



Board of
Behavioral
Sciences

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MEETING NOTICE
Marriage and Family Therapist Education Committee

December 7, 2007
10:00 a.m. – 3:00 p.m.

Pepperdine University, Irvine Graduate Campus
Lakeshore Towers III
18111 Von Karman Avenue
Irvine, CA 92612
(949) 223-2500

- I. Introductions
- II. Review and Approval of September 28, 2007 Committee Meeting Minutes
- III. Discussion of Potential Impacts of Proposed Curriculum Changes to Schools with MFT Programs
- IV. Review and Discussion of Draft Revisions to MFT Portability Statutes (BPC Sections 4980.80 and 4980.90)
- V. Discussion of Draft Revisions to MFT Curriculum Statutes
- VI. Discussion and Possible Action to Recommend MFT Curriculum Statute Revisions to the Board
- VII. Future Meeting Dates
- VIII. Suggestions for Future Agenda Items
- IX. Public Comment for Items not on the Agenda

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD AND COMMITTEE MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES' WEBSITE AT www.bbs.ca.gov



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DRAFT MEETING MINUTES

Marriage and Family Therapist Education Committee

September 28, 2007

San Diego State University
Dede Alpert Center for Community Engagement
4283 El Cajon Boulevard, Suite #240
San Diego, CA 92105

Committee Members Present:

Dr. Ian Russ, MFT, Chair
Donna DiGiorgio, Public Member

Staff Present:

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Christy Berger, Legislation Analyst

Committee Members Absent:

Karen Pines, Committee Volunteer

Guest List:

On File

I. Introductions

Dr. Russ called the meeting to order at approximately 9:08 a.m. Audience members, staff, and committee members introduced themselves.

II. Review and Approval of March 9, 2007 Committee Meeting Minutes

The Committee concurred to approve the March 9, 2007 minutes of the MFT Education Committee with two corrections. The name Adrienne Shilton was misspelled, and Olivia Loewy requested that she be referred to as Dr. Olivia Loewy.

III. Review and Approval of June 15, 2007 Committee Meeting Minutes

The Committee concurred to approve the June 15, 2007 minutes of the MFT Education Committee.

IV. Discussion of Draft Implementation Timelines for Curriculum Revisions

Dr. Russ stated that we are not finished talking about the content issues, but one of the things we have to think about is how would this actually take place.

Ms. Berger explained that the legislation would be carried in 2008, so if it passes, it would take effect January 1, 2009. But that doesn't mean that all of the requirements

would take effect on that date. Ms. Berger referred to a proposed timeline for implementation of different components of the changes, so the legislation would contain phase-in dates.

Ms. Berger explained that once the legislation passes, the board plans to work intensively with the schools for about one year to assist them in implementing the changes. The schools would be given another year or so to implement the changes. The proposed timeline reflects that schools would begin offering the new degree programs that meet the new requirements beginning in Fall of 2011. However, the law would not require schools to do this specifically. Instead, the proposal would require applicants for MFT intern registration or licensure who graduate on or after July 1, 2014 to meet the new requirements. This would require staff to evaluate applicants' educational qualifications based on when the applicant graduated. So that staff will not have to do this indefinitely, and because everyone should eventually follow the new standards, the final component of the timeline is proposed to be a sunset of the "old" educational requirements. Once the "old" requirements sunset, all applicants for MFT intern registration or licensure must meet the new educational requirements. The proposed sunset date for the "old" educational requirements is January 1, 2018.

There are going to be people who don't complete the requirements in time, so their degree is not going to qualify. Staff hopes that for this group of people, schools would offer a remediation program. The time period for completion of the remediation program is proposed to be prior to January 1, 2023, five years past the sunset date. Ms. Berger reiterated that this is a starting point for this proposal, and that this is the first time that any dates have been put into the proposal.

Several stakeholders strongly suggested that the law would be more simple to administer and clearer if the implementation date for the new requirements would instead be the date that someone starts a new degree program, i.e., "for those who begin graduate study on or after...". It is easier for the schools and much less confusing for the students. Otherwise, students may be mid-way through a degree and then have to redirect their studies.

Dr. Russ stated that at some point people under the old requirements need an end date. Mr. Riches clarified that there would be a point at which applicants who qualified under the old educational requirements and are in the pipeline gaining hours or taking examinations, would no longer be able to qualify for licensure because they must meet the new educational requirements.

Dr. Russ asked if 2011 was reasonable for schools to implement the new program. Stakeholders confirmed that 2011 would be feasible for many schools, but very difficult for a program that is currently at or near 48 units. Stakeholders requested that schools be given at least another year to implement the changes.

Mr. Riches stated that the board is pursuing some funding in order to bring educators and curriculum writers together, bring in experts on the subject matter and make them available to schools, and committing the board's resources to be a facilitator for this. Dr. Russ stated that there are educator's groups and coalitions and professional organizations that the board would also be glad to work with. The Board wants to work with the schools to help make it happen, not to tell schools what to do, but to give them some resources.

Dr. Russ stated that this proposal has evolved to provide broad guidelines and yet also give the schools flexibility. Schools have unique ways of organizing the world, their focus and perspectives are different, and we don't want to infringe on that uniqueness.

Mary Read from Fullerton asked about building consensus among the programs so that when it is brought to the legislature, schools are supportive.

