

SB

122

FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

No. 1
Bill Version: CSSB 122 (Lec)
(S) Publish Date: 4-9-97

Revision Date: _____
Title: An Act relating to unfair discrimination under a group
insurance policy for services provided by marital and family therapists
Sponsor: Senate L&C
Requestor: _____

Department: Commerce and Economic Development
BRU: Insurance
Component: Insurance
COMPONENT SERIAL NO. _____ 324

Expenditures/Revenues

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES						
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FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 97) cost: \$ 0.0

POSITIONS

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

This bill has no fiscal impact on the component.

Prepared by: Marianne K. Burke, Director
Division: Insurance
Approved by Commissioner: William L. Hensley
Agency: Commerce and Economic Development

Phone: 465-2515
Date: 3-25-97
Date: 3/25/97

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SENATE COMMITTEE REPORT

DATE: 4/9/97

FURTHER:

DATE TURNED IN TO OFFICE: 4/16/97

Health, Education and Social Services Committee considered SENATE BILL NO. 122

"An Act relating to unfair discrimination under a group health insurance policy for services provided by marital and family therapists; and providing for an effective date."

and recommends:

be replaced with _____ CS _____ ()

adopt previous _____ CS SB 122 (L+C)

attached amendment(s)

adopt Letter of Intent by _____ Committee

further referral to the _____ Committee

Senate Bill:

- same title
- new title

House Bill:

- same title
- technical change
- new: SCR# _____

SIGNING/DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>[Signature]</i>	✓	<i>[Signature]</i>	✓		
<i>[Signature]</i>	✓	<i>[Signature]</i>	✓		
<i>[Signature]</i>	✓				
CHAIR:		CHAIR:			

NEW FISCAL NOTE(S):

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal
Commerce + Econ Dev	3/25/97	✓	.

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

A M E N D M E N T

OFFERED IN THE SENATE

TO: SB 122

1 Page 1, line 11, following "subsection,":

2 Insert "(1)"

3 Page 2, line 1, following "midwife":

4 Insert ";

5 (2) "unfair discrimination" does not include requirements imposed
6 by an insurer for purposes of utilization review, cost containment, or standards
7 of clinically appropriate health care services"

8 Page 2, line 8, following "subsection,":

9 Insert "(1)"

10 Page 2, line 11, following "worker":

11 Insert ";

12 (2) "unfair discrimination" does not include requirements imposed by
13 an insurer for purposes of utilization review, cost containment, or standards of
14 clinically appropriate health care services"

TONY KNOWLES, GOVERNOR

DEPARTMENT OF COMMERCE AND
ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

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April 22, 1997

The Honorable Jerry Mackie
Alaska State Senate
State Capitol, Room 427
Juneau, AK 99801-1182

Dear Senator Mackie:

The Division of Insurance has been requested through Senator Leman's office to prepare a statement as to the division's position on the amendment for Senate Bill 122.

As I testified in Committee, we have no objection to the amendment. I did, however, express my concern that the record be clear that the provision "cost containment" not be used as a mechanism to force a patient to seek the cheapest coverage available. As you will recall, Senator Leman made it clear that that was not the intent of this legislation.

The term "utilization review" refers to the formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficiency, or effectiveness of health care services, procedures or settings. Utilization review is a common practice used in many health care delivery arrangements. The proper use of utilization review should not be construed as unfair discrimination. It is the position of the division that the term "standards of clinically appropriate health care services" refers to appropriate professional written screening procedures, protocols and practice guidelines appropriate to the specific profession providing this service. It is our opinion that the clinical appropriateness of a service should be determined by peer review within that profession. Similarly trained, experienced, and credentialed practitioners may disagree, but appropriateness should be judged by those professionals. Again, proper application should not be viewed as unfair discrimination.

I hope this provides the information you need.

