The number and frequency of penalties imposed on persons under Article 15 or a statute repealed by the Act.
7. The availability of alternative forms of regulation of an occupation, including registration, and civil or criminal prosecution under state consumer protection laws and similar state laws.
8. The increase or decrease in competence of an occupation as a direct result of a licensure or registration requirement under this Act.

This particular report focuses on marriage counselors and the appropriateness of regulation, and makes recommendations for improvements in the present form of regulation for this profession in the State of Michigan.

SUMMARY AND RECOMMENDATIONS

SUMMARY

The basic function of state licensure statutes is to protect the public health, morals, safety, and general welfare. The three ways in which licensure laws address this function are as follows: 1) they establish entry requirements, either by education, experience, or examination, which must be met before an individual may offer services to the public; 2) they provide a means for discipline for incompetent or unethical practice, and enforcement of licensing standards; 3) they prohibit unlicensed practice or use of legally protected titles, thereby preventing unqualified persons from misrepresenting themselves to the public. The key question that the Commission on Occupational and Professional Licensure must address is whether these controls by the State are warranted for the field of marriage and family therapy. After careful analysis of this field of professional practice COPOL has concluded:

- 1) that it is in the public interest to have assurances that the services in this field are offered by properly trained and experienced individuals;
- 2) that incompetence or unethical activities can harm clients, who need recourse for such if it should occur;
- 3) that a publicly advertised title should represent a qualified practitioner, reliably offering services which can affect the health and well-being of the persons seeking services.

RECOMMENDATIONS

As a result of its series of meetings and investigations of the appropriateness of regulation of * marriage and family therapists (marriage counselors), the Commission on Professional and Occupational Licensure recommends the continuation of regulation for this field, based upon the above described need for public protection.

As part of its deliberations, the Commission has also concluded that there does exist an overlap of functions among all mental health practitioners, notably psychologists, social workers, and marriage and family therapists. For this reason, the Commission recommends that consideration be given to the implementation of a coordinated system of regulation for those individuals engaged in the practice of behavioral science professions which are involved in the delivery of mental health services to the public.

*"Marriage counselor" as a professional title has been replaced by the term "marriage and family therapist". The terms are used interchangeably in this report, chiefly where current statutory language retains the older term, "marriage counselor".

DEFINITION AND HISTORY OF THE PROFESSION

Marriage and family counseling is a service that provides guidance, psychotherapy, or behavioral assistance to alleviate marital or family conflict, and to help troubled individuals or family groups to solve emotional and other problems which may prevent normal functioning. Marriage and family therapists are members of a clinical mental health profession which utilizes scientific knowledge and behavioral skills which are specifically directed toward assisting individuals, married couples, and families to solve emotional and functional difficulties experienced by families under stress. Professional marriage and family therapists offer psychotherapy, conflict resolution, and other treatment to alleviate or resolve intra-marriage and intra-family conflict. They also help with divorce resolution where a marriage cannot be saved, adjustment to divorce, and the rebuilding of troubled or fragmented families, thus encompassing the broadest range of family therapeutic services.

Marriage and family therapists embrace a variety of theoretical approaches and use many different modes of treatment and intervention. They may see the marital partners and family members together, individually, or in various combinations. Depending on the situation, help may range from crisis intervention to long-term intensive psychotherapy. A concern with the marital relationship and the dynamics of the family system as the major focus of intervention is the common factor which distinguishes the work of marriage and family therapists, regardless of the specific professional preparation or orientation. Marriage and family therapy has its historical roots in a number of disciplines, including psychiatry, psychology, social work, family and child therapy, and child guidance. From multiple and varied beginnings, marriage and family therapy has developed into a specialized body of knowledge

and clinical practice geared to an understanding of family structure and interactions, problem assessment, and clinical treatment.

Marriage and family therapy emerged as a specialized mental health profession in the 1960's and 1970's, with the accompanying development of master's and doctoral specialty programs in the field. The U. S. Department of Defense officially recognized marriage and family counselors as qualified mental health service providers in 1965, the same year as the first state licensure law was passed in California. The U. S. Department of Education, after extensive study of the field, recognized the distinct profession of marriage and family therapy (the term which has replaced marriage counseling) and has granted official status to the American Association for Marriage and Family Therapy as the accrediting agency for graduate education and clinical training of therapists. Thus while educational preparation for practice in this field may be based upon a variety of disciplines, there is a basic core of specialized knowledge and clinical skill which is specific to the practice of marriage and family therapy. Regulation for this profession in Michigan now recognizes this uniqueness and restricts the use of the title of "marriage counselor" (as the present law designates the practitioner) to individuals specifically trained to practice in this field. The figures below indicate the number of persons who have been registered as marriage counselors in the State of Michigan during the last five years. The vast majority of these practitioners offer their services directly to the public.

<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
458	494	492	524	519

No data is available concerning the number of unregistered persons who are providing marriage counseling services, either as part of another profession or as unlawful practitioners.

REGULATION IN MICHIGAN

In Michigan, regulation for the field of marriage counseling was first sought by an interprofessional group of concerned judges, attorneys, and others who saw the need for qualified and competent personnel who could assist the courts in providing marriage and family counseling services. The increased public pressure for family counseling services after World War II was also a significant factor in the growth of this specialty area of service. Unfortunately, this very pressure also caused the emergence of numerous unqualified opportunists -- individuals who were willing to exploit the public need. A series of articles in the Detroit Free Press in 1965 played a significant role in exposing the extent of charlatanism and misrepresentation which was extant in Michigan at that time, and has been credited with informing the public about the problem. As a result of public and professional pressure, state regulation was introduced in 1966 with the passage of the marriage counseling act. This original act was incorporated into 1980 PA 299, the Occupational Code, as Article 15.

The Act provides for registration of the title of "marriage counselor", restricting its use to those who have met the requirements of the State Board. The aim of the regulation is to identify qualified practitioners and to help the public avoid being harmed either by the charlatan or by the inappropriately-trained professional who might offer marriage and family therapy services without adequate knowledge or skill.

Article 15 of the Occupational Code has seven sections which provide for the following:

Section 1501. Definition of advertising and marriage counseling.

Section 1502. Creation of the Board of Marriage Counselors.

Section 1503. Enumeration of the titles under which a person not registered by the act may not advertise, i.e., marriage counselor, marriage therapy, unless registered under the act.

Section 1504. Exclusion from the act for licensed psychologists, attorneys, social workers working within a governmental agency, and an ordained cleric.

Section 1505. Establishment of qualifications for receipt of certificate of registration.

(a) resident of the state.

(b) meets the following education requirements, i.e. doctorate in psychology, sociology, psychiatry, marriage or pastoral counseling, or another equivalent doctorate together with 5 years professional experience including one year specialization in marriage counseling under the direct supervision of a licensed marriage counselor; or a master's degree in social work or marriage or pastoral counseling from an institution approved by the department together with 5 years professional experience.

Section 1506. Establishment of fee schedule.

Section 1507. Protection of client confidentiality.

The rules promulgated under this article serve to outline board procedures and provide for the evaluation of educational qualifications.

REGULATION IN OTHER STATES

The following table indicates the pattern of regulation for marriage and family counseling/therapy in effect at this time:

<u>STATE</u>	<u>DATE OF LAW</u>	<u>REGULATORY AGENCY</u>
CALIFORNIA	1963	Board of Behavioral Science Examiners (Social Workers, Psychologists, Marriage and Family Counselors)
FLORIDA	1981	Board of Psychology, School Psychology, Clinical Social Work, Marriage and Family Therapy, Mental Health Counseling
GEORGIA	1976	Behavioral Science Practitioners Licensing Board
MICHIGAN	1966	Board of Marriage Counselors
NEVADA	1977	Board of Marriage and Family Counselor Examiners

NEW JERSEY	1968	State Board of Marriage Counselor Examiners
NORTH CAROLINA	1979	Board of Marriage and Family Counselors
UTAH	1973	Committee of Marriage and Family Counselors
VIRGINIA	1977	Board of Behavioral Sciences, Psychology, Social Workers, Professional Counselors

Most other states regulate marriage counselors as members of the professions of psychology, psychiatry, or social work. All of the states in which marriage and family counselors are regulated require at least a master's degree for entry into practice, combined with experience requirements ranging from one to five years of supervised practice. At least four states require an entry-level examination. All states specify a range of acceptable academic preparation, recognizing the interdisciplinary nature of educational programs. Of the other states regulating marriage counselors, four grant licenses by endorsement if the applicant is currently licensed in another state with substantially equivalent requirements; a fifth will grant licenses by reciprocity with other states which grant their licenses automatic acceptance. Michigan has neither reciprocity nor endorsement for marriage counselor registration. Education and experience requirements of the Michigan law must be met by all applicants, regardless of licensure or registration in another state.

One item of note in the survey of other states is the trend towards the combined behavioral science practitioner regulatory agency. California, Georgia, Virginia, and Florida have enacted this form of legislation. In Alaska, the Department of Commerce and Economic Development, according to a recent report, is exploring the feasibility of a board of mental health practitioners which would license qualified practitioners by a "consistent set of standards" it believes to be in the public interest.

EDUCATION AND EXPERIENCE REQUIREMENTS

In dealing with needed reforms in the law governing the practice of marriage and family therapy, the following issues need to be addressed to improve the entry level requirements of 1980 PA 299, as amended. The academic credentials recommended by the American Association of Marriage and Family Counselors in its model for regulatory legislation are as follows:

Minimum qualifications for licensure: a master's degree in marriage and family counseling, family life education, psychology, social work, sociology of the family, or a closely related field. In addition, three years of experience, two years of which are under supervision of a licensed marriage/family counselor.

The current legislation in Michigan requires a doctorate in psychology, sociology, psychiatry, marriage or pastoral counseling, or an equivalent doctorate, together with 5 years professional experience, including one year specialization in marriage counseling under direct supervision of a licensed marriage counselor; or a master's degree in social work or marriage or pastoral counseling from an institution approved by the Department, plus 5 years professional experience. The original law providing for the registration of marriage counselors was modeled on the Act certifying consulting psychologists. The Psychology Section of the Public Health Code now calls for a master's degree plus one year of supervised experience for a limited license, and a doctorate plus two years of supervised experience for the full license. The changes in professionally-accepted educational preparation, the validity of the specialty academic programs in marriage and family therapy, plus the acceptance of the master's degree as an appropriate entry level credential, have made the current regulation governing marriage and family therapy with its unnecessarily stringent entry-level requirements anachronistic and difficult to administer.

Legislation being proposed by the Board to revise Article 15 of the Occupational Code, 1980 PA 299, calls for revised educational requirements of

a master's degree in marital and family therapy, or an equivalent graduate degree from an educational institution recognized by the Board, with a course of study specific to marriage and family scientific education and therapeutic techniques. The entry requirements for a limited registration include 2000 hours of supervised clinical practice, similar to the requirements for psychologist licensure, as part of the educational program. In addition, 4000 hours of experience after the receipt of the qualifying degree are required for a full certificate of registration which will then allow unsupervised practice of marriage and family therapy.

Arguments for the change in educational entry requirements are based upon the development, in the years since 1960, of specific academic programs and a specific body of skills and knowledge relating to marriage and family problems and conflict resolution. Excessive pre-entry requirements beyond what are required for safe and competent practice have the effect of severely limiting the availability of qualified providers. This limitation on the supply of practitioners has a direct impact upon cost to the consumer, and at the same time reduces the public's opportunity to obtain needed services. The Commission contends that many standards which exist for licensure are not commensurate with the public risk involved in performing the tasks and with the required skill. These standards go far beyond what is necessary to protect the public and instead serve to protect the profession. This situation is relevant to the other mental health professions, and argues for consistent and equitable entry level requirements for all three groups now regulated by the state.

THE ISSUE OF THE SCOPE OF PRACTICE

As part of the Commission's charge to investigate the need for regulation, if any, and the need for change or improvement in present regulation of occupations governed by 1980 PA 299, as amended, several issues have emerged in connection with the profession of marriage and family therapy. Specifically, these issues are the interdisciplinary nature of the practice of marriage and family counseling/therapy and the variety of educational backgrounds practitioners may have in preparation for practice.