Mary Riemersma of the California Association of Marriage and Family Therapists (CAMFT) asked whether this legislation would be a committee bill. Mr. Riches stated that it would not, as there will be opposition. He asked schools to co-sponsor the bill.

Dr. Russ stated that there will be groups that oppose the legislation, and the more united this community is, the better. He encouraged individuals to reach out to groups who they believe will be opposed. There will be those who say that this is an expansion to the MFT world, and what does this really mean. Dr. Russ asked if there were any more comments about the timeline, does it look reasonable.

A number of stakeholders reiterated the difficulty that state schools whose programs are 48 units will have to meet the 60-unit requirement. It takes about 2.5 years to get something from a proposal into the catalog, and it is also a budget issue. State schools have to take a lot of steps to get curriculum changes approved, and that takes a lot of time. This might result in opposition at the university level. It is important to get the support of administrators.

Dr. Russ stated that he would rather have the timelines realistic up front, and Mr. Riches and Ms. DiGiorgio agreed to move all of the dates forward by one year.

Ms. Read asked if information regarding the changes could be provided to admissions officers for the next crop of MFT students. Dr. Russ confirmed that the board would be able to do this.

V. Discussion of Draft Curriculum Relating to Addictions and Co-Occurring Disorders

Dr. Russ complimented Mr. Riches regarding the resources provided in the packet, and provided some background about this agenda item.

Ms. Riemersma stated her support regarding this proposal because it is important to have simultaneous treatment for co-occurring disorders. This may help to set MFTs ahead of other disciplines in this area.

Dr. Russ discussed his experiences regarding treating patients with substance abuse, and that he had only become aware of the number of people who have co-occurring disorders in the past couple of years.

Dr. Linda Terry from San Diego State University mentioned that this proposal is very specific, as opposed to the rest of the degree requirements. This is not necessarily a problem, but given the content, it seems to be more than a 3-unit course. She asked what the board hopes to accomplish, and is it realistic.

Mr. Riches stated that this is a revision of current board rules, but acknowledged that the addition of co-occurring disorders and addiction is huge. He stated that

everything staff has read and heard says that systems don't integrate, they don't talk to each other, the mental health world doesn't cope with it, and consumers are being stranded between the two systems. Many therapists are not competent in working with substance abuse. Not everyone needs to be a substance abuse therapist but they need to be able to recognize and work with substance abuse and co-occurring disorders.

Ms. Riemersma stated that across the disciplines, students are not being well prepared to deal with clients with these problems, especially when they are gaining hours of experience toward licensure. She believes the law needs to give more guidance on this subject.

Mr. Riches stated because of the prevalence of these problems, there needs to be an emphasis in this area.

Dr. Russ stated that this is a community health issue with community health consequences. There is also a history - the law is very specific because of communities who came to the legislature and sponsored the original language. Also, therapists need to know how to coordinate with all of the other health practitioners that work with their client. It is difficult to do, but the more we train students that this is a basic part of patient care, the more of an impact we have on the community.

Mr. Riches stated that some of it is having a common vocabulary, because disciplines have their own vocabularies.

Dr. Benjamin Caldwell from Alliant University stated that he is concerned that the definition of a behavioral addiction may be overly broad. When you define it that way, you could possibly take someone who is a career criminal and define them as addicted to burglarizing homes. He doesn't know how he would change it, but it is a concern.

Mr. Riches stated that the term may be well enough understood that it does not need a definition.

Barry Lord from Southern California Seminary stated that he recently did a paper on behavioral addiction. He explained that when a person has a behavioral addiction, the body creates its own narcotics, and there are comorbidities.

Dr. Olivia Loewy from the American Association for Marital and Family Therapy (AAMFT) stated that beyond the community, it is important for all settings and it is moving into areas of integrated care including primary care. She believes that it may need to be specially emphasized because it has such a broad scope of implications in diagnosis and treatment.

Ms. DiGiorgio stated that she is glad to see special emphasis because this is a problem. She explained that she works for a residential treatment center for co-occurring disorders, and the therapists outside of the clinic typically are not aware that their client has a substance abuse problem. She also works in a residential substance abuse treatment program for women and kids. This program employs MFT interns, and they often do not have experience in this area. The interns tend to treat the clients with a punitive attitude, as if they are bad people, or as if they chose to be a drug addict or alcoholic. She stated that she is excited to see this being put into the curriculum, it is a mental health issue and it is getting bigger and bigger.

Ms. Read stated that MFTs can help to lead the charge in this area in a way they were not previously able.

VI. Discussion of Competency Assessment in MFT Education Programs

Dr. Russ stated that college programs, rather than having assigned curriculum, are moving toward assessing competency instead. It seems important to bring this to the table, to see what we might want to do with it in this process.

Mr. Riches stated that staff has been reading material to find the best information we can. This is a once in a generation opportunity, as the curriculum and training standards don't change often. Mr. Riches explained that it was important to ask whether MFT educational requirements should remain with a very traditional content-based model or instead focus on behaviors and competencies more clearly.

Dr. Russ asked stakeholders to respond to the issue. He referred to the body of literature, and stated that it seems to be really important. He asked whether this is just an issue for accrediting agencies, and should the Committee seriously consider it or stay away from it?