Sincerely,



Marianne K. Burke
Director

MKB/pb1472.ins
042297a

Alaska State Legislature

Senate



Official Business

State Capitol
Juneau, AK. 99801-1182

Labor and Commerce Committee

SB 122 Sponsor Statement

Senate Bill 122 was introduced by the Labor and Commerce Committee at the request of the Alaska Association for Marriage and Family Therapy (AAMFT). SB 122 will add marital and family therapists to the list of providers against whom insurers may not discriminate.

This bill does not require insurers to add coverage of marital and family therapists where the coverage currently is not provided. It merely requires that insurers treat marital and family therapists on equal footing with other licensed providers and extend the same opportunities for coverage that the insurer offers others providing the same services. The definition of unfair discrimination is clarified by this bill and codifies existing practice.

Section 1, paragraph 1 adds marital and family therapists to the unfair discrimination list under group health insurance policies with an effective date of July 1, 1997. Paragraph 2 defines unfair discrimination.

Legislation (Section 4, ch. 39, SLA 1993) affecting the unfair discrimination clause was passed in 1993 with an effective date of 1998. Section 2 repeals and reenacts this section to reflect the addition of marital and family therapists and the definition of unfair discrimination.

AAMFT is a division of the American Association for marriage and Family Therapy, Inc. Marriage and family therapists (MFTs) are a group of mental health professionals with background in a variety of disciplines, including psychology, social work, and family social science. MFTs are licensed or certified in 37 states and are recognized by the U.S. Department of Health and Human Services as one of the five core mental health disciplines in the U.S.



Alaska Association for Marriage and Family Therapy

a division of The American Association for Marriage and Family Therapy, Inc.
P.O. Box 23-1234, Anchorage, Alaska 99523-1234 (907) 522-3802 Fax 522-3802

The Alaska Association for Marriage and Family Therapy is a state division of the American Association for Marriage and Family Therapy. AKAMFT (and our national organization AAMFT) is the professional association for the field of marriage and family therapy. Our state division represents the interest of eighty members as well as about 180 licensed MFT's.

SENATE BILL NO. 122

This bill would add licensed marriage and family therapists to the list of health care providers who may not be unfairly discriminated against by insurers who cover a service that is within the scope of the provider's occupational license.

Points of support:

- * Marriage and family therapists are recognized as one of five core mental health professions and are licensed in this state as are the other groups. If the state licenses a provider to perform services within a stated scope of practice, it would be inappropriate to allow that profession to be discriminated against by insurers.
- * The Alaska Division of Insurance has issued a report in which they have stated that there is no evidence that the expansion of providers would result in increased costs and in fact there is some suggestion that the opposite maybe true. Further, the Division of Insurance contends that this legislation is not a mandate of coverage.
- * Including MFT's would assist in creating a level playing field among all health professionals and would allow consumers increased choice and access within the health care system.
- * The issue of how to strengthen families has become a local and national concern. As mental health professionals with distinct expertise in working to improve the functioning of families, we want to be a full partner in working with our peers to addresses this concern.

RONALD K. POLLOCK, D.O.

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ANCHORAGE, ALASKA 99501
TELEPHONE (907) 272-1892

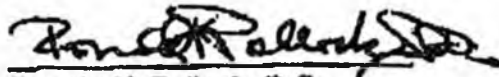
PSYCHIATRY

7 April 1997

To Whom It May Concern:

This letter is written in support of Licensed Marriage and Family Therapists. I work with LMFT's on a regular basis and find their therapeutic skills to be equal or superior to other mental health professionals of similar training level. Licensed Marriage and Family Therapists are especially well trained in the areas of couple and family therapy, yet insurers in Alaska do not compensate them equally.

I urge lawmakers to remove the obstacles that allow insurance companies to deny compensation to LMFT's, who are trained and licensed to provide these types of needed care to Alaskan families.


Ronald K. Pollock, D.O.

MW:pr

Merjeanne A. Moore, D.O.