While there is considerable overlap in practice and education among the several professions engaged in family therapy, such as psychology, social work, and family studies, it should be noted that there has developed over the years a specific body of skills and knowledge related to the practice of marriage and family counseling. All psychologists or all social workers may not have the specialized education or experience to engage in the specialized practice of this field. Documentation provided by the Michigan Society of Licensed Psychologists indicates that in regard to professional psychology the following statistics are relevant to this issue:

...the American Psychological Association has 51,233 members trained in 32 specialized areas.... Of these, only 4337 or 8 1/2 percent are in the Division of Clinical Psychology. Of these, based on a survey of the Michigan Society of Licensed Psychologists through its Directory, we may estimate that only 40 percent have an interest in marriage and family problems, per se, and that only a quarter of this 40 percent have any specialized training in marriage and family therapy.

Social work, because of its orientation to a "systems" approach in treatment of individuals and families, recognizes the complex interactions which affect the functioning of the family and the social group, and has long had a professional involvement with marriage and family therapy. Once again, however, all social workers are not marriage counselors, either by training

or practice. Recent trends in social work education have been to strengthen academic programs in this distinct area of specialization. Social work practitioners, who have through educational preparation and experience achieved competence as marriage and family therapists, are able to be certified through the American Association for Marriage and Family Therapy, an interdisciplinary accrediting body for this area of professional practice. A master's degree in social work, plus professional experience in marriage counseling, has been recognized by the Michigan law from its inception. The MSW (master's in social work) would presumably be more equitably recognized as a specialty degree by the Board under the proposed revision to Article 15 which is under consideration by the present Board and the profession of marriage and family therapy.

In similar fashion, problems may arise when insufficiently trained persons, such as the clergy, go beyond pastoral counseling and attempt to engage in the private practice of marriage counseling. The American Association of Pastoral Counselors has made available training opportunities and has established standards of practice to address this problem. It has been widely recommended by individuals and organizations testifying at COPOL public hearings that members of the clergy who offer specific marriage therapy services be required to meet the standards for practice in this field to prevent the offering of services, outside the pastoral counseling area, by unqualified persons.

The problems noted above stem from the fact that there is substantial overlap in the scopes of practice of the three mental health professions, but no corresponding similarity in entry requirements.

The psychology statute defines and protects its scope of practice, but allows exemptions for certain aspects of its practice, such as psychotherapy,

counseling, behavior modification, etc., to be performed by other statutorily recognized professions. The practical result of these exemptions is that these functions, which may require specific training and clinical competence, can be legally performed by persons who are unqualified. The issue is not that social workers, pastoral counselors, or other legally-recognized professions should be prevented from practicing their professions under the law, but that they should all meet appropriate standards to perform specific services which require special training or expertise.

The issue goes beyond the problems uncovered in COPOL's study of the marriage counseling statute, and affects all the groups which engage in helping professions. The solution to the problem could best be found by statutorily defining which areas of practice in all these fields are potentially harmful if unregulated. These areas have been defined elsewhere in the report as the clinical functions of 1) psychological testing; 2) assessment or evaluation of psychological or behavioral problems; and 3) treatment or therapy to alleviate these problems. Once specific functions have been defined for each profession, regulation should address appropriate education and experience to qualify persons to perform these functions legally. Only through such a clear resolution of the complex issue of overlap of scope of practice can the public, and indeed the professional, be adequately protected from harm.

In summary, regardless of their particular academic or professional training, minimal requirements should be established for all practitioners, who perform the regulated functions. For those whose training has been interdisciplinary, a standard of clinical competence should be required which is equivalent for anyone seeking to offer services to the public as specialists in this field. In addition, provisions for the protection of confidentiality

of information obtained from clients in the course of therapy should be included in the law regulating all of the mental health therapeutic professions.

COMPLAINTS

Prior to September of 1980, nine complaints had been received by the Department of Licensing and Regulation about marriage counselors. Six of these complaints, filed by the Board, dealt with improper use of title by unregistered practitioners. The other complaints, filed by consumers and dealing with unprofessional conduct or malpractice, were settled informally or dismissed by the Office of Complaint Analysis. During the period from October 1980 through September 1981, 22 complaints were filed, the majority of which dealt with social workers advertising as marriage counselors who were not registered as such. According to Royce Wills of the Complaint Analysis office of the Department of Licensing and Regulation, many of these complaints were filed by registrants who noticed improper advertising. Fifteen of these complaints were resolved by a letter of reprimand and a site visit from a Department investigator. The Department requires proof of compliance if an advertising rule has been violated. Of the 22 complaints filed that year, two are being considered by the Attorney's Office for cease and desist orders, again for false advertising of services by unregistered individuals.

During 1981-82 16 complaints were filed. Four were still open as of January 1982, three of which were awaiting the approval of the Attorney General before formal action could be taken by the Board. In addition, numerous issues were handled informally by the Board without requiring formal legal action. The low number of formal consumer complaints could indicate that the public is not aware of the procedure of redress through the Board and Department. It could also indicate that the competence, ethics, and standards of practice

for the field of marriage and family therapy in Michigan have been enhanced by the existence of state regulation. It can be asserted with some objectivity that since the passage of the original law in 1966, the situation in Michigan has been such that charlatans have not functioned as they did prior to that time, and that the law has been effective to a marked degree in protecting the public.

According to the provisions of 1980 PA 299, the Occupational Code, penalties may be enacted against practitioners who commit one or more of the following acts in Section 604:

- a) Practices fraud or deceit in obtaining a license or certificate of registration.
- b) Practices fraud, deceit, or dishonesty in practicing an occupation.
- c) Violates a rule of conduct of an occupation.
- d) Demonstrates a lack of good moral character.
- e) Commits an act of gross negligence in practicing an occupation.
- f) Practices false advertising
- g) Commits an act which demonstrates incompetence.
- h) Violates any other provision of this act or a rule promulgated under this act for which a penalty is not otherwise prescribed.
- i) Fails to comply with a subpoena issued under this act.

It may be argued that the efficacy of these regulations to protect the public are only as good as the grievance procedure. The Board and the Department have functioned well under the remodeled complaint procedure which has been developed since the establishment of a centralized Complaint Analysis system. The ongoing need for expanded consumer information about the redress of grievances available through the regulatory system is one which the Board, the Department, and ultimately the Legislature, must address if the system is to work effectively in the public interest.

ALTERNATE FORMS OF CONSUMER PROTECTION

Consumer protection is the underlying reason for state regulation of professions and occupations. Central to the process of public protection

is the consumer complaint system of the Department of Licensing and Regulation. Through a central office where complaints may be registered, and the accompanying investigation, administrative hearing, and disciplinary action, if warranted, the interests of the consumer are addressed.

Outside of the state regulatory system, the best known legal remedy for consumer grievances is the malpractice suit, in which damages may be awarded for economic, physical, or mental injuries sustained by the consumer. Criminal suits may also be sought for fraud or improper exploitation of patient or client. The malpractice suit, however, is a lengthy and expensive process and is often an option of limited choice for the consumer, particularly in connection with psychotherapy or related activities.

A limitation of the efficacy of this legal remedy as it applies to marriage and family therapy, and indeed any mental health profession, is in the nature of the professional services. William C. Nichols, Chairperson of the Michigan Board of Marriage Counselors states:

There are significant differences between malpractice in marital and family and/or individual psychotherapy and malpractice in medical treatment or related work. When a sponge is left inside a body cavity, or a tire is not adequately repaired, even the least informed layperson can conclude that an error was made. With marital and family problems, the poorly-served layperson is most often left with a question and a vague sense that all may not have been done appropriately or gone well, rather than certitude.

Another method of consumer protection is the self-policing process of the American Association of Marriage and Family Therapist, the interprofessional association which establishes professional standards and a Code of Professional Ethics. All complaints against members are brought before a complaint committee, and they risk disciplinary action or expulsion from affiliation for incompetence or breach of ethics. However, as a voluntary private sector association, jurisdiction extends to members only. No action

can be taken against non-members, who, one might speculate, might be those more likely to be in need of discipline.

A historic review of the conditions which led to the introduction of legislation to regulate the practice of marriage counseling indicate that the widespread abuses of the public's confidence have been significantly contained by the regulation of this field. Blatant deception of the public by incompetent or fraudulent practitioners which was documented by a number of journalistic expose's has diminished greatly, as public awareness of the field of marriage counseling service has increased. In that context, increased public information services to assist consumers to make informed choices about practitioners have been an ongoing goal of the present Board and the Department of Licensing and Regulation. Unfortunately, legislative appropriation for this important service has been severely limited, and the present fiscal circumstances of the State of Michigan will undoubtedly continue to place severe restraints upon this activity. The current regulation does provide the consumer with the protection of a screening process for practitioners who must meet educational and experience requirements, along with the availability of a consumer grievance process through the Department. The Commission feels, however, that increased consumer information should be a priority goal, for the Department if the public is to receive fullest benefit from state regulation.

COSTS OF REGULATION

In the past five years, the Board expenditures have been greater than direct fees collected. However, financial reports of board activities reflect expenditure of monies which are appropriated to the Department from general fund sources, and may or may not show a balance of revenues vs. expenses.

According to the Revenue to Expenditure Comparison Summary of the Department of Licensing and Regulation for Fiscal Year 1980-81: "in some cases a profession being regulated may not be able to support itself financially, but may provide other vital functions, particularly in the area of public protection." Before final conclusions are drawn about the financial status of a board, one must consider that a large portion of expenditures on behalf of the overall operations of the regulatory agency (the Department of Licensing and Regulation), such as complaint investigation, enforcement, administrative services, data processing services, public information, etc., are charged on a pro rata basis to each of the boards within the agency. The following chart lists figures for the Board of Marriage Counselors for the past five years.

YEAR	EXPENDITURES		REVENUE		PERCENTAGE
	DOLLARS	INDEX	DOLLARS	INDEX	COVERED BY REVENUE
1976	16,017	100	11,275	100	70
1977	14,613	91	12,000	106	82
1978	22,703	142	12,700	113	56
1979	27,600	173	13,830	123	50
1980	23,080	144	14,044	125	61

The index numbers show the percent of change from the base of year of 1976.

The decrease in expenditures from fiscal year 1979-80 to fiscal year 1980-81 is largely due to general budget cuts suffered by the Department of Licensing and Regulation.

Indirect expenses of the Department to support the functions of regulation are legitimate expenses to consider when evaluating the cost of regulating a profession or occupation. The question which must be answered is whether the benefits of public protection afforded by the law outweigh the costs to the state. In the case of health and safety-related occupations, these costs may be warranted. One hidden cost, however, which the present regulation

for marriage counselors as contained in 1980 PA 299 may be engendering is the cost of artificial shortages of personnel caused by inordinately high entry-level qualification, which is discussed elsewhere in this report, would make it possible for the Board to open the field more equitably to qualified practitioners, thus reducing costs to consumers caused by shortages of personnel available to provide services.

DISCUSSION: COORDINATION OF MENTAL HEALTH PROFESSIONS

As part of its deliberations, the Commission has also concluded that there does exist an overlap of functions among all mental health practitioners, notably psychologists, social workers, and marriage and family therapists. For this reason, the Commission recommends that consideration be given to the implementation of a coordinated system of regulation for those individuals engaged in the practice of behavioral science professions which are involved in the delivery of mental health services to the public.

One suggested method is the establishment of a Behavioral Science Board, or a similar umbrella type agency within the Department of Licensing and Regulation, which can coordinate the regulation of these three professions. Models for such a consolidated method of regulation are in existence, or under consideration by a number of states, and are engendering national interest as a means to resolve fragmentation in the delivery of mental health services. Such a Behavioral Science Board could have representation from all the involved professions, as well as from the public, to better address issues of common concern. Serious overlap of practice, need for appropriate criteria for education and experience in the several related but distinct professions, and the need for consistent and equitable regulation are issues which such a combined Board could address with greater effectiveness than separate regulatory bodies.

A coordinated Board could exercise administrative efficiency, promote consistent licensing standards and application of the law, and encourage inter-professional communication and cooperation, which would ultimately work towards better public protection. The combined Board could continue to issue separate licenses, based on separate criteria for education, experience, and scope of practice, thus preserving professional identification. At the same time, similar standards for entry which would work towards removing unnecessary barriers to practice could be established for all three professions. Such consistency, combined with vigorous public information efforts, would help the public to obtain services more readily, and identify the provider best suited to provide those needed services.

Based on these considerations, COPOL further recommends that Social Work and Marriage and Family Therapy be regulated along with Psychology under the aegis of the Michigan Public Health Code, rather than under the Occupational Code. This would allow the same regulatory standards to be applied to all three groups, and enable the Department of Licensing and Regulation to coordinate the administrative functions involved. It is recommended that entry level licensure requirements for marriage and family therapists, psychologists, and clinical social workers be set at a consistently appropriate level, as adopted by each Board for license approval. It is further recommended that a procedure for financial redress or restitution be incorporated into the Public Health Code similar to that provided in the Occupational Code so that consumers have recourse through the complaint process.