Dr. Caldwell explained that accrediting bodies are already using this method, including WASC and COAMFTE. Alliant is under a lot of supervision to make sure that staff teaches and assesses to competencies. Alliant is part of AAMFT's beta test group of about six schools across the country that are working to integrate core competencies into the curriculum and developing ways to test the core competencies. To do this, Alliant is working on an objective structured clinical exam (OSCE) much like what medical students go through. It is similar to a structured role play designed to assess competence in particular areas. The OSCE was mostly developed by the University of Oregon, and Alliant is adapting it for their use. He explained that the OSCE is very helpful for him as an educator and for the program. His personal opinion is that this is within the domain of the accrediting agencies. Educational content seems to be the Board's purview. Looking at educational quality is for accrediting agencies.

Dr. Duncan Wigg from Pepperdine University stated that he agrees that accrediting bodies are going toward this method. Pepperdine is gearing up system wide to determine ways to document that learning is occurring, not just that teaching is taking place. That is a critical shift in WASC now. Dr. Wigg is in favor of leaving this with accrediting bodies, and the Board's plate is going to be full with just the new curriculum requirements.

Mr. Lord stated that his school, which is accredited by a different body, already uses competency-based assessments. He offered to share the standards that his school has to meet.

Dr. Terry stated that she is on a commission for accreditation for AAMFT, and they are beginning to implement outcomes-based standards. They are still learning about it and they are at the beginning of the process. There is a difference between competency-based assessment and outcomes-based assessment, they are not interchangeable. Outcomes might be whether your students are getting jobs. This is still evolving, she doesn't want to lose the input-based learning, it can become too

muddled or loose otherwise, and you can lose the cohesion of the MFT field. She supports leaving this to the accrediting bodies.

Mr. Riches stated that he wants to make sure we fully explore the issue. These are all great arguments for accredited programs, but there are 20 or so programs without accreditation. This is clearly in its infancy, and it is also going to be with us for a while. There is a question for us to think about in terms of ensuring relative consistency in standards. We have to think about how we deal with it from the approved school standpoint.

Ms. Read stated that the lack of a CalSWEC like organization in the MFT field has handicapped us to an extent. She wonders if the development of something like that by the profession would help, possibly the unification of the MFT consortia.

Ms. Riemersma stated that it would be a great thing to have that type of organization for MFTs, but a similar thing is going to be created anyway with these changes being proposed, since the Board's law is what governs these programs.

Dr. Loewy stated that schools will self-select, and we can't expect to get participation from all of them. Having a state level group of educators would be very important. In terms of competencies and outcomes, it is important to keep watching and working on them.

Dr. Caldwell asked whether the board would want to require approved schools to perform competency-based assessments. Mr. Riches responded no, that the board is not interested in a direct regulatory relationship with schools. Dr. Caldwell stated that he would like to see it done under the Bureau for Private, Postsecondary and Vocational Education (BPPVE), or its successor.

Dr. Russ stated that we could encourage AAMFT and others to talk to approved schools about this, or arrange a meeting with them. Mr. Riches stated that he would prefer arranging a meeting. Dr. Russ stated that we could invite them and express our concerns as a community. Dr. Terry stated that this is so new, it would be difficult to do that. She asked if this was premature.

Dr. Wigg asked if this would make the occupational analysis obsolete. Mr. Riches responded no, the occupational analysis is based on current practice and is legally mandated.

Ms. Riemersma stated that if the right questions are not being asked on the occupational analysis, the board is not going to get all of the data. Mr. Riches replied that around the time these new requirements are going to go into place, a new MFT occupational analysis will be starting, so some of the content may work its way into the exam.

VII. Discussion of Draft Proposed Revisions to Curriculum Statutes

Dr. Caldwell stated that most of the proposal is good, and is a significant step forward. He expressed his appreciation for the balance the board has been trying to strike by raising the bar while giving flexibility. Dr. Caldwell stated that on page six, under section 4980.90(d), he believes we need to operationally define "a course in law and ethics" for people coming in from out of state. He also suggested setting a minimum number of units for people in state. He stated that we may want to do the

same on page 7, subparagraph (E). He asked if the board would be forced to accept a one hour CE course in the absence of a stated minimum.

Mr. Riches stated that he is not sure what the right balance is, but this is a fair question, and is open to thoughts about how to treat that.

Dr. Russ stated that the intent is to give more flexibility to programs so that coursework can be spread throughout several different courses.

Dr. Caldwell suggested that there could be a second set of standards for people who do this within their degree program, but for people who are remediating, put minimums on it to ensure adequate coverage.

Mr. Lord explained that his school currently requires a class in law and ethics, but that content is still also spread throughout the curriculum. He likes the way it is currently being done.

Ms. Riemersma stated that if we are not going to place specific hourly requirements on people in California, why would you do it for people coming from another state? It is important to make sure they have this coursework. She explained that she and AAMFT had agreed that it is important to provide flexibility for people coming in from another state. If we are trying to be accommodating, we should allow a little bit more flexibility as long as the content gets addressed.

Dr. Caldwell stated that he agrees, but his only concern is that some opposition might happen in the legislative process if the hours are not specified.