Psychiatry
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(907) 272-1892 Telephone
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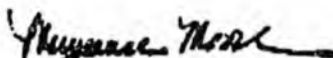
7 April 1997

To Whom It May Concern:

This letter is written in support of Licensed Marriage and Family Therapists receiving status and reimbursement by health insurers equal to that received by Licensed Clinical Social Workers.

I have worked in hospital and clinic settings for 15 years, supervising and working closely with LMFT's and LCSW's. Licensing of each requires a Master's degree, supervised internship in a clinical setting, and in Alaska, licensure by the State Division of Occupational Licensing. LMFT's and LCSW's have very similar professional abilities and performance expectations; moreover, an LMFT's training specifically includes family and couples psychotherapy.

I urge lawmakers to allow LMFT's recognition for the services they provide.



Merjeanne Moore, D.O.

MM:pr

Commonly Asked Questions About Marriage and Family Therapists

Q) Who are you? How are you credentialed?

A) Marriage and family therapists (MFTs) are a multidisciplinary group of mental health professionals with backgrounds in a variety of disciplines, including psychology, social work, and family social science. MFTs are licensed or certified in 37 states and are recognized by the U.S. Department of Health and Human Services as one of the five core mental health disciplines in the U.S.

Q) What kind of services do MFTs provide?

A) MFTs are mental health generalists. They are versatile, working with individuals, couples, and families and across all age groups (i.e., children, adolescents, adults, and elders).

MFTs treat a wide variety of serious mental health problems most commonly depression, other psychological problems, marital problems, anxiety, parent-child problems, and problems related to alcohol and drug use. In a national study of 850 cases treated by MFTs, the problems in nearly half the cases (48.7%) were considered severe, extremely severe, or catastrophic. 29.3% of the clients were on a psychotropic medication, most commonly anti-depressants, and 16.6% of the clients also saw a psychiatrist. About 10% of the clients in the sample had been hospitalized for psychiatric problems in the past year. 17% of the clients also had a chronic or serious medical condition in addition to their psychosocial problems.

Q) How long does treatment take? Isn't "marriage counseling" endless?

A) Treatment by marriage and family therapists typically is brief with the average treatment case completed in 12 sessions. Treatment of families (9 sessions) and couples (11.5 sessions) is briefer than individual therapy (13 sessions). In a national study of marriage and family therapists, 42% of the cases were completed in 10 or fewer sessions and two-thirds (66%) were completed within 20 sessions.

Q) What do consumers say about treatment by marriage and family therapists?

A) In a national survey, clients of marriage and family therapists expressed overwhelming satisfaction with every aspect of the services they received. 98.1% of those surveyed rated services as good or excellent. 98% of clients said that the services they received from a marriage and family therapist helped them deal more effectively with their problems. 94% said that they would return to same therapist in future and 97% said that they would recommend their therapist to family and friends.

Similarly, a 1993 survey of consumers in the American Psychologist found that MFTs were the type of therapist most often recommended by consumers to family and friends.

Provided by the Alaska Association for Marriage and Family Therapy

Q) Does marriage and family therapy work? What is the outcome of treatment?

A) There is a large body of research indicating that marriage and family therapy is effective in treating individuals, couples and families with a wide variety of presenting problems and diagnoses. Consumers report that treatment by an MFT resulted in improvements in functioning in a number of areas including physical health, work performance, relationships with partners and family members, child behavior, and school performance.

There are studies that indicate that family problems are now the number one problem brought to Employee Assistance Programs (EAPs), replacing alcohol and drug problems. Left untreated, these problems can result in lost hours and diminished productivity.

Business people are interested in getting people back to work or having them be productive and focused at work. Treatment by MFTs can help to meet that goal. In 55% of the cases in our study, clients reported an improvement in their functioning at work and 46% of clients reported that they were better able to get along with co-workers. In addition, almost two-thirds of all clients (63.4%) in our study reported that their physical health was better than it had been prior to treatment.

Q) What does it cost? Do MFTs provide cost-effective treatment?