With the formation of a Behavioral Science Board, the Commission further recommends that several guidelines be used for the regulation of mental health professionals:

1) That the issue of patient/client confidentiality is essential to the protection of both patient/client and the practitioner, and should be an inherent part of legislation governing all the behavioral science professions.

2) That the discrepancy in licensing requirements between private and public employers be ended.

3) That licensure statutes should be directed only towards those clinical functions which carry an element of risk to the public. In the behavioral science professions, these have been identified as follows: (a) psychological testing; (b) assessment and evaluation (diagnosis); and (c) psychotherapy (treatment). Attempts to regulate other aspects of practice could lead to a rigidity and inflexibility in the law which would not be in the public interest, nor in the interest of innovation or advancement of professional services to patients or clients.

In conclusion, the Commission strongly supports the creation of a Behavioral Science Licensing Board to regulate the practice of marriage and family therapy, psychology, and social work, in a consistent and coordinated system. The Commission contends that the establishment of one Board will economize resources needed for administrative services, complaint investigation, and enforcement of the law. Such a system can provide greater uniformity of regulation, solve interprofessional issues relating to scope of practice and appropriate education/training/experience, and provide better guarantees to the public that practitioners regulated under this Board must meet uniform standards for competent and safe services.

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6. Public education—AAMFT carries on intensive educational programs to help people understand more about marriage and family problems, and the role of professional counseling in preventing and solving these problems, as well as the dangers of unscrupulous or unqualified persons who pose as marriage and family therapists. Public education also helps persons learn to solve their own marital and family difficulties and to build healthier family relationships. AAMFT staff and members provide factual material on marriage and family problems to newspapers, television, radio and magazines. Members speak to many citizen groups and write extensively for periodicals and professional journals.

In a broader sense, the American Association for Marriage and Family Therapy is concerned not simply with the profession of marriage and family therapy but also with people—the needs and problems they face in relationships whether they are now married, will be married, have been married or may somehow be affected by marriage in our society. AAMFT is also concerned with the institution of marriage itself—its strengths and weaknesses, its changing patterns, its role in the lives of all people. AAMFT firmly believes that this most important and intimate of human relationships demands increased understanding, research and education at all levels, and that the professional marriage and family therapist must take the lead to insure that these needs are met.

For the public, AAMFT provides a nationwide referral service by supplying the names of qualified marriage and family therapists and general guidelines for seeking their help.

For interested professionals, AAMFT furnishes consultation about membership standards, application procedures, training, conferences, seminars and related programs.

For further information contact the AAMFT central office.



**American Association for
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What it is . . .
What it does . . .

*American Association for
Marriage and Family Therapy*

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

What it is . . . What it does . . .

The American Association for Marriage and Family Therapy is the professional organization for marriage and family therapists. Over 10,000 members throughout the United States and Canada—all of whom are highly-trained professional therapists working to help couples solve their marriage and family problems.

Founded in 1942, the AAMFT has over 45 regional, state, and provincial divisions throughout North America.

AAMFT performs many functions important to its members, to the profession of marriage and family therapy, and to the public. These include:

1. Professional standards—AAMFT sets rigorous membership standards covering specialized academic training and supervised professional experience. These standards help elevate the entire profession of marriage and family therapy and discourage unqualified practitioners to insure that skilled, effective therapy will be available to couples who need it. AAMFT also has a code of professional ethics to which each member subscribes. AAMFT's goal is to insure that every person who practices marriage and family therapy will meet these professional standards and code of ethics.

2. Specialized training—AAMFT examines and accredits training centers in marriage and family therapy. These centers, located in major universities and educational institutions, offer advanced training programs and supervised clinical internships to meet the growing demand for qualified marriage and family therapists.

3. Professional publications—The *JOURNAL OF MARITAL AND FAMILY THERAPY* is published quarterly by AAMFT to advance the professional understanding of marriage and family behavior and to improve the psychotherapeutic treatment of marital and family dysfunction. The Journal publishes articles on clinical practice, research, and theory in marriage and family therapy. AAMFT members receive the Journal as a membership benefit. Paid subscriptions are available to non-members and institutions.

4. Professional meetings—AAMFT and its regional divisions conduct frequent regional, national and international conferences to provide members with new ideas, techniques and developments in the field of marriage and family therapy.

5. Cooperation with other professions—AAMFT maintains close contact with professional groups in allied fields for exchange of information and cooperation on programs of mutual benefit. AAMFT works closely with other professional groups to establish and revise state laws pertaining to marriage, divorce, licensing of marriage and family therapists and related subjects. AAMFT has held cooperative conferences with the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, the National Council on Family Relations, the American Bar Association, the American Psychological Association and many other organizations.

The Candidate shall provide the Commission on Supervision with the following:

TRACK I & II

- A completed Application for Approved Supervisor obtainable from the AAMFT national office;
- A current Curriculum Vita, clearly indicating the applicant's education, training, experience, and professional activity in MFT and supervision;
- Names and addresses of persons and facilities that can provide documentation of the professional experience described in the application;
- A written summary of the work completed in the past two (2) years with one MFT supervisee. This Training Block (3-5 double-spaced, typewritten pages) is to include the following:
 - initial screening and contracting;
 - establishment of supervisory goals;
 - description of the setting for both training and supervision;
 - significant stages of the development in the supervisory relationship, clinical skills of the trainee, and personal development and integration of the trainee, and how they evolved throughout the supervisory experience;
 - evaluation of both supervisee and the supervisory process and outcome.

Each component of the Training Block outlined above should cover personal issues which arose, clinical/professional issues which surfaced, and the process by which these were handled by the supervisor and the supervisee; and,

- A statement of the philosophy of supervision reflecting the candidate's conceptualization of the nature of the supervisory process, and the integration of one's therapeutic orientation and supervisory practice (3-5 double-spaced, typewritten pages).

TRACK I (ONLY)

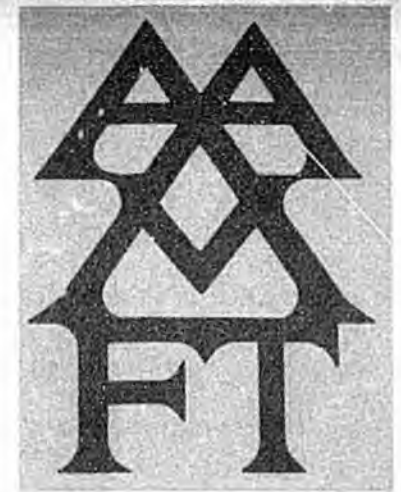
- Names and addresses of the Approved Supervisor(s) who have supervised the candidate's supervision of MFT, from whom the Commission on Supervision will request a professional evaluation, including statistical data and a descriptive commentary on the clinical progress and content of this supervisory experience. This should include a description of the candidate's progress while under supervision and a statement concerning his/her achieved level of proficiency. In addition, the applicant will provide the names and addresses of two (2) professionals, familiar with the applicant's supervisory ability, who will furnish the Commission on Supervision with letters of reference; and,
- All written materials should be reviewed, approved, and countersigned by the applicant's Approved Supervisor before being sent to the AAMFT national office.

TRACK II (ONLY)

- Applicants following this Track shall provide the names and current addresses of two (2) professional colleagues who are actively involved in the field of MFT and both of whom are AAMFT Approved Supervisors. These colleagues should be in a position to evaluate the candidate's skills and experiences in the supervision of MFT. These individuals will provide a professional evaluation and descriptive statement concerning the applicant's achieved level of proficiency in the supervision of MFT.

FEE:

A non-refundable processing fee of \$100.00 must accompany the completed application. Upon acceptance, Approved Supervisors will be billed an additional fee of \$50.00 to cover the five-year Approved Supervisor designation.



AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

THE APPROVED SUPERVISOR

... **Definition**

... **Qualifications**

... **Guidelines**

American Association for Marriage and Family Therapy
1717 K Street, N.W., Suite 407
Washington, D.C. 20006
Effective February 1983

The Approved Supervisor is one who has received advanced recognition for clinical skills, special training, and experience in the supervision of marriage and family therapy supervisees, and who meets the highest standards of clinical education and practice. The primary purpose of these standards is to identify for students and potential members those who are competent resource persons for the supervision of marriage and family therapy supervisees in keeping with the standards and commitments of the American Association for Marriage and Family Therapy (AAMFT).

The AAMFT Board of Directors established standards for approval of supervision in 1971. The Commission on Supervision, a semi-autonomous body, was established in 1983 by AAMFT to serve the field of marriage and family therapy (MFT).

I. THE COMMISSION ON SUPERVISION

The AAMFT central office receives applications for Approved Supervisor status and organizes them for review and decision-making by the Commission members.

The Commission defines supervision and requirements for approved supervisory status.

II. MARRIAGE AND FAMILY THERAPY

From the viewpoint of supervision, the clinical practice of marriage and family therapy is:

- a) Understood to be face-to-face sessions with the clients usually in periods of approximately one hour each;
- b) Sustained and intense, and as indicated by the needs of the clients;
- c) Considered usually to involve a couple or a whole family. MFT is distinctly different from group therapy, family life education, marital enrichment, expanding human potential, and/or other group procedures. The AAMFT recognizes the value of these other procedures and that some marriage and family therapists occasionally may use them. However, the AAMFT does not consider these procedures to be the clinical practice of marriage and family therapy;
- d) Understood to deal primarily with relationships, interpersonal interaction, and systems theory. MFT thereby requires special conceptualization as well as procedures which are distinct from the individually-oriented therapies. Historically, individually-oriented therapists sometimes develop the special skills of MFT which is a distinctly different procedure. Many marriage and family therapists have experience in both areas. It is the specific expertise in interpersonal relationships, interaction, and systems theory, however, which qualifies a professional as a marriage and family therapist.

III. RESPONSIBILITIES AND GUIDELINES FOR SUPERVISORS OF CANDIDATES FOR CLINICAL MEMBERSHIP

The Approved Supervisor is expected to make a decision to accept and/or continue a particular supervisee for supervision only if the Approved Supervisor believes a supervisee to have the potential to qualify subsequently for Clinical membership in the AAMFT.

- a) The supervisee accepted should be enrolled in or have already attained the appropriate graduate professional degree.
- b) The supervisee is expected to hold Student or Associate membership in the AAMFT.
- c) The Approved Supervisor is responsible for the supervisee's familiarity with the important literature in developmental psychology, behavior pathology, personality theory, human sexuality, marriage and family studies, marriage and family therapy, and professional ethics.
- d) The major emphasis in supervision of MFT is on the supervisee's work with marital and family processes, including pre-marital and post-marital processes, whether singly, conjointly, or in family groups.
- e) It is the Approved Supervisor's responsibility to see that all work being supervised is conducted in appropriate professional settings and with adequate administrative and clinical controls.
- f) The Approved Supervisor will provide at least annual and final reports as required when a supervisee applies for AAMFT Clinical membership.
- g) The Approved Supervisor is expected to be available for consultation with the Membership Committee on any details of the applicant's record, personal adjustment, or clinical competence for membership.
- h) The fee for supervision is a function of the private contract between the supervisor and the supervisee, including the amounts agreed to and the collection thereof.

IV. REQUIREMENTS FOR APPROVED SUPERVISOR DESIGNATION

A candidate for designation as an AAMFT Approved Supervisor of MFT may follow one of two alternative tracks:

- a) *Track I*
 1. Has been in clinical practice as a marriage and family therapist at least five (5) years;
 2. Has at least two (2) years' experience supervising MFT;
 3. Has received at least 36 hours of individual supervision of his/her supervision of MFT of at least two (2) supervisees who meet minimum quali-

cations for Student or Associate in AAMFT. This is usually for a period of one year and shall not exceed two years. Customarily, supervision of supervision is scheduled once a week; once every other week is considered minimum. Up to 18 hours of this individual supervision may be earned through group supervision at the ratio of three (3) hours of group supervision to one (1) hour of individual supervision. Thus, a maximum of 54 hours of group supervision of supervision may replace 18 hours of individual supervision. Group size shall not exceed six (6) candidates. *The candidate for appointment as an Approved Supervisor must complete the training for supervision with an AAMFT Approved Supervisor.* Supervision of supervision of two (2) people conjointly may be counted as individual; and,

4. Attendance and participation at a workshop on supervision issues, presented by the Commission on Supervision, at an annual AAMFT conference, is required for non-AAMFT members.

b) *Track II*

The Commission on Supervision retains the authority to approve as an Approved Supervisor persons of prominence in the MFT field. Such prominence will be indicated by:

1. At least 10 years of experience in specialized therapy and supervision within the MFT field;
2. Written documentation of a systemic orientation in any published materials and in the written materials provided to the Commission in support of the application;
3. Prominence in one's community or the nation as an educator/trainer in MFT;
4. Letters of recommendation from two (2) AAMFT Approved Supervisors who are able to attest to the candidate's competence in the supervision of MFT trainees and to the candidate's adherence to a systemic orientation and prominence in the field; and,
5. Attendance and participation at a workshop on supervision issues, presented by the Commission on Supervision, at an annual AAMFT conference, is required for non-AAMFT members.

