

Written Testimony from Trina Wong, M.A.
Regarding

Senate Bill 68 - An Act Concerning Marital and Family Therapists

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

My name is Trina Wong and I graduated from the Marriage and Family Therapy (MFT) Program at Fairfield University in May 2015. I live in Fairfield, CT, and I am a part-time (per diem) Mental Health Clinician at Fairfield Counseling Services (FCS). FCS is a private, non-profit community agency in Fairfield, Connecticut serving a wide ranging and diverse population of clients. I am a postgraduate working towards full licensure or 'LMFT.'

As an MFT, unlike other behavioral health professionals, I have been trained using direct supervision, meaning I was instructed with the use of two-way mirrors with my supervisors observing and interacting with me while in session with clients. I accrued 500 direct client contact hours prior to graduation, and 295 hours of supervision (almost 3 times the minimum requirement of 100 hours of supervision). I have taken coursework specific to working with divorced individuals, single parent families, blended- (aka step-) families, couples, substance abuse, trauma, and special needs populations. Upon graduation, I felt well prepared clinically to practice marital and family therapy.

I am writing to you today to bring your attention to an important issue for MFTs in Connecticut. I am asking for your support of legislation that would create an "Associate license" or LMFTA for MFTs in Connecticut.

As you may know from other testimonies, in order to become licensed in the State of Connecticut, an MFT graduate must accomplish 2 things in order to become a licensed MFT, or 'LMFT'. A graduate must 1) pass the National Licensure exam; AND 2) accrue 1,000 direct client contact hours and 100 hours of supervision with an LMFT. The National Licensure exam can be studied for and taken any time after graduation, but the 1,000 direct client contact hours and 100 hours of supervision typically takes 2 years of full-time employment, and upwards of 3 to 4 years to accomplish with part-time employment.

This second requirement, accruing 1,000 direct client hours, is where a barrier lies. In order to start accruing the direct client contact hours, a new graduate needs to find employment. But this is extremely difficult. Most employers are looking for MFTs who are already licensed. Even after a graduate has studied for, taken, and passed the rigorous National Licensure exam, they are not eligible to become licensed -- while employers are still looking for LMFTs.

This brings me to my situation. I consider myself one of the lucky ones. When I was still an MFT student, I was accruing the required 500 direct client contact hours at FCS as an intern. Two other MFT students were interning with me at the same time. As graduation approached, all 3 of us desired employment at the agency post-graduation, but there was only one per-diem job opening available.

Lucky for me, I was offered the position, and I remain in that position today. Conversely, nine months later, the other two equally qualified MFTs still have not found agency employment.

As you can see, the dilemma is: these MFTs need a job to become licensed, but they can't get a job without being licensed.

In order to overcome this barrier, Senate Bill 68 would allow for an 'Associate' license for MFTs. In other words, the title of LMFTA would be recognized for an MFT who has taken and passed the National Licensure exam. This would help to remove the barrier to the MFTs described above.

At FCS, I also work alongside pre-licensed social workers. MFTs and social workers alike are currently treating the same diverse population of clients in the same capacity, with the same job titles. I understand that my social worker colleagues have begun to receive associate licenses from the Department of Health this year.

In order to reach parity between our two professions, there is a need to pass SB68. Doing so will help MFTs, like me, to be eligible for hire, to receive potential promotions within agencies, and to remain competitive in the open job market.

Lastly, I learned there have been questions raised regarding whether the LMFTA changes the MFT practice in any way. I would say no, it does not change the way an MFT would practice. But it does benefit the general public. Let me explain. For example, for those 2 MFTs mentioned earlier who have been discouraged by being unable to find agency work -- they risk giving up and choosing to no longer pursue licensure. This puts fewer LMFTs in the field to serve underprivileged communities in CT.

I urge your support of Senate Bill 68 to create an Associate license for MFTs. Thank you.

Sincerely,
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