A) Since we know about typical length of treatment and average costs nationally and in 16 states, we can now approximate the average cost of treatment for the typical case.

Couple and family treatment is briefer than individual treatment. It is reasonable to conclude, therefore, that treating 4 family members conjointly for 4 sessions will be cheaper than treating 4 family members individually for 10 sessions each.

Source: William J. Doherty and Deborah S. Simmons. (1996). Clinical practice patterns of marriage and family therapists: A national survey of therapists and their clients. *Journal of Marital and Family Therapy*, 22, 9-25.



American Association for Marriage and Family Therapy

Research and Education Foundation

Promoting the Well-Being of Families through Research and Education in Marriage and Family Therapy, Family Policy, and Family Science

Research Report:

Prepared March 1995

Marriage and Family Therapists (MFTs) Treat Severe Mental Illness

Marriage and family therapists are highly trained mental health professionals who provide cost-effective mental health services to individuals with severe mental illnesses, including schizophrenia, and other major affective disorders, depression, anorexia, bulimia, and psychiatric disorders in children and adolescents. Research shows that family therapy used as a component of treatment for severe mental illness:

- Reduces relapse rates
- Prevents costly psychiatric hospitalization
- Enhances medication and treatment compliance

Schizophrenia

"Family therapy is generally effective in preventing relapse and improving symptomatology both in comparison to 'routine care' that included medication and individual treatment and to specifically designed SST [social skills training] and individual psychotherapy."

Schooler, N.R., & Keith, S.J. (1993). The clinical research base for the treatment of schizophrenia. *Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council*. Rockville, MD: National Institute of Mental Health, p. 23.

The rehospitalization rate for patients with schizophrenia in a 6-month period was 30% for patients using drug treatment alone — but 0% when family therapy was part of the treatment plan.

Goldstein, M.J., Rodnick, E.H., Evans, J.R., et al. (1978). Drug and family therapy in the aftercare of acute schizophrenics. *Archives of General Psychiatry*, 35, 1169-1177.

In biochemical illnesses such as schizophrenia, family interventions may effect the illness by either positively protecting against environmental stresses or by negatively precipitating symptomatic relapse. Family therapy focused on reducing high expressed emotion (EE) has been shown to be effective in lowering rates of EE and improving the relapse rate. According to controlled outcome studies, patients from families treated with focused family therapy designed to actively guide the family in understanding and changing their interactions showed more rapid improvement in symptoms than did patients treated with psychoeducational approaches alone. Family-oriented therapy tripled the time chronically mentally ill patients spent outside the hospital, when compared to each patient's hospitalization pattern prior to treatment and to results of individually-oriented case management.

Levene, J., Newman, F., & Jeffries, J. (1989). Focal family therapy outcome study, I: Patient and family functioning. *Canadian Journal of Psychiatry*, 34: 641-647.

Major Depression

Relapse rates were reduced for 77% of patients with manic depressive or schizoaffective psychoses after receiving brief systemic family therapy (6 sessions), compared to a seven-year average prior to treatment. One-half of these patients were able to function without major medication 3 years later, although all were on medication prior to family therapy.

Retzer, A., Simon, F., Weber, G., Stierlin, H., Schmidt, G., et al. (1991). Follow-up study of manic-depressive and schizoaffective psychoses after systemic family therapy. *Family Process*, 30(2).

Patients hospitalized with bipolar disorder who received family therapy had significantly less relapse and rehospitalization.

Gelenberg, A.J. (1993). Report on the efficacy of treatments for bipolar disorder. *Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council*. Rockville, MD: National Institute of Mental Health.

Affective Disorders

Adding family treatment to standard hospital treatment for severely disturbed psychiatric patients was effective, particularly for female patients with affective disorders. Outcomes showed that when families met their treatment goals, long-term improvement was seen in medication and psychological treatment compliance.