(Details for a completed application can be found on other side of sheet)

V. RENEWAL AND CONTINUATION OF SUPERVISORY STATUS

Persons are designated as "Approved Supervisor, AAMFT." Appointment is for a five-year period, subject to renewal (or discontinuation) beginning on January 1 of the year

following appointment. Approved Supervisor designation will be reviewed every five (5) years. It will be reviewed provided:

- a) The Approved Supervisor continues to be actively involved in supervision in MFT with at least one supervisee during the five previous years;
- b) S/He submits a current Curriculum Vita reflecting changes in education, training, experience, and professional MFT and supervisory activities;
- c) S/He submits an up-to-date report of the supervisor's current supervisory activities;
- d) Within five (5) years prior to the request for renewal, s/he attends a workshop on supervision issues sponsored by the Commission on Supervision and offered at each of the annual meetings; and,
- e) S/He submits a non-refundable processing fee of \$50.00 to cover the administrative costs of each renewal. The fee should accompany the Renewal AAMFT Approved Supervisor application form which will be furnished by the AAMFT central office.

VI. REVOCATION AND EXPIRATION

Charges or complaints by fellow members, other professionals, or the public against an Approved Supervisor in reference to supervision practice shall be referred to the Commission on Supervision.

After careful consideration, including consultation with the Approved Supervisor, the Commission on Supervision may revoke the supervisory designation of a given supervisor. If this action is taken, the supervisor may appeal to the Judicial Council of AAMFT for review.

If a former Approved Supervisor, after the expiration of his/her term, again desires to become a candidate for Approved Supervisor, s/he may reapply within one year and be reinstated. After one year, s/he may reapply but must meet the requirements for supervisory status as indicated in Section IV.

All decisions of the Commission on Supervision, including appointment, renewal, rejection, or revocation, are subject to judicial review.

VII. PROCEDURES FOR APPLICATION

Applications for Approved Supervisor designation, Approved Supervisor renewal forms, and procedures for appeal through judicial review are available from the AAMFT office. When an applicant's file is complete, including all supporting documentation, the Commission on Supervision will receive the file for review and action once a year. The Commission may require additional written materials, supervision of supervision, or training. The Commission may also require a personal interview with the applicant if deemed necessary.

6. PROFESSIONAL DEVELOPMENT

Family therapists seek to continue their professional development and strive to make pertinent knowledge available to clients, students, trainees, colleagues, and the public.

- 6.1 Family therapists seek to remain abreast of new developments in family therapy knowledge and practice through both formal educational activities and informal learning experiences.
- 6.2 Family therapists who supervise or employ trainees, family therapists, or other professionals assume a reasonable obligation to encourage and enhance the professional development of those persons.
- 6.3 Family therapists who provide supervision assume responsibility for defining the relationships as "supervisor-supervisee" and for clearly defining and separating supervisory and therapeutic roles and relationships.

7. RESEARCH RESPONSIBILITY

Family therapists recognize that, while research is essential to the advancement of knowledge, all investigations must be conducted with full respect for the rights and dignity of participants and with full concern for their welfare.

- 7.1 Family therapists, as researchers, strive to be adequately informed of relevant laws and other regulations regarding the conduct of research with human participants and to abide by those laws and regulations.
- 7.2 Family therapists, as researchers, assume responsibility for ensuring that their research is conducted in an ethical manner.

8. SOCIAL RESPONSIBILITY

Family therapists acknowledge a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

- 8.1 Family therapists are concerned with developing laws and legal regulations pertaining to family therapy that serve the public interest and with altering such laws and regulations that are not in the public interest.
- 8.2 Family therapists affirm that professional services involve both practitioner and client and seek to encourage public participation in the designing and delivery of services and in the regulation of practitioners.



AMERICAN
ASSOCIATION
FOR MARRIAGE
AND FAMILY
THERAPY

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FOR MARRIAGE
AND FAMILY
THERAPY



1717 K Street NW #407
Washington DC 20006
(Effective December 1982)

11/82

ETHICAL
PRINCIPLES
FOR FAMILY
THERAPISTS

1. RESPONSIBILITY TO CLIENTS

Family therapists are dedicated to advancing the welfare of families and individuals, including respecting the rights of those persons seeking their assistance, and making reasonable efforts to ensure that their services are used appropriately.

- 1.1 Family therapists do not discriminate against or refuse professional service to anyone on the basis of race, sex, religion or national origin.
- 1.2 Family therapists do not use their professional relationship to further personal, religious, political, or business interests. Sexual intimacy with clients is unethical.
- 1.3 Family therapists continue a therapeutic relationship only so long as it is reasonably clear that clients are benefiting from the relationship.
- 1.4 Family therapists make financial arrangements with clients that are consistent with normal and accepted professional practices and that are reasonably understandable to clients.
- 1.5 Family therapists respect the rights of clients to make decisions consistent with their age and other relevant conditions, while retaining responsibility for assessing the situation according to sound professional judgment and sharing such judgment with the clients. Family therapists clearly advise a client that a decision on marital status is the responsibility of the client.
- 1.6 Family therapists accept the responsibility for providing services to clients in accordance with AAMFT standards for delivery of family therapy services.

2. COMPETENCE

Family therapists are dedicated to maintaining high standards of competence, recognizing appropriate limitations to their competence and services and using consultation from other professionals.

- 2.1 Family therapists seek appropriate professional assistance for personal problems or conflicts that are likely to impair their work performance.
- 2.2 Family therapists, as teachers, are dedicated to maintaining high standards of scholarship and presenting information that is scholarly, up-to-date, and accurate.

- 2.3 Family therapists do not attempt to diagnose, treat, or advise on problems outside the recognized boundaries of their competence.

3. INTEGRITY

Family therapists are honest in dealing with clients, students, trainees, colleagues, and the public, seeking to eliminate incompetence or dishonesty from the work or representations of family therapists.

- 3.1 Family therapists do not claim, either directly or by implication, professional qualifications exceeding those actually attained, including the presentation of degrees from non-accredited institutions or programs.
- 3.2 Family therapists do not use false or misleading advertising or use advertising that in any way violates the AAMFT's "Standards on Public Information and Advertising." Also, they abide by the AAMFT regulations regarding the use of the AAMFT logo.
- 3.3 Family therapists accept the responsibility to correct wherever possible misleading and inaccurate information and representations made by others concerning the family therapist's qualifications, services, or products.
- 3.4 Family therapists have the obligation to make certain that the qualifications of persons in their employ are appropriate to the services provided and are appropriately represented.
- 3.5 Family therapists neither offer nor accept payment for referrals.
- 3.6 Family therapists accept the responsibility for making informed corrective efforts with other family therapists who are violating ethical principles or for bringing the violations to the attention of the Ethics Committee or other appropriate authority. Proper attention to confidentiality shall be given in such efforts.
- 3.7 Family therapists do not engage in sexual harassment in their working relationships with clients, students, trainees, or colleagues.
- 3.8 Family therapists do not use their relationships with students/trainees to further their own personal, religious, political, or business interests. Sexual intimacy with students/trainees is unethical.

- 3.9 Family therapists use their membership in AAMFT only in connection with their clinical/professional activities.

4. CONFIDENTIALITY

Family therapists respect both the law and the rights of clients and safeguard client confidences as permitted by law.

- 4.1 Family therapists use clinical materials in teaching, writing, and public presentations only when permission has been obtained or when appropriate steps have been taken to protect client identity.
- 4.2 Family therapists store or dispose of client records in ways that enhance safety and confidentiality.
- 4.3 Family therapists communicate information about clients to others only after obtaining appropriate client consent, unless there is a clear and immediate danger to an individual or to society, and then only to the concerned individual and appropriate family members, professional workers, or public authorities.

5. PROFESSIONAL RESPONSIBILITY

Family therapists respect the rights and responsibilities of professional colleagues and, as employees of organizations, remain accountable as individuals to the ethical principles of their profession.

- 5.1 Family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- 5.2 Family therapists who are the authors of books or other materials that are published or distributed should cite appropriately persons to whom credit for original ideas is due.
- 5.3 Family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

Admission Procedures

Applicants for membership are required to submit a non-refundable processing fee and the following materials:

Clinical Member

1. An official application for membership.
2. Official transcripts of graduate and professional education.
3. Supervision forms completed by supervisors on official forms attesting to the amount of supervised post-degree clinical practice completed.
4. Endorsements from at least two Clinical Members of the AAMFT on official endorsement forms.

Associate Member

1. An official application for membership.
2. Official transcripts of graduate and professional education.
3. A plan for completion of requisite post-degree supervised clinical experience acceptable to the Membership Committee.
4. Endorsements from at least two AAMFT Clinical Members on official endorsement forms.

Student Member

1. An official application for membership.
2. A statement signed by the coordinator/director of a master's or doctoral program in a regionally accredited educational institution verifying the applicant's current enrollment in the program.
3. A description of the applicant's proposed graduate program, describing the coursework to be taken. (This requirement is waived for students enrolled in programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education.)
4. Endorsements from at least two AAMFT Clinical Members on official endorsement forms.

Transfer of Status

Associate Members applying for transfer of status to Clinical membership are required to submit:

1. An official application for membership.
2. Official transcripts of all relevant graduate and professional studies completed since entering the Associate category.

3. Endorsements from at least two AAMFT Clinical Members on official endorsement forms.
4. Reports of approved supervised clinical practice in marital and family therapy, verified by supervisors.

Student Members applying for transfer of status to Associate membership are required to submit:

1. An official application for membership.
2. Official transcripts of completed graduate and professional studies.
3. Endorsements from at least two AAMFT Clinical Members on official endorsement forms.
4. A description of proposed plan for securing the required post-degree supervised clinical experience in marital and family therapy.

Annual Dues

Clinical Member	\$90-\$160*
Associate	\$55
Student	\$30

*Varies according to state

For applications, write:
AAMFT-Membership
1717 K Street, N.W. #407
Washington, D.C. 20006

Graduates from degree granting institutions and post-degree clinical training centers which are accredited by the Commission on Accreditation for Marriage and Family Therapy Education are deemed to have met the educational requirements for Associate or Clinical membership in the AAMFT.

Effective March 1983

Printed in USA



Membership Requirements

- Clinical Member
- Associate Member
- Student Member

American Association for
Marriage and Family Therapy
1717 K Street, N.W. #407
Washington, D.C. 20006

Introduction

The AAMFT, founded in 1942, serves as the professional association for the field of marital and family therapy. AAMFT membership offers individuals the benefits of membership in a professional association and serves the public interest through the advancement of sound professional service. This brochure describes the requirements and procedures for Clinical Members, Associates, and Students.

Clinical Member Requirements

Clinical Members shall meet the following qualifications:

Educational. Completion of a master's or doctoral degree in marital and family therapy from a regionally accredited educational institution, or an equivalent course of study and degree, as defined by the Board.

Interpretation: Meeting the educational qualifications consists of completion of a course of study substantially equivalent to the following:

- Human Development (3 courses minimum). Human development, personality theory, human sexuality, psychopathology-behavior pathology.
- Marital and Family Studies (3 courses minimum). Family development; family systems; marital, sibling, and individual subsystems.
- Marital and Family Therapy (3 courses minimum). Major marital and family therapy treatment approaches, e.g., systems, neo-analytic (object relations), communications, behavioral, structural.
- Research (1 course minimum). Research design, methodology, statistics, research in marital and family studies and therapy.
- Professional Studies (1 course minimum). Ethics, family law.
- Supervised Clinical Practice (1 year minimum). Fifteen hours per week, approximately 8-10 hours in direct contact with individuals, couples, and families.

This course of study may be completed in a master's or doctoral degree program or subsequently.

