



CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

March 8, 2016

RE: HB 5550 -AN ACT CONCERNING VARIOUS REVISIONS AND ADDITIONS TO THE EDUCATION STATUTES.

Dear Representative Fleischmann, Senator Slossberg, and members of the Education Committee:

I am writing to you as a Board Director and Legislative Liaison for the Connecticut Association for Marriage and Family Therapists (CTAMFT). I am also a Licensed Marriage and Family Therapist (LMFT), full-time faculty at Fairfield University, and Supervisor approved by the American Association for Marriage and Family Therapy. I live in Redding, Connecticut and I teach/practice in Fairfield

I bring your attention specifically to section 11 of HB 5550, and ask for your support of clarifying language that had created an insurmountable obstacle for MFTs who wish to be certified to work in the school setting. For the past 10 years, MFTs have been the only mental health profession required to be fully licensed to obtain school certification.

For clarity, a “post- graduate MFT” is defined as an MFT who *has graduated* from an accredited MFT program who is *working toward full licensure (LMFT) or School-based Certification*.

Your support of HB5550 can be best informed by a brief overview of the nature of MFT training and licensure process. The following background information will prove helpful:

- * To become licensed, in the State of Connecticut an MFT must graduate from an accredited program, pass the National Licensure exam and accrue 1000 direct client contact hours with 100 hours of supervision. Typically, *this takes 2 years of full time employment to accomplish*.
- * To graduate from all MFT programs in Connecticut, MFTs *must have a minimum of 500 hours of direct therapy experience working with clients with 100 hours of supervision*.

- * Upon graduation, postgraduates must accrue 1000 more hours of direct client contact with 100 hours of supervision. **(PLEASE NOTE: Unlike other behavioral health care providers, MFTs can only count hours spent in session providing therapy services to their clients. Other affiliates' hours toward licensure appear to be higher however, they tally all of their time spent working, including case management, filing, making phone calls. This also includes downtime spent during client no-shows and cancelations.)**

- * *Unlike all other behavioral health professionals, MFTs are trained using direct supervision, meaning they are instructed with the use of one-way mirrors and their supervisors observe and interact with them while they are in session with their clients.* Their clinical readiness upon graduation is equal to likely greater than other affiliates because MFT is a true clinical degree.

What does it mean if HB5550 passes?

MFT students who are unpaid interns in schools will be able to retain their position in schools after graduation to continue to accrue hours toward certification in the very setting they will eventually be working. As the statute reads now, these interns are required to leave the school to gain their hours for licensure, usually in an agency setting. As a result, MFTs are often not included or collaborating as part of the multidisciplinary teams that are emerging in schools as a result of the Department of Children and Family's Plan4Children. Once they have been forced out of schools for lack of licensure, they have a difficult, if not impossible time re-entering schools despite the unique and valuable services they provide children AND the families they are developing within. Family therapists are the only providers specifically trained to work with all members of the family at once, a chore that other affiliates oftentimes shy from due to lack of training.

With suicide and heroine addiction rampant in our state, children and teens need the expertise of family therapists. MFTs are also trained to empower parents to care for their children and create structure in chaotic home environments. Consequently, poorly functioning families have clearly been shown to affect children's classroom behavior and school performance.

I urge your support of HB5550, to remove the constraint to allow the critical demand for family therapy services for Connecticut's at-risk children and families.

Thank you for your consideration.

Sincerely,

Maryann LaBella M.A., LMFT
Director and Legislative Liaison CTAMFT