Glick, I.D., Clarkin, J.F., Haas, G.L., Spenser, J.H., & Chen, C.L. (1991). A randomized clinical trial of inpatient family intervention: VI mediating variables and outcome. *Family Process*, 30(1), 85-99.

Eating Disorders

A 50% higher success rate was reported for family therapy in preventing anorexia nervosa from reaching more critical stages in adolescents.

Dare, C., Eisler, I., Russell, F.M., & Szukler, G.I. (1990). The clinical and theoretical impact of a controlled trial of family therapy on anorexia nervosa. *Journal of Marital and Family Therapy*, 16(1), 39-57.



American Association for Marriage and Family Therapy

Research and Education Foundation

Promoting the Well-Being of Families through Research and Education in Marriage and Family Therapy, Family Policy, and Family Science

Research Report:

Prepared March 1995

Marriage and Family Therapists (MFTs) Offer Family-Focused Treatment for Family Violence

Violence Is a Family Problem

- Americans are more likely to be killed or physically assaulted in their homes by other family members than anywhere else — or by anyone else — in our society.
Gelles, R., and Cornell, C.P. (1990). *Intimate violence in families* (2nd edition). Newbury Park, CA: Sage Publications.
- A propensity of family violence is transmitted from one generation to the next, according to a substantial body of research. One study concluded that among adults who were abused as children, more than one-fifth later abuse their own children.
Straus, M., Gelles, R., and Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Doubleday.
- People who were physically abused or neglected as children are twice as likely to be arrested for a violent offense.
Widom, C. (1989). The cycle of violence. *Science* 244: 160-166.

MFTs Offer Family-Focused Treatments

Reducing Domestic Violence

A marital therapy program for couples referred by the Milwaukee district attorney's office after wife abuse has occurred has demonstrated success in stopping husbands' violence. Similarly, a 12-year-old program for couples in Tyler, Texas, has been successful in reducing domestic violence and improving relationships for couples.

Lipchik, E., and Geffner, R. (1994, February). A comment on Jacobson's findings. *Family Therapy News*, 25(1), 21.

Family Preservation Means Less Out-of-Home Placement

A family preservation program in eastern Iowa has been able to keep 70% of the children originally identified as needing out-of-home placement — because of neglect or violence — in their homes. In-home services, including family therapy, are cost-effective.

Leverington, J. (1994, August). Family preservation: Walking the line. *Family Therapy News*, 25(4), 11-12.

MFT Means Lower Recidivism for Criminal Offenders

A 1988 study showed that compared to a control group of offenders matched for sex, ethnicity, and offense, twice as many of those receiving family therapy were arrest-free a year later. The cost of adding a family therapy program per offender is \$700 compared to over \$25,000 for incarceration per year.

Reed, T. (March/April 1992). Research issues in new programming to help inmates go home to stay. *IARCA Journal*.



American Association for Marriage and Family Therapy

Research and Education Foundation

Promoting the Well-Being of Families through Research and Education in Marriage and Family Therapy, Family Policy, and Family Science

Research Report:

Prepared March 1995

Marriage and Family Therapists (MFTs) Effectively Treat Children and Adolescents and Their Families

Research demonstrates that marriage and family therapists (MFTs) provide cost-effective treatments for children and adolescents and their families coping with serious mental and emotional illness, substance abuse and behavior problems.

Autism, ADD, Conduct Disorders and Anxiety Disorders

Family therapy is an effective treatment for autism, attention deficit/hyperactivity disorder, conduct disorders, and anxiety disorders.

Klein, R.G., & Slomkowski, C. (1993). Treatment of psychiatric disorders in children and adolescents. *Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council*. Rockville, MD: National Institute of Mental Health, p. 185.

Adolescent Substance Abuse

Family therapy has been more successful than any other form of outpatient therapy in retaining adolescents with drug abuse problems in treatment and in reducing their drug abuse, thereby preventing costly hospitalization.