Clinical. Following receipt of a qualifying degree, completion of two calendar years of work experience in marital and family therapy under supervision in

accordance with the following established membership standards.

Interpretation: This clinical experience is to be acquired in addition to the supervised practicum secured as part of the Educational Requirements. It involves at least 1,000 hours of direct clinical contact with couples and families and 200 hours of supervision of that work, at least 100 of which shall be in individual supervision. This supervision must be provided by AAMFT Approved Supervisors or supervisors acceptable to the Membership Committee.

Students completing AAMFT accredited degree programs may identify up to 100 hours of supervision toward their required 200 hours for membership. Not more than 50 hours of this should be group supervision.

Personal. Endorsement by two Clinical Members of the Association, attesting to suitable qualities of personal maturity and integrity for the conduct of marital and family therapy.

Associate Member Requirements

Associate Members shall meet the following qualifications:

Educational. Completion of a master's or doctoral degree in marital and family therapy from a regionally accredited educational institution, or an equivalent course of study and degree, as defined by the Board.

Interpretation: Meeting the educational qualifications consists of completion of a course of study as interpreted under Clinical Member Requirements. Applicants holding a master's or doctoral degree in a field other than marital and family therapy from a regionally accredited educational institution and currently pursuing educational work to fulfill requirements for completion of a curriculum substantially equivalent to the course of study described under Clinical Member Requirements shall be eligible for Associate rather than Student Membership when they have completed at least eight of the required courses and one year of clinical practicum.

Clinical. Current pursuit of an acceptable plan to complete the requisite supervised clinical experience for admission as a Clinical Member.

Interpretation: This clinical experience is to be acquired in addition to the supervised practicum secured as part of the Educational Requirements. It involves at

least two calendar years and at least 1,000 hours of direct clinical contact with couples and families and 200 hours of supervision of that work, at least 100 hours of which shall be in individual supervision. This supervision must be provided by AAMFT Approved Supervisors or supervisors acceptable to the Membership Committee. Applicants holding a master's or doctoral degree from a regionally accredited educational institution who are working toward completion of a course of study equivalent to a master's degree in marital and family therapy as defined under the requirements for Clinical Member shall be eligible to begin their "post-degree" supervised clinical work when they have completed at least eight of the required courses and one year of practicum. The applicant's plan for securing the requisite supervised clinical experience must be approved by the Membership Committee in advance.

Personal. Endorsement by two Clinical Members of the Association, attesting to suitable qualities of personal maturity and integrity for the conduct of marital and family therapy.

Associate Membership shall be held for a maximum of five (5) years, or until satisfactory completion of the requirements for admission to Clinical Membership, whichever shall come first.

Student Member Requirements

Student Members shall meet the following qualifications:

Educational. Current enrollment in a graduate program in marital and family therapy in a regionally accredited educational institution, or current pursuit of a course of study required for Clinical Members in a graduate program in a regionally accredited educational institution.

Personal. Endorsement by two Clinical Members of the Association, attesting to suitable qualities of personal maturity and integrity for the conduct of marital and family therapy.

Student Membership shall be held for a maximum of five (5) years, or until satisfactory completion and receipt of a qualifying degree, whichever shall come first.

Interpretation: Student Membership shall cease upon receipt of a qualifying degree, the individual being eligible to apply for Associate Member status. Failure to complete a qualifying degree within a five (5) year period shall result in loss of Student Member status.

When You Make a Referral

- If you think a patient could benefit from marriage or family treatment, refer him or her to a therapist you know personally or professionally. Alternatively, the AAMFT will provide the names of qualified clinicians in your community.
- If you are in doubt about a therapist's special areas of expertise, discuss the situation with him or her beforehand.
- When possible, refer husband and wife together to avoid possible later conflict.
- Refer at the first sign of emotional, marital or family distress. As with physical problems, delay usually makes the problem more difficult to deal with.
- Suggest that the patient use your phone to make the first therapy appointment.
- Since most patients are unfamiliar with what happens in therapy, give them as much information as you can. Emphasize that the process takes time to be effective.
- Have the patient sign an information release, but do not exercise it until the patient asks you to do so.
- Check on the results of your referral. If they are negative, and discussion with the therapist confirms this, suggest another therapist.



For nearly 40 years the American Association for Marriage and Family Therapy has been concerned with fostering and advancing the profession of marriage and family therapy.

Its basic goals are:

- to establish and maintain a strict code of professional ethics
- to establish high professional standards of clinical practice
- to set standards of education and training for professional therapists, and to serve as an accrediting agency in the field
- to establish programs of continuing education and in-service training for professionals
- to cooperate with other helping professionals in the public interest
- to increase public awareness of the aims and objectives of marital and family therapy.



AMERICAN ASSOCIATION
FOR
MARRIAGE & FAMILY THERAPY
924 W Ninth St., Upland, CA 91786
714/981-0888

a message for
**PHYSICIANS
ONLY**

FROM . . .
The American Association
For Marriage and
Family Therapy

CONCERNING . . .
Distress Signals
in Your Patients'
Marital and Family
Relationships . . . and
What You Can Do To Help



A physician or dentist is often a person's only contact with the healing and helping professions. As a result, you are no doubt frequently faced with questions concerning marital and family problems, or asked to act as confidante or counselor.

Even though you may wish to be of help, your busy schedule probably does not allow you the time to do so as adequately as you would wish. In such cases, the ability to refer a patient to a qualified clinician may be useful to you.

The purpose of this leaflet is two-fold: 1) to alert you to some "hidden" symptoms of marital or family distress; and 2) to acquaint you with the American Association for Marriage and Family Therapy. Its members are professionally trained clinical specialists in the area of marital, family and relationship problems.



Distress Signals:

The symptoms of marital and family difficulties are not always obvious, even to the trained observer. Among them are:

- Repeated requests for tranquilizers, energizers or sleeping aids
- Sexual disturbances or concerns that have no physiological cause, or sexual problems or behavior that do not respond to medical treatment
- Complaints of "unexplainable" fatigue
- Emotional distress when talking about one's fiancé, spouse, children, parents
- References to feelings of loneliness, isolation, moodiness, depression
- Unexplained physical injuries to spouse or to children
- Excessive use of alcohol

Couples having pre-marital physical examinations may manifest such distress signals as:

- Excessive concern about sexual adjustment.
- Conflict over personal backgrounds, values or goals.
- References to parental interference or objections to marriage.
- Apparent lack of sexual knowledge.



Profile of a Trained Therapist

A professional marriage and family therapist has met rigorous educational requirements, and has spent at least two years in a supervised internship program. In states which license the professions, he or she has passed the state licensing examination.

The qualified therapist is knowledgeable in such areas as human growth and development, behavioral patterns, marital interaction, parent-child relationships and family dynamics. He or she is highly skilled in the use of a variety of therapeutic techniques and processes.

The legitimate therapist observes a stringent ethical code, and is an active member of a professional association serving marriage and family therapists. He or she always welcomes inquiries about training, experience, methodology, and fees.

A marital/family therapist seeks to:

- help reduce marital conflict and family tension
- foster the growth of marital and family satisfactions
- help improve patterns of communication
- help clients recognize their emotional needs and make realistic decisions to fulfill them
- help clients deal with pre-marital, marital and divorce problems



STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 482
Title: An Act relating to the
practice of marital & family therapists
Sponsor: Senator Kerttula
Requestor: _____
Date of Request: _____

FISCAL DETAIL

Agency Affected: Commerce & Economic Dev.
Program Category Affected: Public Protection
BRU, Program or Subprogram(s) Affected:
Division of Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		31.7	33.9	36.2	38.7	41.4
200 TRAVEL		15.0	16.0	17.1	18.2	19.4
300 CONTRACTUAL		6.0	6.4	6.8	7.2	7.7
400 SUPPLIES		1.0	1.0	1.0	1.0	1.0
500 EQUIPMENT		4.5				
600 LAND & STRUCTURES		2.7				
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		60.9	57.3	61.1	65.1	69.5
CAPITAL						
REVENUE		7.0	7.4	7.9	8.4	8.9

FUNDING: (Thousands of Dollars)

GENERAL FUND		60.9	57.3	61.1	65.1	69.5
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: ~~Attach a separate page for analysis~~

Prepared By: Jennifer Strickler, Mgmt. Analyst
Division: Occupational Licensing

Phone: 465-2144

Date: 3-13-84

Approved by Commissioner: Richard A. Lyon
Agency: Commerce and Economic Development

Date: 3/16/84

Distribution (by Agency preparing fiscal note):

Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

12/1/83

SB 422 FISCAL IMPACT

(NOTE: 7% inflation factor projected for FY '85 through
FY '89 for operating costs)

100 PERSONAL SERVICES:

1 Licensing Examiner, Range 12A,
GGU, 12 months, to be located in Juneau \$31,721.83

200 TRAVEL:

License Examiner:	2 board meetings (2 days ea. @ \$80 per day/ per diem = \$160 x 2)	\$320.00
	Transportation - 2 board mtgs @ \$400 ea.	800.00
Investigator:	2 board meetings (2 days ea. @ \$80 per day/ per diem = \$160 x 2)	320.00
	Transportation - 2 board mtgs @ \$400 ea.	800.00
	Investigative travel: 3 days per diem @ \$80 per day x 6 (every other month)	1,400.00
	Transportation - 6 trips @ \$400 ea.	2,400.00
Board Members:	7 board members - 2 board meetings (2 days ea. @ \$80 per day/ per diem = \$160 x 2 x 7)	2,240.00
	Transportation - 2 board mtgs @ \$400 ea. x 7 board members	5,600.00
Support Staff:	2 board meetings (2 days ea. @ \$80 per day/ per diem = \$160 x 2)	320.00
	Transportation - 2 board mtgs @ \$400 ea.	800.00
		\$15,000.00

300 CONTRACTUAL:

Postage, telephone, printing, publication and operating cost:	\$2,500.00
Professional Society Organization dues (annually)	400.00
Professional Examination Service fees for licensing examinations: (Estimated 20 for FY 85 for initial licensing @ \$125 ea)	2,500.00
Meeting rooms for board meetings (2 meetings 2 days ea @ \$150 per day = 2 x \$150 x 2)	600.00
	\$ 6,000.00

400 COMMODITIES:

Stationery, typewriter ribbons, pens, pencils, and other miscellaneous desk top supplies	\$ 1,000.00
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Official Business

Alaska State Legislature

Senate

Office of the President

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

To: Senator Joe Josephson, Chair
Senate HESS Committee

From: Senator Jay Kerttula
Senate President

Date: March 29, 1984

Subject: Senate Bill 482, An Act relating to the practice of martial and family therapy.

RECEIVED

MAR 29 1984

Josephson,

Senate Bill 482 was introduced by me by request of Dr. Leon Webber, an Anchorage therapist. This bill would regulate the practice of martial and family counseling in Alaska, by establishing licensing criteria and creating a state Board of Martial and Family Therapists.

Senate Bill 482 also provides for the adoption and publishing of ethical standards for family and martial therapists, and gives the board the power to revoke and suspend licenses of therapists who violate ethical standards.

The intent of this legislation is to provide consumer protection and to create consistent standards for the professionals who work in the field of family and martial counseling. This bill is modelled after similar legislation in other states.

LAW OFFICES OF

BOYKO, DAVIS and DENNIS

A PROFESSIONAL CORPORATION

733 WEST FOURTH AVENUE, SUITE 400
ANCHORAGE, ALASKA 99501-2185
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110 JUNIPER ST.
SAN DIEGO, CALIFORNIA 92101
AREA 619/235-4040

March 16, 1984

RECEIVED

MAR 21 1984

Sen. Joe Josephson
Pouch V
State Capitol
Juneau, Alaska 99811

Josephson,

RE: SB 482

Dear Sen. Josephson:

My wife and a number of friends who are marital and family therapists have called to my attention the fact that there is a bill currently introduced in the Senate, SB 482, to license marital and family therapists in the state of Alaska. I have reviewed that bill and believe that it should be adopted.

Marital and family therapy is a recognized and specifically defined profession. However, in Alaska there is absolutely no regulation of marital and family therapists. This has resulted in numerous individuals holding themselves out as family or marital therapists where they have no specialized training, experience or education and could not even meet the minimum qualifications in any other state. Ultimately the public suffers when they come into contact with these unqualified persons. This is particularly tragic because people seek out marital and family therapists when they are drifting emotionally and are grasping at straws to save themselves and their families. Those who are unfortunate enough to come into contact with the unskilled and sometimes unethical therapist do not have a chance.

