

Testimony regarding HB 6646

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My name is Susan Boritz and I am a Licensed Marriage and Family Therapist and an Alcohol and Drug Counselor currently in independent private practice in Sandy Hook. When I tell people I am an LMFT, they assume that I spend most of my time working with married couples trying to save or end their marriages. It's natural that they make this assumption, of course. *It is* right there in our name: Marriage and Family Therapist. However, only a small percentage of the clients I see are working on their marriages. This is true of most MFTs you will talk to. In fact, we work with all sorts of clients with all kinds of problems and in all sorts of ways: with individuals, with couples, with all or parts of families and with groups. We are obviously misnamed.

A better name for us would be *Human Systems Therapists*. This is more in line with our core paradigm, our training, and the work we do every day. I say 'human' because we work with people of all ages and stages of development and with all kinds of problems. As we were taught in MFT training, a 'system' is nothing more or less than two or more people with their own set of rules, roles and responsibilities that allow it to perform a function. A marriage is a system. So is a family (of all descriptions), a community (tangible or not), a neighborhood, town, state, region, country, etc. Each of us is part of many systems. The systems of which we are a part are a primary source of distress and dysfunction for us as well as the primary source of support, strength, resiliency and healing. MFTs, or HSTs if you like my new name, are all-purpose, systems-based problem solvers: When a family is functioning poorly, like when something is going wrong with the rules, roles and relationships that define it, its individual members are distressed and symptomatic and the entire family system is affected. We work with the members to make needed adjustments and the whole family stands to benefit. When ecological stressors put pressure on our systems, we work with making adjustments to the rules, roles and responsibilities to help the system function better so that the system is more adaptive and resilient. Nothing is a better illustration of what I am talking about than the recent events and response to them in my own little community of Sandy Hook.

As the Legislative Liaison of the CTAMFT Board, I am here to make the case that the current regulations are in need of a few small changes in order to bring them up to date and make them work better for our membership, the agencies or entities in which we work and, most importantly, the public in need of the services we provide:

Issue #1:

Last year, a representative from the American Association of Marriage and Family Therapists (AAMFT) notified us that CT was one of 10 states in the country that had a potential problem due to language in its statutes. It has to do with the stated requirement that the national agency responsible for accrediting MFT programs, the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE), be recognized by the United States Department of Education (USDE). This requirement goes

back to the days when the discipline was new and there were not yet standards for training programs preparing MFTs. As the field has matured, programs training MFTs, including the five programs in CT, are well established and themselves recognized by USDE, making USDE recognition of COAMFTE redundant and unnecessary.

Last year, for a variety of reasons, COMAFTE had informed AAMFT that they were no longer going to maintain USDE recognition and alerting them that states like CT who had written statutes when the field was new would have to change the wording of the statutes to unlink COAMFTE and USDE so that those who apply for licensure after COAMFTE is no longer recognized by USDE will not encounter a problem. We are proposing NO change in any of the requirements of licensure. There are NO changes in the standards established for MFTs. And there is no cost to the State of CT.

Issue #2

We would like to propose that an associate license be added for MFTs to address some practical problems in the current pathway to licensure. Under the current provisions, a candidate must complete the following:

1. Graduate from a regionally accredited clinical training program in MFT.
2. Pass the national exam.
3. Amass 1,000 hours doing therapy with clients.
4. Document 100 hours of supervision by an LMFT.

The associate license would address the time period between completing Steps 1 and 2 and completing steps 3 and 4. Completing steps 3 and 4 can take a considerable amount of time, as long as two years for many new grads. In practical terms, during that period of time, it can be as if these people have no credentials at all. Currently, they cannot serve in many roles in agencies where a license is required to perform certain functions. As things are, they cannot get reimbursed by third party payers and clients would have to pay for services out-of-pocket. The net result of those limitations is that it is difficult to get hired by agencies or to work in private practices where they can get the hours and supervision they need in order to get licensed. With an associate license, they could more readily be hired by agencies or work in private practice, if that is the work they are best suited for. This makes sense for the same reason that it makes sense for new teachers to get provisional educator certification when they first enter the field. This is also something that CTASW has lobbied for for their membership. In sum, an associate license gets qualified people into the workforce in a natural, organic way so that they can get the real world experience they need they need in order to become the polished, seasoned professionals Connecticut has an interest in developing.

We are not proposing any change in the requirements for full licensure. Neither are we proposing changing anything about the scope of practice for MFTs. There is no actual cost to the State other than of initial implementation since the applicant would be expected to pay an appropriate fee. What we are proposing doing is removing a real world obstacle for MFTs on their path to licensure and, by so doing, allowing agencies and private practices to have greater flexibility in hiring and using staff in roles for which they are best prepared in order to meet the needs of the clients they serve.