Liddle, H. (April 1993). Multidimensional treatment of adolescent drug abuse. *Family Therapy News*, 24(2), 7; Joanning, H., Quinn, W., Thomas, F., & Mullen, R. (1992). Treating adolescent drug abuse: A comparison of family systems therapy, group therapy, and family drug education. *Journal of Marital and Family Therapy*, 18(4), 345-356.

Eating Disorders

A 50% higher success rate was reported for family therapy in preventing anorexia nervosa from reaching more critical stages in adolescents.

Dare, C., Eisler, I., Russell, F.M., & Szmulker, G.I. (1990). The clinical and theoretical impact of a controlled trial of family therapy on anorexia nervosa. *Journal of Marital and Family Therapy*, 16(1), 39-57.

Juvenile Delinquency

In a meta-analysis of 46 studies examining different modes of treatment with nearly 1,600 juvenile delinquents, Roberts and Camasso (1991) found family therapy particularly promising in preventing recidivism for at least one year after the completion of treatment. Juveniles in the family therapy treatment group performed 71.5% better than those in the comparison group.

Roberts, A.R., and Camasso, M.J. (1991). The effect of juvenile offender treatment programs on recidivism: A meta-analysis of 46 studies. *Notre Dame Journal of Law, Ethics, and Public Policy*, 5, 421-444.

MFT Means Less Hospitalization and Lower Costs

Family-focused treatment outside of hospitals is often appropriate and much less expensive. One recent study found that in-home treatment of seriously emotionally disturbed adolescents and their families — as an alternative to psychiatric hospitalization — showed significant improvement in family and adolescent functioning and produced a 50% cost savings.

Seelig, W.R., et al. (1992) In-home treatment of families with seriously disturbed adolescents in crisis. *Family Process*, 31(2), 135-149.

Research Demonstrates MFT As Effective As Other Treatments

Family therapy for young Hispanic boys and their families not only improved their functioning and reduced serious behavioral and emotional problems, but also improved overall family functioning, compared to traditional individual therapy and to a control group.

Szapocznik, J. (1989). Structural family versus psychodynamic child therapy for problematic Hispanic boys. *Journal of Consulting and Clinical Psychology*, (5), 571-578.

Montgomery (1990) conducted a meta-analysis of 43 studies examining the effects of family therapy for the treatment of identified problems of children. Family therapy achieved favorable results for child-identified problems when compared to no treatment. These findings remained consistent over varying methodological features, diverse client and treatment characteristics, and multiple outcome measures.

Montgomery, L.M. (1990). *The effects of family therapy for treatment of child-identified problems*. Doctoral dissertation: Memphis State University.

Parenting Training

Cedar and Levant (1990) conducted a meta-analysis of 26 studies assessing the impact of parent effectiveness training. Self-report scales were used to measure outcome. They found an overall effect size of .33, which is larger than had been previously thought. The authors conclude that this finding puts parent effectiveness training on par with similar interventions, such as family enrichment programs.

Cedar, B., and Levant, R.F. (1990). A meta-analysis of the effects of parent effectiveness training. *American Journal of Family Therapy*, 18, 373-384.



American Association for Marriage and Family Therapy

Promoting the Profession and the Practice Since 1942

Marriage and Family Therapists (MFTs): *Qualified*

Mental Health Professionals Who Meet High Professional Standards

The American Association for Marriage and Family Therapy (AAMFT), the professional organization for MFTs since 1942, promotes strict education and training standards for the profession.

Education and Clinical Experience

Education: AAMFT Clinical Members have a minimum of a master's degree in marriage and family therapy from an accredited program, or a master's degree in another mental health discipline from a regionally accredited institution and an equivalent course of study in marriage and family therapy.

Clinical Experience: A minimum of two years of clinical work experience in marriage and family therapy, with at least 1,000 hours of marriage and family therapy client contact, 200 hours of which must be supervised by an AAMFT Approved Supervisor or the equivalent. AAMFT Approved Supervisors must meet strict educational, experiential and supervisory training requirements to be qualified to supervise other MFTs.