Alaskan families are subjected to much stress and strain on a regular basis. This is evidenced by the statistics on alcoholism, drug abuse, child abuse and incest.

Page 2
RE: SB 482
March 16, 1984

Therefore they need the assistance of well educated and well trained therapists, and they need to be protected from those who are neither. SB 482 would do precisely that.

Aside from guaranteeing minimum qualifications for therapists, a licensure act will assist the profession in other ways. Currently, health insurance companies will not pay for marital and family therapy performed by a Masters level therapist unless these individuals are supervised by a licensed psychologist or psychiatrist. Oftentimes the supervisor has no specific knowledge or abilities with respect to marital or family therapy, yet the supervisor's approval is necessary before the insurance will make payments. This is a needless stamp of approval which in no way benefits the consuming public. On the other hand, because the profession is not licensed or regulated, the health insurance industry does not want to be paying for services rendered by unqualified quacks. In theory if a licensed psychologist or psychiatrist signs off on the treatment, the patient has benefitted. If the profession were licensed then it is my understanding that health insurance carriers would provide payments directed to licensed marital and family therapists. Also, the health insurance carriers could feel comfortable that only qualified marital and family therapists would be performing marriage and family therapy and seeking payment.

The marital and family therapists whom I am familiar with want their profession recognized in Alaska. It is their belief that not only will passage of the licensure act which sets strong minimum standards protect the public, but it will also strengthen the marital and family therapy profession. This desire for the imposition of high standards on their profession is the same desire that attorneys, accountants and engineers have. Though sometimes I am frustrated by some of the bureaucracy in the Alaska Bar Association I would protest vigorously if there was no regulation of attorneys.

It is my understanding that Governor Sheffield has indicated a strong disinterest in creating additional

Page 3
RE: SB 482
March 16, 1984

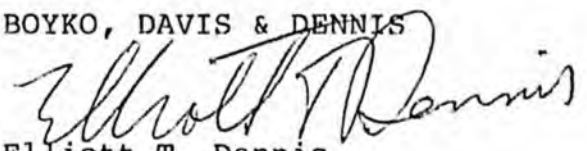
boards. My impression is that his concern arises out of the expense and bureaucracy related to increased governmental regulation. It may be that in the future a consolidated board from psychologists, social workers and marriage and family therapists is appropriate, but regulation in this area should not be delayed. Once legislation for a consolidated board is proposed, existing boards could be incorporated. However, delaying passage of SB 482 will further delay the benefits derived from regulation in this field.

From personal experience I know you are one of those who has recognized that more is not better when it comes to government. On the other hand, I believe there is a real need for regulation in this area. Enlightened government officials, and I believe you are, pass legislation which serves a legitimate public purpose. If the legislation does not serve a legitimate public purpose it has no place in the Alaska Statutes. I believe SB 482 serves such a purpose.

If you have specific questions regarding the marriage and family therapy profession I would be more than delighted to answer those questions and if I do not have the answer find the answer for you. Thank you for your consideration.

Yours very truly,

BOYKO, DAVIS & DENNIS


Elliott T. Dennis

ETD:pv

Senator Joe Josephson
Chairman, HESS Committee
Pouch V,
Juneau, Ak. 99811

3/9/84

RECEIVED
MAR 19 1984
Josephson.

Dear Senator Josephson,

This letter is in reference to Senate Bill #482 regarding "the regulation of the practice of marital and family therapy." I am a Counselor in Wasilla, Alaska, with a private practice serving individuals, couples, families, and children. I have a Master's degree in Counselor Education and am a licensed Marriage, Family and Child Counselor in the state of California. I called your office today to alert you that I would be sending this letter.

I believe it is a good idea to provide regulation and licensing for Master's level Counselors. However, I am concerned about several sections of the proposed Bill # 482. Herewith, my specific concerns, are copies of the California Regulations pertaining to licensing of Marriage, Family and Child Counselors. I thought I would point out some of the differences between the regulations in California and those proposed for Alaska:

- 1) Section 08.63.060. Qualifications...before July 1, 1985. Page 4, Lines 12-18. An appropriate course of study as indicated in the proposed regulations is a very narrow definition of acceptable courses. Many graduate programs that prepare people for careers in counseling require other courses such as : Counseling techniques, Child counseling practicum, Counseling theory. Therefore, I believe this section should contain more general language such as simply "substantially equivalent", with no additional limits.
- 2) Section 08.63.060. Page 4, Line 27. (D) I believe that the use of the term "therapy" could be misleading. For example, I call myself a "Counselor" who does "counseling" because of my training. Other people may refer to me as a "therapist" who does "therapy". I believe that the difference between "counseling" and "therapy" is unclear. Therefore, both terms should be used in the proposed regulations.
- 3) Section 08.63.080. Page 7, Line 10. This indicates licensed marital and family therapists in another state will be issued an Alaskan license. I believe the word "Counselor" should also be used. For example, the California requirements for licensing "Counselors" exceed the requirements for licensing "therapists" in Alaska; however, under these proposals a California counselor license may not be considered equivalent to the Alaskan therapist license. Please see the attached regulations from California.
- 4) Section 08.63.060. Page 5. Line 2 (b). This indicates the Board "may waive the requirements...if it determines...an applicant is qualified..." This is a good clause because it allows some flexibility. However, it seems very vague and as it stands, someone like myself could be denied a "waiver". I believe the section must be clarified and/or there needs

to be an appeals procedure whereby an applicant could appeal to the Board if a license is denied.

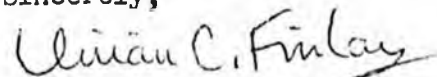
5) Section 08.63.100. Fees. page 7, Line 20. I believe the fees are much too high for a license. The application fee of \$25 should be sufficient to cover the initial license and credential review. Also a separate high fee to take the exam which is required by the regulations seems unnecessary and unfair. As recommended in these regulations, the total fee for an initial license would be \$225 to \$475 depending on what the Board requires. This fee would be prohibitive to many Counselors and Therapists and mental health agencies. Please note the California license fee is \$30 and must be renewed every two years.

I would be glad to meet with you or someone else on your staff or on your committee to further discuss this Bill # 482. I would greatly appreciate your attention to these specific points I have noted.

As I stated at the beginning of the letter, I do believe licensing for Master's level Counselors/Therapists is an excellent idea. However, the regulations need to include the terminology "Counselor" and "counseling", and need to be more specific in other areas as noted. I believe that the regulations must cover all "professional" practices, if their purpose is to protect the public from unprofessional practice.

I look forward to hearing from you.

Sincerely,



Vivian C. Finlay
Counselor
Susitna Family Services Center
P.O. Box 87-3528
Wasilla, Ak. 99687

cc. Senator Jalmar Kerttula

BOARD OF BEHAVIORAL SCIENCE EXAMINERS

1320 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 445-4933

INCLUDES CHANGES EFFECTIVE JANUARY 1, 1978

CHAPTER 4, DIVISION 7, BUSINESS AND PROFESSIONS CODE

CHAPTER 4. MARRIAGE, FAMILY AND CHILD COUNSELORS

Article 1. Regulation

17800. No person may for remuneration engage in the practice of marriage, family, or child counseling as defined by Section 17800.2, unless he holds a valid license as a marriage, family, or child counselor, or unless he is specifically exempted from such requirement, nor may he advertise himself as performing the services of a marriage, family, child, domestic, or marital consultant, nor in any way use these or any similar titles to imply that he performs these services without a license as provided by this chapter, except that persons licensed under Article 4 (commencing with Section 9040) of Chapter 17 of Division 3 of, and persons licensed under Chapter 6.6 (commencing with Section 2900) of Division 2 of, this code may advertise that they practice marriage, family and child counseling but not that they hold the marriage, family and child counselor's license.

17800.1. Nothing in this chapter shall be construed to constrict, limit, or withdraw provisions of the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, or the Psychology Licensing Act.

The provisions of this chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his pastoral or professional duties, nor to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his professional practice.

The provisions of this chapter shall not apply to an employee of a governmental agency or of a school, college, or university, or of an institution both nonprofit and charitable if his or her practice is performed solely under the supervision of the agency, school, or organization by which he or she is employed, and if he or she performs such functions as part of the position for which he or she is employed.

17800.2. For the purposes of this chapter, the practice of marriage, family and child counseling shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships between spouses or members of a family are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. Such practice includes premarriage counseling.

The application of marriage, family and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships within a marriage and family.

A marriage, family and child counselor may use hypnosis in the course of performing marriage, family and child counseling provided that he can demonstrate experience in the clinical use of hypnosis which satisfies the criteria established by the board. The criteria shall include evidence of (a) coursework in hypnosis from qualified instructors and (b) experience in a clinical setting using hypnosis under the supervision of a physician, dentist, or licensed psychologist.

17800.3. (a) "Board," as used in this chapter, means the Board of Behavioral Science Examiners.

(b) "Intern," as used in this chapter, means an unlicensed person who has satisfied the qualifications and conditions specified in subdivisions (a) and (b) of Section 17804 and Section 17804.4.

(c) "Trainee," as used in this chapter, means one who is enrolled in a master's or doctor's degree program in marriage, family and child counseling or its equivalent, as specified in paragraphs (1) and (2) of subdivision (a) of Section 17804.

17800.7. The board shall administer the provisions of this chapter.

17801. A person engages in the practice of marriage, family and child counseling who performs or offers to perform or holds himself out as able to perform such a service for remuneration either in the form of fees or donations.

17802. "Advertise," as used in this chapter, includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on or in any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings and notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

17803. A person desiring to advertise the performance of marriage, family and child counseling services shall apply to the Board of Behavioral Science Examiners for a license and shall pay the license fee required by this chapter.

17804. To qualify for a license an applicant shall have all the following qualifications:

(a) (1) At least a two-year master's degree in marriage, family, and child counseling or a master's degree in counseling psychology or their equivalent obtained from a school, college, or university accredited by the Western College Association, the Northwest Association of Secondary and Higher Schools, or an essentially equivalent accrediting agency as determined by the board. Equivalent degrees include, but are not limited to, the master's degree in social work from a school accredited by the Council on Social Work Education and the master's degree in child development and family studies.

(2) After September 1, 1978, an applicant shall have a doctor's or

a two-year master's degree in marriage, family, and child counseling or a master's degree in social work, clinical psychology, counseling or a degree determined by the board to be equivalent. Such degree shall be obtained from a school, college, or university accredited as provided in paragraph (1) of subdivision (a).

(b) Must be at least 18 years of age.

(c) At least two years experience, in interpersonal relationship, marriage, family and child counseling and psychotherapy under the supervision of a licensed marriage, family and child counselor, licensed clinical social worker, licensed psychologist, or licensed physician certified in psychiatry, or the equivalent as determined by the board. All experience shall be at all times under the supervision of the supervisor who shall, with the person being supervised, be responsible for insuring that the extent, kind and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the

board for the compliance of all laws, rules and regulations governing the practice of marriage, family and child counseling. Supervision shall include at least one hour of direct supervision for each week of experience claimed.

(d) The applicant shall pass a written examination conducted by the board or persons designated by the board and shall pass an oral examination if required in the discretion of the board for all applicants.

17804.1. Except for persons who have started full-time or continuous graduate study prior to September 1, 1978, a master's or doctor's degree as specified in subdivision (a) of Section 17804 shall include specific instruction in assessment, diagnosis, prognosis, and counseling and psychotherapeutic treatment of premarital, marriage, family and child relationship dysfunctions.

17804.2. Professional experience for the purpose of satisfying subdivision (c) of Section 17804 shall include supervised marriage, family and child counseling, and up to one-third of the hours may include receiving direct supervision and other professional enrichment activities. Such experience may be acquired through employment, provided such employment complies with this section, and Sections 17804, 17804.3, 17804.4, and 17804.5.

17804.3. Experience as specified in subdivision (c) of Section 17804 may be gained as an intern or trainee under the direct supervision of a licensed marriage, family and child counselor or professional corporation, a licensed clinical social worker or professional corporation, a licensed psychologist or professional corporation, a

licensee: physician certified in psychiatry or a professional corporation, or a medical clinic, medical hospital, governmental agency, school, or nonprofit agency providing the supervision as required by this chapter, provided that such experience is gained solely under the supervision or organization by which he or she is employed and that such functions are performed solely as part of the position for which he or she is employed.

The provisions of this section shall be operative only until January 1, 1980, and on and after that date are repealed.