Mr. Riches responded that people who only have a one-hour course in law and ethics are not going to pass the Board's exams. He also explained that for many such people, it is marginal learning. Everyone is going to have a foundational course in law and ethics. There are of course state-specific legal issues but ethical issues are broadly the same nationally, and the same with many legal issues. For people coming in from out of state they mainly need to learn the state-specific issues.

Dr. Caldwell stated that he agrees with Ms. Riemersma about flexibility, we should allow that whenever possible. One thing that has been removed from old statutes in the current draft is that a degree from a COAMFTE school in another state is automatically acceptable. It is no longer written that way, and he has some concerns about that. It would have to be modified because COAMFTE doesn't require 60 units. However, there should be some acknowledgement that COAMFTE is the highest standard in the country.

Mr. Riches responded that in practicality, everyone goes through the same transcript review. There is some uniqueness in California requirements that may not be reflected in COAMFTE curriculum, so regardless of what out-of-state school they are coming from, there is still a need to make up coursework.

Dr. Caldwell pointed out that in 4980.36(b) should be changed because COAMFTE does not accredit schools they accredit programs.

Dr. Terry stated her support for the direction the proposal has taken, but she still has concerns about using the term "recovery" in the requirements. It would be good to find another way to refer to this concept, as it is time-limited. Would prefer a broader

based integrative perspective about this work. She also expressed concern about language pertaining to cross-cultural studies and diversity. Some of it seems repetitive, and reads as if the culture is within the client and not in the context. It sounds somewhat dated. Much of the training now is about the intersection of cultures and the social and power position of cultural identity within the culture. She provided the following suggestion:

“Content addresses multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, sexual orientation, gender and disability and their incorporation into psychotherapeutic process.”

Ms. Riemersma stated that the section on out-of-state (4980.90) only requires 150 hours of practicum and asked why that was. She can understand a lesser number of units overall but thinking they should have the full 225 hours of practicum. Regarding the recovery model, she originally thought we should not use the term recovery, but if we don't use it, we can't ensure this concept will be taught. If we do use it, we are more likely to get support from the Department of Mental Health and others, so she is inclined to include it.

Dr. Russ reminded the audience that Warren Hayes from the DMH attended the last meeting and explained that the use of the recovery model is in statute. They are working hard to define that and we should be coordinated with the state.

Mr. Riches stated his belief that “recovery” would be better defined in time, and there is programmatic funding available so people are basing their programs on that concept.

Ms. Read stated that she likes the term “recovery-oriented behavioral healthcare.” People get uncomfortable with the word “model” which implies something very specific. Most stakeholders in the room agreed.

Dr. Loewy stated that there are concepts related to a person's own individual culture regardless of ethnicity, and this is evolving. She also had a question about Section 4980.90, and asked if a person comes in who is licensed in another state has to do 250 hours as an intern.

Mr. Riches responded that this only applies to people who do not have a license, and stated that portability issues would be addressed at the next meeting because we have had a number of questions about that area.

A stakeholder asked if the Board would consider adding spirituality or a person's religious background to the language on culture. Stakeholders discussed how important this concept is to include. They also agreed that it should be worded carefully.

A stakeholder stated his support for Ms. Riemersma's stance on portability. His school's program is national, which can make it difficult for people who are returning to their own state.

Ms. Read asked if we could also put an effective date into the new out-of-state requirements, because we don't want to give an advantage to people coming in from out of state over people who went to school in California.

Mr. Riches stated that this is complicated, and he would take a look at it.

Ms. Riemersma stated that this would be difficult because they apply when they come to California. Most people aren't looking ahead and know that they're going to move to California in 2013, they come because life circumstances bring them here.

Mr. Riches stated that it is important to define what constitutes a qualifying degree. Some people come in with a degree that has no practicum, for example. But what minimum qualifying degree will get you in the door. If we go to 60, we are the only state that is going to be there. We can't expect a person coming in from out of state to have a 60-unit degree, but they are going to have to get there. They will have to meet all requirements before they can get licensed.

Ms. Berger asked if a date would have to be added because otherwise this section would take effect January 1, 2009. Mr. Riches confirmed this is correct.

Dr. Russ stated that he has received three letters commenting on the proposed requirements. The letter from Santa Clara University states concerns about requiring public mental health coursework (would rather have a certificate program), and they don't want an increase in units. The letter also discusses the potential for unintended consequence of increasing practicum hours, which they feel is an unfair and unnecessary burden as it can be difficult to place students due to budget cuts in government mental health agencies. They also have concerns about what they feel is placing the recovery model above others. The other two letters, one from Phillips, broadly agreed with those comments. He asked the audience for a reaction to these comments.

Ms. Riemersma stated that the Northern California MFT Consortium is working on a voluntary certificate program which is intended as a stopgap measure for people seeking employment in the public sector but who do not have the education or training.

Dr. Russ stated that there seem to be two arguments here; one is don't make MFTs social workers, that if people want to do that take the 48 units and then specific training. He asked if there are comments about that.

Ms. Read stated that the perception is that MFT is a private practice degree, when actually all of the trainee hours are public sector work. We are trained to do many things, and should be seen as such.

Dr. Wigg stated that he is seeing a shift in the interest of potential therapists, where they used to be more interested in private practice, but now don't want to be isolated, they want to work in a more humanistic kind of way with clients and not just economically driven in their ambition. That bodes well for what we are trying to accomplish here. He believes that the MFT curriculum should prepare people for anyone who walks into their office and know how to be of assistance.