State Regulation of MFTs

- Thirty-five states currently license or certify MFTs — up from 11 in 1986. Regulatory requirements in all 35 states are substantially equivalent to the AAMFT Clinical Membership standards.
- The Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) conducts a national examination for marriage and family therapists used as a licensure requirement in 19 states.

Accreditation of MFT Education and Training

The AAMFT Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) develops and enforces education and training standards for marriage and family therapy.

- The COAMFTE currently accredits 74 master's, doctoral, and post-degree training programs.
- COAMFTE has been recognized by the U.S. Department of Education as the national accrediting agency for graduate and post-graduate MFT training programs since 1978.
- COAMFTE gained recognition from the Commission on Recognition for Postsecondary Accreditation (CORPA), the independent authority on accrediting bodies, in 1994.

Ethical Standards

The AAMFT developed and enforces a comprehensive Code of Ethics and ethics enforcement procedure for all of its Clinical Members.



American Association for Marriage and Family Therapy

Promoting the Profession and the Practice Since 1942

Marriage and Family Therapists (MFTs): Recognized ***Recognized as Qualified Mental Health Professionals***

By States

- Thirty-five states license or certify MFTs — up from 11 in 1986.
- The Council of State Governments' Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) notes that marriage and family therapy is a uniquely and explicitly delineated profession.

By the U.S. Government

- The National Institute of Mental Health (NIMH) identifies marriage and family therapy as one of five core mental health services. The other four are psychiatry, psychology, social work, and psychiatric nursing.
- The Health Resources and Services Administration (HRSA) lists marriage and family therapy as an identifiable and distinct mental health profession. HRSA defines an MFT as one who "diagnoses and treats nervous and mental disorders within the context of marriage and family systems."
- The Department of Education has regularly renewed the recognition of AAMFT Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting body for graduate and post-graduate educational and training programs in the field of marriage and family therapy since 1978.
- Education for the Handicapped Act, Part H — MFTs are recognized as providers in the family-centered Part H program, which provides services for infants and toddlers with disabilities and their families (PL 102-119).
- Head Start recognizes MFTs' solution-oriented perspective and their emphasis on family competence and strength. The national Head Start Bureau asked the AAMFT in 1993 to help coordinate a nationwide program to recruit marriage and family therapists as volunteers in Head Start programs.

By the U.S. Military

- The U.S. military's Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) has routinely reimbursed MFTs since 1966. In 1994, CHAMPUS removed the physician supervision and referral requirement for MFTs.
- Since their inception in 1979, Navy and Marine Corps Family Service Centers (FSC) have employed MFTs. According to an unpublished survey, fully 1/3 of FSC "clinical counselors" and "clinical supervisors" are MFTs.
- MFTs have provided storefront readjustment counseling to Vietnam veterans in a program conducted under the auspices of the Department of Veterans Affairs.

In Federal Scholarship Programs

- NIMH allows MFT trainees to compete on an equal basis with students from other mental health disciplines for funding.

AAMFT actively seeks to be enriched through the strength, power, and wisdom of diversity

National Survey Reveals Family Therapy Yields Cost-Effective and Positive Results

A University of Minnesota survey published in the Winter 1996 issue of the Journal of Marital and Family Therapy reveals never-before collected data on the practice patterns and effectiveness of Marriage and Family Therapists (MFTs). There is emerging evidence that marriage and family therapy is a cost-effective, short-term and results-oriented form of psychotherapy.

Among the many findings, the research identifies and profiles MFTs, their patients, the problems presented, the various treatments administered, and the length of treatment, along with cost reimbursement rates, outcome efficacy, and client satisfaction.

The survey confirms that marriage and family therapists are highly skilled health care practitioners who successfully treat a broad range of emotional problems and mental illnesses. The data also show that these therapists treat mental disorders in a short-term and cost-effective manner.