17804.4. An unlicensed marriage, family and child counselor intern employed under the provision of Section 17804.2 shall: (a) have earned at least a master's degree as specified in subdivision (a) of Section 17804; (b) be registered with the board on a form provided by the board prior to the intern performing any duties; (c) file for renewal of registration annually for a maximum of five years after initial registration with the board; and (d) inform each client or patient prior to performing any counseling functions that he is unlicensed and under the supervision of a licensed marriage, family and child counselor, clinical social worker, psychologist or physician certified in psychiatry, whichever is applicable. Continued employment as an unlicensed marriage, family and child counselor intern after five years shall cease unless the requirements of subdivisions (c) and (d) of Section 17804 are met.

17804.5. (a) A licensed marriage, family and child counselor in private practice may employ three unlicensed marriage, family and child counselor interns. A licensed psychologist, licensed clinical social worker, or licensed physician certified in psychiatry may employ two unlicensed marriage, family and child counselor interns.

(b) A licensed marriage, family and child counselor, licensed psychologist, licensed clinical social worker, or licensed physician certified in psychiatry shall, within 30 days of the employment or termination of employment of an intern, notify the board of the employment or termination of employment of the intern. Such notice shall include the name of the intern.

The provisions of this section shall be operative only until January 1, 1980, and on and after that date are repealed.

17805. Every applicant who applies for a license as marriage, family and child counselor shall be examined by the board. The examination shall be as set forth in paragraph (d) of subdivision (2) of Section 17804. Such examination shall be given at least twice a year at the time and place and under such supervision as the board may determine. The board may examine for knowledge in whatever

theoretical or applied fields in marriage, family and child counseling as it deems reasonably appropriate. It may examine the candidate with regard to his professional skills and his judgment in the utilization of appropriate techniques and methods.

The board shall retain all written examinations for at least one year following the date of the examination. The board shall keep an accurate transcript of all oral examinations and keep such a transcript as a part of its records for at least one year following the date of examination.

An applicant who has qualified pursuant to the provisions of this chapter shall be issued a license as a marriage, family, and child counselor in such forms as the board may deem appropriate.

17806. The board may adopt such rules and regulations as may be necessary to enable it to carry into effect the provisions of this chapter. The adoption, amendment or repeal of such rules and regulations shall be made in accordance with Chapter 4.5 (commencing with Section 11371) of Part 1 of Division 3 of Title 2 of the Government Code.

The board may, by rules or regulation, adopt, amend, or repeal rules of advertising and professional conduct appropriate to the establishment and maintenance of a high standard of integrity in the profession, provided such rules or regulations are not inconsistent with Section 17820. Every person who holds a license to practice marriage, family and child counseling shall be governed by such rules of professional conduct.

17807. Except as provided by Section 159.5, the board may employ whatever additional personnel is necessary to carry out the provisions of this chapter.

17809. The board may issue a license to any person who, at the time of application, holds a valid license issued by a board of marriage counselor examiners or corresponding authority of any state, provided, in its opinion, the requirements for such licensure are substantially the equivalent of the requirements of this chapter, and upon payment of the fees specified.

17810. This article applies to licenses to engage in the business of marriage, family, or child counseling, and does not apply to the licenses provided for in Article 5 (commencing with Section 17860) of this chapter, except that the board shall have all powers provided in this article not

Article 2. Denial, Suspension and Revocation

17820. The board may refuse to issue a license, or may suspend or revoke the license of any licensee if he has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct shall include:

(a) Conviction of a crime, or a plea of nolo contendere if the crime is substantially related to the qualifications, functions, or duties of a marriage, family, and child counselor.

(b) Securing a license by fraud or deceit practiced on the board.

(c) Using any narcotic as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any hypnotic drug or alcoholic beverage to an extent or in a manner dangerous to himself, or to any other person, or to the public and to an extent that such action impairs his ability to perform his work as a marriage, family, or child counselor with safety to the public.

(d) Advertising that is not in conformity with this chapter or any rules or regulations promulgated by the board.

(e) Violating or conspiring to violate the terms of this chapter.

(f) Committing a dishonest or fraudulent act as a marriage, family, or child counselor resulting in substantial injury to another.

(g) Willful, unauthorized communication of information received in professional confidence.

(h) The supervision of any intern or trainee that is not in conformity with this chapter or any rules or regulations promulgated by the board.

17821. In addition to the grounds contained in Section 17820 the board shall revoke the license of any person, other than a physician and surgeon who uses or offers to use drugs in the course of performing marriage, family, or child counseling services.

17822. A plea or verdict of guilty to a charge of a felony or of any offense involving moral turpitude is deemed to be a conviction within the meaning of this article. The board shall order the license suspended or revoked, or shall decline to issue a license, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence.

17823. The proceedings conducted under this article shall be held in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

17824. The board may suspend the license of a licensee upon its determination that it has been demonstrated to its satisfaction that such licensee is incapable of performing the duties of a marriage, family, and child counselor because of mental illness.

The board may reinstate such a licensee at such time that it has been evidenced to its satisfaction that the licensee is competent to perform the duties of a marriage, family, and child counselor.

Article 3. Penalties

17830. Any person who violates any of the provisions of this chapter is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars (\$2,500), or by both.

17831. In addition to other proceedings provided for in this chapter, whenever any person has engaged, or is about to engage in any acts or practices which constitute, or will constitute, an offense against this chapter, the superior court in and for the county wherein the acts or practices take place, or are about to take place, may issue an injunction, or other appropriate order, restraining such conduct on application of the board, the Attorney General, or the district attorney of the county.

The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

Article 4. Revenue

17840. Licenses issued under this chapter shall expire on December 31 of each odd-numbered year, if not renewed.

To renew an unexpired license, the holder thereof, on or before December 31 of each odd-numbered year, shall apply for a renewal on a form prescribed by the director, and pay the renewal fee prescribed by the Board of Behavioral Science Examiners.

17847. The amount of the fees prescribed by the provisions of this chapter which relate to licensing of persons to engage in the business of marriage, family, or child counseling is that fixed by the following schedule.

(a) The application fee shall be thirty dollars (\$30).

(b) The renewal fee shall be thirty dollars (\$30).

(c) The delinquency fee shall be ten dollars (\$10).

(d) The registration fee for an intern shall be fifteen dollars (\$15).

(e) The renewal fee for an intern shall be seven dollars (\$7).

(f) The examination fee shall be in an amount set by the board not to exceed thirty dollars (\$30).

Article 4. Marriage, Family and Child Counselors

1830. Education. (a) An applicant shall have at least a two-year master's degree in marriage, family and child counseling or a master's degree in counseling psychology, child development and family studies, social work, clinical psychology, counseling or their equivalent. The degree shall be obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, the Northwest Association of Secondary and High Schools, or an essential equivalent accrediting agency as determined by the board.

Until January 1, 1980, a master's or doctor's degree awarded prior to July 1, 1976 by an accredited school, college, or university shall be deemed an equivalent degree if the degree was awarded in one of the following:

- | | |
|---|--|
| <p><i>Training</i></p> <ul style="list-style-type: none"> Anthropology Child Development and Family Studies Clinical Psychology Community Mental Health Correctional Counseling Counseling Counselor Education Education Educational Guidance and Counseling Education Psychology Human Behavior Humanistic Psychology Marriage Counseling Pastoral Counseling Psychiatric Nursing Psychological Foundations of Educational Guidelines and Counseling | <ul style="list-style-type: none"> Psychology Public Health Rehabilitation Counseling Social Work Sociology Speech Pathology Speech Therapy |
|---|--|

Until January 1, 1981, a two-year degree in marriage, family and child counseling includes a marriage, family and child counseling degree received under a program which contains not less than 48 semester or 72 quarter units.

(b) In addition to the requirements as set forth in subsection (a), to satisfy the requirements for licensure the degree shall be obtained under a program which includes the following studies:

Except for persons who have started full-time or continuous graduate study prior to September 1, 1975, each program leading to a master's or doctor's degree as specified in subsection (a), including an equivalent degree, shall include specific instruction in assessment, diagnosis, prognosis, and counseling and psychotherapeutic treatment of premarital, marriage, family and child relationship dysfunctions. Each program shall include not less than 3 semester units or 4 quarter units of supervised practicum experience in assessment, diagnosis, prognosis, and treatment of interpersonal relationship dysfunctions. Each program shall also include not less than 24 semester or 30 quarter units of courses in the following subjects:

- ✓ Human biological, psychological and social development
- ✓ Human sexuality
- ✓ Psychopathology
- ✓ Cross Cultural Mores and Values
- ✓ Theories of marriage, family, and child counseling
- ✓ Professional ethics and law
- ✓ Human communication
- ✓ Applied psychotherapeutic techniques of marriage, family and child counseling
- ✓ Research methodology

An acceptable degree program shall include courses in all of the above subjects.

After January 1, 1979, each program shall also include a survey course in psychological testing.

(c) The applicant shall submit to the board written verification by the registrar of the school or other person deemed satisfactory by the board that the applicant has completed courses in the required subjects and has received specific instruction in the required activities.

(d) An applicant who is advanced to candidacy in a doctoral program containing specific instruction in all of the above areas and courses in all of the above subjects will be considered to have met the educational requirements of this section.

PSU

For all other applicants, the board will credit up to 6 semester or 9 quarter units of courses taken subsequent to receipt of the master's degree, toward fulfillment of the unit or subject matter requirements of this section.

(e) Applicants who have received a master's degree from an accredited school, college, or university as specified in subsection (a) prior to September 1, 1976 and applicants who have started full-time or continuous graduate study prior to September 1, 1978 in marriage, family and child counseling at such accredited institution, shall be deemed, on receipt of the degree in marriage, family and child counseling, if received prior to September 1, 1981, to have met all educational requirements for licensure imposed by this section.

This subsection pertains only to equivalent master's degrees and not any other requirements for examination or licensure.

1832. Equivalent Accrediting Agencies. The following accrediting agencies are determined to be essentially equivalent to Western College Association which has been renamed the Western Association of Schools and Colleges and Northwest Association of Secondary and Higher Schools:

- American Association of Theological Schools
- Middle States Association of Colleges and Secondary Schools
- New England Association of Schools and Colleges
- North Central Association of Colleges and Secondary Schools
- Southern Association of Colleges and Schools
- Foreign Agencies, acceptable to the Board, which accredit colleges and universities

State of California, Department of Education, Bureau of School Approvals with respect to its functions under Education Code, Section 29023(a)(2), when applied to master's degree and/or Doctoral Programs which meet the requirements of Section 1830 of these regulations.

1833. Experience. (a) An applicant shall have experience in the use of applied psychotherapeutic techniques and psychotherapy within the context of the dynamics and structures of a premarital, marriage, family, child, and marriage dissolution relationship. Experience shall include participation in assessment, diagnosis, prognosis and treatment of interpersonal relationship dysfunctions. At least 1000 hours of experience submitted toward fulfillment of the experience requirement shall be obtained within five (5) years immediately preceding the final filing date of the examination for which the application for licensure was filed.

All experience shall be under the direct supervision of an authorized supervisor. Direct supervision means review, evaluation and assessment of assigned experience in individual or group face-to-face consultation. Group consultation shall consist of no more than eight (8) persons per supervisor.

An applicant shall have at least 3000 supervised hours of experience obtained in no less than two calendar years.

Direct supervision must be obtained at the rate of no less than one (1) hour per week for each week in which an applicant claims experience. A minimum of 100 weeks of supervised experience is required. At least 50 hours of supervision at the rate of one hour per week must be individual face-to-face supervision.

The maximum of supervised hours which may be credited toward fulfillment of the experience requirement is 200 hours. Supervised hours may be credited at the rate of no more than three (3) hours for each week in which experience is claimed.

Experience shall include no less than 2000 clock hours of direct counseling experience which may include time spent in administering, evaluating and writing assessments of counselees. No more than 500 hours of experience may have been obtained in a group therapy setting. No more than 500 hours may be obtained in administering, evaluating and writing assessments of counselees.

(b) The number of supervised hours plus the number of hours for other professional enrichment activities may not be credited in an amount exceeding 1000 hours. The following amounts of experience in the form of other professional enrichment activities may be credited:

- (1) No more than 250 clock hours of group counseling or group psychotherapy received from a person who holds a valid license to use applied psychotherapeutic techniques or to practice psychotherapy.

(2) No more than 156 clock hours of personal, marital or family counseling or psychotherapy received from a person who holds a valid license to use applied psychotherapeutic techniques or to practice psychotherapy.