Dr. Russ stated that the letters express concern about the potential increase to 60 units. They state that this will be a hardship and will deter people from becoming an MFT. Dr. Russ believes if we don't increase to 60 units it won't be a competitive license, and schools won't be able to include all of the new content.

Ms. Read stated that Fullerton in the heart of Orange County, has a 60-unit program and graduates more Hispanics than many others in their area. The students still come, get the scholarship for the extra semester or summer, and it hasn't been a dire impact on the underserved communities. Yes, it is more difficult to pay for 60 units than 48, but it is the entry level for the profession, and must be done in a thorough way that matches the needs of the profession to be responsive to consumers.

Dr. Russ stated that private schools would argue that it would increase their tuition significantly.

Mr. Lord stated that the body of knowledge is increasing exponentially; practitioners need to be well versed. He is almost inclined to say that 60 units is not enough. His students do 74 units. They are a private school, they do cost more but their students want to be competent and want to know that they are competent.

Ms. Riemersma stated that at the time students enter, they won't know the history, and they won't know that it was previously a 48-semester program.

Dr. Caldwell stated that graduates will become more employable, so that is a worthwhile trade off. At his school, their tuition will increase by about \$9,000 with the increase to 60 units, but they will have more job opportunities and they have the new loan reimbursement program. The Santa Clara letter talks about unintended consequences, discussing the latency period from starting graduate studies to licensure. Alliant requires 500 hours of practicum, but students typically do 800-1,000 hours by the time they graduate. Having more practicum hours shortens that latency period; it does not increase it.

Dr. Russ asked if the increase to 225 practicum hours was unreasonable. Many stakeholders responded that it still seems fair because many schools are already requiring that much or more.

Mr. Riches and Ms. Berger will work on a revised draft based on feedback today and will place this on the Board's website for feedback as soon as possible.

VIII. Future Meeting Dates

The next MFT Education Committee meeting will be held on December 7, 2007 at Pepperdine University in Orange County.

IX. Suggestions for Future Agenda Items

None received.

X. Public Comment for Items Not on the Agenda

None received.

The meeting adjourned at approximately 12:13 p.m.

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4. Defines education as “substantially equivalent” to proposed Section 4980.36 when all of the following criteria are met:
 - A. The applicant’s degree, at minimum, contains all of the following:
 - A minimum of 48 overall units
 - A minimum of six (6) practicum units
 - A minimum of 150 practicum hours of face-to-face counseling
 - A minimum of 12 semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment
 - B. The applicant remediates any deficiencies in units or content (except for units or content required by item “A” above).
 - C. The applicant completes a course in California law and professional ethics.
 - D. The applicant completes credit-level coursework with the following content:
 - Principles of mental health recovery oriented care and methods of service delivery
 - An understanding of various California cultures and the social and psychological implications of socio-economic position.
 - Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.
 - Assessment, diagnosis and treatment of behavioral addiction and co-occurring substance abuse and mental health disorders.
 - E. The applicant’s degree title does not have to be identical to that required by Section 4980.36.
4. Restructures the section pertaining to degrees earned in another country.

Discussion

It is unlikely that an applicant with education earned outside of California will have all of the required units or content proposed to be required. Such applicants would be required to make up for any deficiencies prior to registration or licensure (see question below). The attached proposal would permit enough flexibility for persons who earned their degree outside of California to remediate any deficiencies, which would require the applicant to learn the unique skills needed to practice in California. Attachment B details areas where a degree earned outside of California would likely need remediation.

Question

Should applicants be required to remediate deficiencies prior to registration as a MFT Intern or prior to licensure?

Recommendation

Staff suggests that the Committee recommend that the Board sponsor legislation to update the MFT portability requirements.

Attachments

- A. Draft Changes to MFT Portability Statutes
- B. Content likely to be missing from a degree earned outside of California

**DRAFT REVISIONS TO MFT PORTABILITY STATUTES
California Business and Professions Code**

**NOTE: The following draft is based on language to take effect January 1, 2008
(SB 1048, 2007) for BPC Sections 4980.80 and 4980.90**

Repeal Subdivision (j) of Section 4980.40

~~(j) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau of Private Postsecondary and Vocational Education. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.~~

Add Section 4980.72 APPLICANTS LICENSED OUTSIDE OF CALIFORNIA

This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2014.

The board may issue a license to a person who, at the time of application, holds a valid license issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority of any state or country, if all of the following are true:

- (1) The applicant's education is substantially equivalent as defined in Section 4980.78.
- (2) The applicant's supervised experience is substantially the equivalent of this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the applicant's initial licensure by that state as a marriage and family therapist.
- (3) The person successfully completes the licensing examinations required by this chapter.

Add Section 4980.74 APPLICANTS WITH EDUCATION OR EXPERIENCE GAINED OUTSIDE OF CALIFORNIA

This section applies to persons who apply for registration or licensure on or after January 1, 2014 and who are not licensed outside of California as described in Section 4980.72 and have education or experience gained outside of California.

(a) Education gained while residing outside of California shall be accepted toward the registration or licensure requirements if it is substantially equivalent as defined in Section 4980.78.

(b) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter.