The survey represents, for the first time, comparable outcome data collected from both therapists and their clients. The study, conducted by Dr. William Doherty and Deborah Simmons of the Family Social Science Department of the University of Minnesota, surveyed AAMFT members in 15 states across the United States during the Summer and Fall of 1994.

- SURVEY HIGHLIGHTS -

Two-thirds of Marriage and Family Therapists' (MFTs) clients have third-party coverage for an average of 50% of the fee. Insurers reimburse for couple therapy 60.2% of the time and for family therapy 64.1% of the time.

The most frequent interval for treatment by MFTs is biweekly, and the average fee is \$80 per hour. About 25% of their clients receive reduced fees.

The average length of treatment for couples therapy (11.5 sessions) and family therapy (9 sessions) is shorter than the average length of treatment for individual therapy (13 sessions).

Based on charges in actual cases, the average cost of a case treated by an MFT is \$780. Broken out by type of treatment, individual therapy costs \$845, couple therapy costs \$748, and family therapy costs \$585.

MFTs practice relatively short-term therapy, with a median of 12 sessions and 65% of cases completed within 20 sessions.

MFTs are a highly experienced group of practitioners, with an average of 13 years of clinical practice in the field of marriage and family therapy.

MFTs treat a wide range of serious clinical problems, primarily depression, marital problems, anxiety, child behavior problems, parent-child problems, and other psychological problems of adults and children.

By both therapist and client reports, marriage and family therapy is an effective treatment that results in positive outcomes, including marked improvement in individual, family, work, and social functioning.

MENTAL HEALTH COVERAGE: EFFICACY, HEALTH CARE SAVINGS, CORPORATE SUCCESS MODELS

The past fifteen years has witnessed dramatic innovation of effective mental health treatments and cost-effective delivery and financing systems. Empirical evidence and practical experience demonstrate that mental illness can be treated as successfully as many prevalent "physical" disorders and that general medical care costs can be significantly reduced with appropriate mental health intervention.

Treatment Efficacy

- Some treatments for severe forms of schizophrenia, obsessive-compulsive disorder, major depression, manic-depressive illness and panic disorders have success rates (preventing relapse over a six-month period) higher than those of angioplasty and atherectomy, two common treatments for heart disease¹:

<u>Disorder</u>	<u>Success Rate</u>
Panic	80%
Manic Depressive	80%
Major Depression	65%
Schizophrenia	60%
Obsessive-compulsive	60%
Atherectomy	52%
Angioplasty	41%

- Mental health care can significantly improve health outcomes for persons with physical disorders. In one study, breast cancer patients who received group therapy lived, on average, eighteen months longer than did the randomly assigned control group.²

Health Care Savings

- General medical costs could be reduced by as much as \$1.2 billion through the use of appropriate mental health treatment.³
- In a study of Harvard Community Health Plan patients whose presenting symptoms were thought to be influenced by psychosocial factors, providing group behavioral therapies resulted in a 50% reduction in office visits during the six months following enrollment, with an average net cost savings during this period of \$3,900.⁴
- Patients in the Federal Employees Health Benefits Plan with chronic medical diseases, such as diabetes and hypertension, who received outpatient mental health care used an average \$298 fewer inpatient medical (non-mental health) services in the third year following medical diagnosis than those who did not.⁵

Corporate Success Models

- The Washington Business Group on Health has reported the following cost-savings achieved by corporations implementing mental health coverage with a full range of benefits:
 - McDonnell Douglas Helicopter Company reduced per capita costs by 34% in the first year⁶;
 - First National Bank of Chicago reduced overall behavioral health costs by nearly 30% over four years⁷; and
 - Honeywell, Inc. reduced costs by 40% in the first year, and has held cost inflation down to 4% in subsequent years, with high employee satisfaction⁸.
- By actively implementing an integrated mental health benefit covering a continuum of services, BellSouth experienced a 20% reduction in outlays for mental health care over five years.⁹

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