



CONNECTICUT ASSOCIATION FOR  
Marriage & Family Therapy

March 12, 2015

RE: H.B. No. 6861 (RAISED) AN ACT CONCERNING MARITAL AND FAMILY THERAPISTS.

Dear Senator Gerratana, Representative Ritter and members of the Public Health Committee,

I am the current President of the Connecticut Association for Marriage and Family Therapy (CTAMFT), and would like to thank you for hearing Bill #6861 regarding the creation of an interim license (“Associate”), or LMFTA for marriage and family therapists.

Marriage and Family Therapists (MFTs) are one of the five core mental health professions in the State of Connecticut. MFTs go through a minimum of two years of rigorous coursework and applied clinical training that includes working under supervision to conduct 500 hours of therapy with clients in order to graduate with a Masters degree. Graduates continue to receive supervision after leaving their training programs to conduct an additional 1000 hours of therapy with clients and are also required to pass a national licensing exam before they are considered qualified to work without oversight.

We are asking for this interim license, or LMFTA, to better define the period of time after new MFT graduates complete their Masters degree, and before they work without supervision. This does not in any way change the credentialing process or the current scope of practice, but will be helpful in the following ways:

- 1) New graduates working under supervision will be accounted for as they enter the profession on a recognizable license “track,” rather than working outside the regulated mental health system for two or more years. Currently they are no longer students with university program oversight, nor are they accountable to the Department of Public Health before they are licensed. There is no clear way for the public to understand whether a practitioner has made a commitment to the field by passing the national licensing exam and following the established credentialing process unless there is an interim license.
- 2) Many bigger private insurers and employers have requirements for MFTs to be licensed, sometimes for several years before they are eligible to be considered for employment or as contractors on provider panels. Limited employment options and low income for unlicensed practitioners because of insurance reimbursement rules has caused many new practitioners to drop out of the field or to run cash businesses that are not accountable to state standards for best practice.
- 3) Interim or provisional licenses are a national best practice, with almost all 50 states having this process for social workers. 23 other states already have the equivalent of the LMFTA license for MFTs as of 2013, which is up from 15 in 2009. Only Connecticut and 10 other states appear to have no form of associate license or intern designation for MFTs.

We have followed the required step of submitting scope of practice materials for review to the Department of Public Health for the past two years and have been requesting the LMFTA since 2009. We appreciate the time and consideration you have given to this matter and hope to see the bill pass this year.

Sincerely,  
Denise Parent, LMFT  
President, CTAMFT