Add Section 4980.76 DOCUMENTATION OF EDUCATION GAINED OUTSIDE THE UNITED STATES

An applicant for registration or licensure trained in an educational institution outside the United States shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential

Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

Add Section 4980.78 SUBSTANTIALLY EQUIVALENT EDUCATION

This section applies to persons who apply for registration or licensure on or after January 1, 2014.

(a) The Board, in its discretion, may accept education gained outside of California when it is substantially equivalent to Section 4980.36. Substantial equivalency means that the applicant meets the following requirements:

(1) The applicant's degree contains a minimum of all of the following:

(A) 48 overall units.

(B) Six (6) practicum units.

(C) 150 practicum hours of face-to-face counseling.

(D) 12 semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in paragraph (2) of subdivision (d) of Section 4980.36.

(2) The applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

(3) Notwithstanding paragraph (1), if the applicant's degree does not contain all of the content or number of units required by subdivision (d) of Section 4980.36, the applicant shall complete the missing course content and units required by subdivision (d) of Section 4980.36.

(4) The applicant completes credit level coursework from a degree granting institution that provides all of the following:

(A) Instruction regarding the principles of mental health recovery oriented care and methods of service delivery in recovery model practice environments

(B) An understanding of various California cultures and the social and psychological implications of socio-economic position.

(C) Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.

(D) Behavioral addiction and co-occurring substance abuse and mental health disorders as specified in paragraph (9) of subdivision (c) of Section 4980.36.

(5) The applicant completes a course in California law and professional ethics. The content shall include advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, HIPAA, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, and differences in legal and ethical standards in different types of work settings.

Amend §4980.80. RECIPROCITY; EQUIVALENT REQUIREMENTS; PAYMENT OF FEES; FURTHER CONDITIONS

The board may issue a license to a person who, at the time of application, has held for at least two years a valid license issued by a board of marriage counselor examiners, marriage therapist examiners, or corresponding authority of any state, if the education and supervised experience requirements are substantially the equivalent of this chapter and the person successfully completes the board administered licensing examinations as specified by subdivision (g) of Section 4980.40 and pays the fees specified. Issuance of the license is further conditioned upon the person's completion of the following coursework or training:

(a) (1) An applicant who completed a two semester or three quarter unit course in law and professional ethics for marriage, and family therapists that included areas of study as specified in Section 4980.41 as part of his or her qualifying degree shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, the following subjects: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, requirements of the Health Insurance Portability and Accountability Act of 1996, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to patients.

(2) An applicant who has not completed a two semester or three quarter unit course in law and professional ethics for marriage and family therapists that included areas of study as specified in Section 4980.41 as part of his or her qualifying degree, shall complete a two semester or three quarter unit course in California law and professional ethics that includes, at minimum, the areas of study specified in Section 4980.41.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25 and any regulations promulgated thereunder.

(d) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation.

(e) (1) Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other requirements for licensure or in a separate course.

(2) On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(f) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychological testing. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(g) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychopharmacology. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(h) With respect to human sexuality, alcoholism and other chemical substance dependency, spousal or partner abuse assessment, detection, and intervention, psychological testing, and psychopharmacology, the board may accept training or coursework acquired out of state.

(i) This section shall become inoperative effective January 1, 2014.

§4980.90. EXAMINATION; PERSONS WITH EDUCATION AND EXPERIENCE WHILE RESIDING OUTSIDE OF CALIFORNIA

(a) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter and if the applicant has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a marriage and family therapist.

(b) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed all of the following:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors that shall include areas of study as specified in Section 4980.41.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in sexuality as specified in Section 25 and any regulations promulgated thereunder.

(4) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation.

(5) (A) Instruction in spousal or partner abuse assessment, detection, and intervention. This instruction may be taken either in fulfillment of other educational requirements for licensure or in a separate course.

(B) On and after January 1, 2004, a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(6) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychological testing. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(7) On and after January 1, 2003, a minimum of a two semester or three quarter unit survey course in psychopharmacology. This course may be taken either in fulfillment of other requirements for licensure or in a separate course.

(8) With respect to human sexuality, alcoholism and other chemical substance dependency, spousal or partner abuse assessment, detection, and intervention, psychological testing, and psychopharmacology, the board may accept training or coursework acquired out of state.

(c) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant meets both of the following requirements:

(1) The applicant has been granted a degree in a single integrated program primarily designed to train marriage and family therapists.

(2) The applicant's education meets the requirements of Sections 4980.37 and 4980.40. The degree title need not be identical to those required by subdivision (a) of Section 4980.40. If the applicant's degree does not contain the content required by Section 4980.37 or the overall number of units required by subdivision (a) of Section 4980.40, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(A) The applicant's degree contains the required number of practicum units and coursework required in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in Section 4980.40.

(B) The applicant remediates his or her specific deficiency by completing the course content required by Section 4980.37 or the units required by subdivision (a) of Section 4980.40.

(C) The applicant's degree otherwise complies with this section.

(d) This section shall become inoperative effective January 1, 2014.