(3) No more than 250 clock hours of verified attendance, with approval of an authorized supervisor, at workshops, seminars, training sessions, or conferences directly related to marriage, family and child counseling.

(4) For those who started graduate study prior to January 1, 1976, no more than 500 clock hours of experience credited at the rate of twelve (12) clock hours of experience per each quarter unit of academic credit and eighteen (18) clock hours of experience for each semester unit of academic credit earned prior to January 1, 1975, a master's degree program of an accredited college or university set forth in Section 17604(a) of the Code.

(5) No more than 250 clock hours of group observational experience. Group observational experience is the process of interacting applied psychotherapeutic technique role-playing modes, in the presence and under the direction of an authorized supervisor, for the purpose of evaluating the skills of persons acquiring marriage, family and child counseling experience. In order to be credited, group observational experience must be obtained in a group which contains no less than one (1) authorized supervisor, and no more than twelve (12) persons engaged in said experiential activities.

(c) For all experience gained, an authorized supervisor means: licensed marriage, family and child counselor, a licensed clinical social worker, a licensed psychologist, a licensed physician certified in psychiatry, or a licensed physician who has successfully completed residency in psychiatry, or a supervisor as approved by the board.

(d) The authorized supervisor may be employed by the applicant employer on either a paid or a voluntary basis. If such employment on a voluntary basis a written agreement must exist between the supervisor and the organization, in which the supervisor agrees to ensure to the extent, kind and quality of counseling performed by the person supervised is consistent with his or her training, education, and experience, and is appropriate in extent, kind and quality.

All licensed authorized supervisors must have a current non-expired license at the time of supervision. All supervision under the authorized supervisor must be at the rate of not less than one (1) hour per week for each week in which experience is claimed.

(e) Trainees and interns shall obtain experience pursuant to regulation in such manner that they do not perform, offer to perform or hold themselves out as able to perform marriage, family and child counseling to the public for a fee, monetary or otherwise, except as employer of the person or organization, as provided in accordance with Sections 17800.1 and 17804.2 of the Code.

(f) The words "employment", "employed", and "employ", as used in Section 17804.2, 17804.3, 17804.4 and 17804.5 of the Code shall not be limited to work performed for remuneration, but shall also include work performed on a voluntary basis without remuneration. Such work performed, whether or not for remuneration, may qualify as experience, as required under Section 17804(c) of the Code.

Applicants who hold a current valid California license to practice applied psychotherapeutic techniques or psychotherapy, are deemed to have met the requirements of two (2) years of experience of character approved by the board and specified in this Section.

1833.1. Reexamination. An applicant who has failed the examination may within one (1) year from the date of the original failure, any regularly scheduled examination without further application or payment of the required examination fees. After one (1) year, applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees paid.



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811

*****PUBLIC HEARING ANNOUNCEMENT*****

THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICE COMMITTEE

will be conducting a public meeting concerning

SB 482 - AN ACT RELATING TO THE REGULATION OF THE PRACTICE OF
MARITAL AND FAMILY THERAPY; EFD.

DATE: FRIDAY, APRIL 13, 1984
TIME: 3:00 to 5:00 p.m.
PLACE: ANCHORAGE LEGISLATIVE INFORMATION OFFICE
1024 WEST SIXTH AVENUE 278-9624

SB 482 would create a new seven member licensing board to regulate the profession of marital and family therapy. The cost of the board is estimated by the Division of Occupational Licensing to be \$60,900.00.

Provisions of the bill include:

1. A four year sunset review clause.
2. Board authority to adopt ethical standards, suspend and revoke licenses and adopt regulations as necessary.
3. Qualifications for licensure, payment of fees, grounds for disciplinary sanctions and requirements for practice under supervision are addressed.
4. a 'grandparenting' provision and standards for licensing by credentials.
5. Application of the Administrative Procedures Act.

Members for the committee are: Joe P. Josephson, chair (D) Anch., Vic Fischer, vice-chair (D) Anch., Rick Halford (R) Chugiak, Pappy Moss (D) Delta Junction and Paul Fischer (R) Soldotna.

FOR MORE INFORMATION, CONTACT NANCY DEITRICK AT 465-4907.



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

TO: Senator Jalmar Kerttula
FROM: Senator Joe Josephson *JJ*
DATE: April 4, 1984
RE: Travel to Anchorage on April 12, 1984

I would like to request travel approval for Nancy Dietrick and Renee Chatman of my staff, for a Senate HESS meeting to be held in Anchorage on April 13, 1984, regarding SB 482, relating to the regulation of marital and family therapy.

SECTIONAL ANALYSIS OF SB 482 - AN ACT RELATING TO THE REGULATION OF THE PRACTICE OF MARITAL AND FAMILY THERAPY: EFD.

- SECTION 1 FINDINGS AND PURPOSE
- SECTION 2 ADDS MARITAL AND FAMILY THERAPY TO TITLE 8
- SECTION 3 ADDS MARITAL AND FAMILY THERAPIST BOARD TO THE DUTIES OF THE DEPARTMENT FOR INVESTIGATIVE SERVICES.
- SECTION 4 PROVIDES SUNSET PROVISION FOR THE BOARD.
- SECTION 5 CREATES A SEVEN MEMBER BOARD, FIVE PROFESSIONALS AND TWO PUBLIC MEMBERS.
- PROVIDES THAT THE BOARD SHALL ADOPT ETHICAL STANDARDS AND MAY SUSPEND OR REVOKE LICENSES AND ADOPT REGULATIONS.
- THE ADMINISTRATIVE PROCEDURES ACT APPLIES TO THE BOARD.
- SECTION 6 PROVIDES FOR LICENSURE PRIOR TO JULY 1, 1985 (THE DIFFERENCE FROM SECTION 7 QUALIFICATIONS IS THE ELIMINATION OF THE ONE YEAR SUPERVISED PRACTICE WITH 500 HOURS OF CLINICAL CONTACT IN THE COURSE OF STUDY).
- SECTION 7 PROVIDES FOR QUALIFICATIONS FOR LICENSURE INCLUDING APPLICATION, PAYMENT OF FEES AND ETHICAL BEHAVIOR. A MASTER'S, DOCTORATE OR EQUIVALENT FROM AN ACCREDITED EDUCATIONAL INSTITUTION IS REQUIRED. COURSES ARE ALSO SPECIFIED IN THE BILL.
- TWO YEARS OF PRACTICE, PASSING THE EXAMINATION ARE ALSO REQUIRED BUT SUBSECTION (b) PROVIDES THAT THE BOARD SHALL LIBERALLY CONSTRUCT SECTION (a) AND MAY WAIVE OTHER REQUIREMENTS FOR EDUCATION, PRACTICE AND THE EXAMINATION.
- SECTION 8 PROVIDES THE REQUIREMENTS FOR PRACTICE UNDER SUPERVISION. THE PERSON IS INTENDED TO BE AN INTERN, AND THE LICENSE IS FOR A FOUR YEAR PERIOD AND MAY NOT BE RENEWED. A SUPERVISOR MUST HAVE PRACTICED FOR FIVE YEARS AND MEET SUPERVISORY REQUIREMENTS OF THEIR NATIONAL ASSOCIATION.
- THE BOARD MAY LICENSE BY CREDENTIALS A PERSON LICENSED IN ANOTHER STATE WITH SIMILAR REQUIREMENTS.
- A LICENSE IS GOOD FOR TWO YEARS AND MAY BE RENEWED.
- PROVIDES A FEE SCHEDULE.
- THE BOARD MAY REQUIRE MALPRACTICE INSURANCE FOR LICENSEES.
- GROUNDS FOR DISCIPLINARY SANCTIONS ARE:
- *use of deceit or fraud in obtaining a license or in practice and false or misleading advertising.
 - *conviction of a felony or other crime affecting competent practice.
 - *failure to comply with law or regulations.
 - *practice after becoming unfit.
 - *engaging in lewd and immoral conduct.

DISCIPLINARY SANCTIONS INCLUDE PERMANENT REVOCATION, SUSPENSION, CENSURE, REPRIMAND AND PROBATIONARY STATUS. CONDITIONS ARE ALSO STATED FOR SUSPENSION OF LICENSE DURING APPEALS PROCESS AND THE REINSTATEMENT OF A LICENSE.

THE BILL PROHIBITS THE ADVERTISEMENT, USE OF TITLE AND PRACTICE OF MARITAL AND FAMILY THERAPY BY THOSE NOT LICENSED UNDER THIS CHAPTER EXCEPT FOR:

- *a judge or attorney
- *a physician or psychiatrist.
- *a psychologist or psychological associate.
- *a clergyman
- *a governmental or educational employee approved by the board.

DEFINITIONS.

- | | |
|------------|--|
| SECTION 9 | ADDS THE BOARD TO TITLE 8 ADMINISTRATIVE ADJUDICATION. |
| SECTION 10 | PROVIDES FOR THE INITIAL APPOINTMENT OF BOARD MEMBERS |
| SECTION 11 | REPEALS SECTION 6 ON JULY 1, 1985. |
| SECTION 12 | EFFECTIVE DATE FOR SECTIONS 1-6 AND 8-10. |
| SECTION 13 | EFFECTIVE DATE OF SECTION 7. |

SB 502
fics.

April 13

Joe, Paul, Pappy.

SB 482 - marital and family therapy.

Joe - intro on bill.

Dr. Cary Lichtenstein - NASW

Concern - exclusions pg 10, line 16
does not include social workers

N.T. has licensing for marital/fam
counseling. S.W. listed himself in prime
book - 6 yr battle to Supreme Ct. W/
overturned the Occupational Licensing
statute.

Joe - what about combining boards?

Psych Nurse, Psych, Psychiatrist and
S.W. looked at all M.H. professionals.
Don't know about other professions.

Joe - Calif. has a board of behavioral
science examiners. Cover - Arthur
psych

Admin. against creating new
boards and commissions

(2)

Cary - would like to create a "super board" for counseling professions

Pappy - training of clergymen?

Cary - people can set themselves out as what they're not - actually cause harm to people.

Sanction given by State to M.H. professionals in commitment law and S.W. not licensed

Debra Janick - MFT therapist (10 yrs. in Ak)

legis. must be modified to be fair. Is very restrictive, will keep people out. Scarcity is rule in Ak.

* distinguishes between therapists and counselors.

* in rural areas, there are people who are good but can't meet qualifications.

* Can UofA graduates w/ Masters in counseling? Only 4 are offered at UAA

* grandfather clause - Board can waive many requirements.

* Insurance (3rd party) pay narrowly

for MH practitioners

grandfathering, rural needs and
U of A system considered in re-
writing statute.

Appy - diff. between Therapy & Counseling

There have been attempts to
distinguish. Personally finds them
not meaningful.

training pre-dates degree programs
in M/T therapy.

Leon Weiser

support.

member of Natl M/T Ther. Assoc. in
private practice; supervisor of
students. Pres Community Ed; Chair
of judges conf.

- * need to identify the profession as separate
from psychologists / E.W. etc
- * aware of Admin. - looking at Behavioral
Science Board.

* Black validating professions by licensing and thus invalidates other professions.

* Consumer protection - protect public from misrepresentation. Institutes for Training since 1910. 35 Master programs / 12 Doctors.

* #1 M.H. problem in this state is families. 1977 Hal Sexton, A.P.U. - pulled 300 health care professionals. Shortage of professionals in state → no need for them to move here → no motivation to upgrade skills.

S.W. exclusion - majority not clinical. Few clinical S.W. trained in MFT therapy.

U of A Masters Program would address MFT therapy course requirement.

Center for Family Studies was to help professionals upgrade skills.

Even w/ licensing, insurance coverage does not cover MFT services.

Dappy - we do have MH problems - more than other states?

Don't know comparative analysis. Believed it may be because people are isolated from families.

therapy - observable profession of practice; accountability
specific skills.
counseling a softer word.

Bill drafted from model legislation used in other
states.

Vic - had many in Ok

fewer than 25 in first year.
40-50 people would be short of supervision.

Vic - page 5 - Bd. may waive all requirements
except bad conduct? Is that standard?

Yes, is grandfather clause.

Vic - same requirements in Sec. 7 - would
still have authority to waive everything.

would be a distinguished practitioner
clause.

Vic - Prochign report. Counselor/therapist used
interchangeably. (included in definition)

Public may not be able to distinguish

The two.

Joe - catch 22 on 1,000 hrs. of clinical contact.
covered by Section 8.

no problems including SW if their board were
within the jurisdiction of M/F therapists