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CONTENT LIKELY TO BE MISSING FROM A DEGREE EARNED OUTSIDE OF CALIFORNIA

Content related to public mental health including:

1. Principles of mental health recovery oriented care
2. Methods of service delivery in recovery model practice environments
3. Opportunity to meet with various consumers and family members of consumers of mental health services
4. Case management
5. Treatment, systems of care, services, supports, and advocacy for the severely mentally ill
6. Collaborative treatment

Content related to cultural competency and socioeconomic status including:

1. Understanding of various cultures and the social and psychological implications of socioeconomic position
2. A variety of cultural understandings of human development.
3. The understanding of human behavior within the social context of:
 - a. socioeconomic status
 - b. the cultures found within California
4. Matters that may arise within marriage and family relationships and life events *within a variety of California cultures*, including abuse, parenting, marriage, divorce, blended families, aging and grief.
5. Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
6. Effects of socioeconomic status on treatment and available resources.

Other Items:

1. Minimum of 60 semester or 90 quarter units of instruction
2. Evidence based practice
3. Behavioral addictions and co-occurring substance abuse and mental health disorders
4. Minimum of 9 semester or 13 quarter units and 225 hours of face-to-face counseling experience in practicum
5. Practicum training content:
 - a. working with families
 - b. documentation of services, treatment plans, and progress notes
 - c. how to find and use resources
6. Disaster and trauma response

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- Providing more flexibility in the curriculum requirements (i.e., fewer requirements for specific hours or units for particular coursework) to allow for innovation in curriculum design.
- Requiring coursework currently permitted to be taken outside of the degree program to be taken within the degree program. Many of these courses are currently required prior to sitting for the licensing examinations. They would now be required prior to registration as an intern.
- Adding three semester units and 75 contact hours to the practicum requirement.
- Addressing the impact of socio-economic status on behavior and treatment.
- Schools to provide students the opportunity to meet with consumers and family members
- Degree program content to include:
 - Evidence based practices
 - Co-occurring mental health and substance use disorders
 - Behavioral addiction
 - Differences in legal and ethical standards for different types of work settings
 - Collaborative treatment
- Practicum to include:
 - Applied use of theory
 - Working with families
 - How to find and use resources

Recommendation

Staff suggests that the Committee recommend that the Board sponsor legislation to update the MFT educational requirements.

Attachments

- A. Draft MFT Curriculum Revisions – Highlighting Changes Since September 2007
- B. Draft MFT Curriculum Revisions – Highlighting All Changes
- C. Current MFT Educational Requirements

Draft Revisions to MFT Curriculum
Highlighting Changes Since September 2007
November 2007

- Text that is underlined only is either a non-substantive change, or is a substantive change that was presented for consideration at the September 2007 meeting
- Text that is both underlined and highlighted is a substantive change being presented for consideration at the December 2007 meeting

The following text is proposed to be added to Sections 4980.37, 4980.38, 4980.39, 4980.40, 4980.41:

This section shall become inoperative effective January 1, ~~2018~~ 2019.

§4980.36. DEGREE PROGRAM

(a) This section applies to applicants for licensure or registration ~~who graduated on or after June 30, 2014.~~ began graduate study on or after August 1, 2012.

(b) Applicants for licensure or registration shall possess a doctor's or master's degree conferred by a school, college or university accredited by the Western Association of Schools and Colleges, ~~Commission on the Accreditation of Marriage and Family Therapy Education,~~ or approved by the Bureau for Private Postsecondary and Vocational Education,¹ or a program accredited by the Commission on the Accreditation of Marriage and Family Therapy Education. in one of the following disciplines:

- (1) marriage, family, and child counseling
- (2) marital and family therapy
- (3) psychology
- (4) clinical psychology
- (5) counseling psychology
- (6) counseling with an emphasis in marriage, family, and child counseling
- (7) counseling with an emphasis in marriage and family therapy

(c) A qualifying doctor's or master's degree program that qualifies for licensure or registration shall do all of the following:

- (1) Integrate marriage and family therapy principles throughout its curriculum.
- (2) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery model oriented practice environments throughout its curriculum.
- (3) Allow for innovation and individuality in the education of marriage and family therapists.
- (4) Encourage students to develop those personal qualities that are intimately related to effective practice such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
- (5) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.
- (6) Integrate the understanding of various cultures and the social and psychological implications of socio-economic position throughout its curriculum.
- (7) ~~Encourage students~~ Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services so as to understand to

¹ This will be changed to reflect whatever is the final outcome regarding reform of the BPPVE and recent board actions to sponsor legislation recognizing regional accreditation agencies.

enhance understanding of their experience of mental health illness, treatment, and recovery.

- (d) ~~In order to qualify for licensure, a~~ A doctor's or master's degree program that qualifies for licensure or registration shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to all of the following.
- (1) Diagnosis, assessment, prognosis and treatment of mental disorders, including severe mental disorders, evidence based practices, and psychological testing.
 - (2) At least 12 semester or 18 quarter units in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.
 - (3) Developmental issues from infancy to old age. This instruction shall include:
 - (A) The effects of developmental issues on individuals, couples, and family relationships.
 - (B) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.
 - (C) Aging and its biological, social, cognitive, and psychological aspects.
 - (D) A variety of cultural understandings of human development.
 - (E) The understanding of human behavior within the social context of socioeconomic status.
 - (F) The understanding of human behavior within the social context of a representative variety of the cultures found within California.
 - (4) The broad range of matters that may arise within marriage and family relationships and life events within a variety of California cultures including:
 - (A) Child abuse assessment and reporting
 - (B) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics
 - (C) Cultural factors relevant to abuse of partners and family members.
 - (D) Childbirth
 - (E) Child rearing, parenting and stepparenting
 - (F) Marriage
 - (G) Divorce
 - (H) Blended families
 - (I) Long term care
 - (J) End of life
 - (K) Grief

Instruction shall include the psychological, psychotherapeutic, community, and health implications of these matters and life events.
 - (5) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
 - (6) An understanding of the effects of socioeconomic status on treatment and available resources.
 - (7) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender and disability and their

incorporation into psychotherapeutic process.

- (8) Human sexuality including the study of physiological-psychological and social-cultural variables associated with sexual identity, sexual behavior and sexual disorders.
- (9) ~~Provide specific instruction in substance~~ Substance abuse, co-occurring disorders, and addiction which shall include each including all of the following areas.
- (A) ~~The definition of alcoholism and other chemical dependency, and evaluation of the affected person.~~ substance use disorders, co-occurring disorders and addiction.
 - (B) ~~Medical aspects of alcoholism and other chemical dependency~~ substance use disorders and co-occurring disorders.
 - (C) The effects of psychoactive drug use.
 - (D) Current theories of the etiology of substance abuse and addiction.
 - (E) The role of persons and systems that support or compound the substance abuse and addiction.
 - (F) ~~Major treatment approaches to alcoholism and chemical dependency~~ identification, evaluation and treatment of substance use disorders, co-occurring disorders and addiction, including best practices.
 - (G) Legal aspects of substance abuse.
 - (H) Populations at risk with regard to substance abuse use disorders and co-occurring disorders.
 - (I) Community resources offering screening, assessment, treatment and follow-up for the affected person and family.
 - (J) ~~The process of referring affected persons.~~
 - (K) Recognition of substance use disorders, co-occurring disorders and addiction and appropriate referral.
 - (L) The prevention of substance abuse use disorders and addiction.
 - (M) For purposes of this paragraph, "addiction" is defined as a chronic pattern of behavior that continues despite the direct or indirect adverse consequences that result from engaging in the behavior. This includes, but is not limited to substances and behaviors including computer-related, shopping, gambling, sex, eating, and work.
 - (N) For purposes of this paragraph, "co-occurring disorders" is defined as a mental illness and substance abuse diagnosis occurring simultaneously in an individual.
- (10) California law and professional ethics for marriage and family therapists. This course shall include, but not be limited to, the following areas of study:
- (A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.
 - (B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.
 - (C) The current legal patterns and trends in the mental health professions.
 - (D) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
 - (E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.
 - (F) Differences in legal and ethical standards for different types of work settings.
- (11) Psychopharmacology.
- (12) No less than nine semester or thirteen quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience including a minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. The practicum shall provide training in all of the following areas:

- (A) applied use of theory and psychotherapeutic techniques
- (B) assessment
- (C) diagnosis
- (D) prognosis
- (E) treatment of individuals and premarital, couple, family, and child relationships, including all of the following:
 - (i) dysfunctions
 - (ii) healthy functioning
 - (iii) health promotion
 - (iv) illness prevention
 - (v) working with families
- (F) professional writing including documentation of services, treatment plans, and progress notes
- (G) how to find and use resources

Educational institutions are encouraged to design the practicum required by this paragraph to include marriage and family therapy experience in low-income and multicultural mental health settings.

- (e) A degree qualifying for licensure or registration shall include instruction in the following areas:
 - (1) Case management
 - (2) Systems of care for the severely mentally ill
 - (3) Public and private services and supports available for the severely mentally ill
 - (4) Community resources for victims of abuse
 - (5) Disaster and trauma response
 - (6) Advocacy for the severely mentally ill
 - (7) Collaborative treatment

The instruction required in this subdivision may be provided either in credit level coursework or through extension programs offered by the degree granting institution.

- (f) The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.
- (g) Each applicant shall submit to the board a certification from the educational institution stating that the institution's required curriculum for graduation and any associated coursework completed by the applicant satisfies the requirements of this section.
- (h) The changes made to this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and is not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.

**Concept Draft for MFT Curriculum
Highlighting All Proposed Changes
November 2007**

Current MFT educational requirements can be found in Business and Professions Code Sections 4980.37, 4980.38, 4980.39, 4980.40, and 4980.41. Substantive proposed changes to those requirements are highlighted.

The following “sunset” text for the “old” educational requirements is proposed to be added to Sections 4980.37, 4980.38, 4980.39, 4980.40, 4980.41:

This section shall become inoperative effective January 1, 2019.

§4980.36. DEGREE PROGRAM

- (a) This section applies to applicants for licensure or registration who began graduate study on or after August 1, 2012.
- (b) Applicants for licensure or registration shall possess a doctor's or master's degree conferred by a school, college or university accredited by the Western Association of Schools and Colleges, approved by the Bureau for Private Postsecondary and Vocational Education¹ or a program accredited by the Commission on the Accreditation of Marriage and Family Therapy Education, in one of the following disciplines:
- (1) marriage, family, and child counseling
 - (2) marital and family therapy
 - (3) psychology
 - (4) clinical psychology
 - (5) counseling psychology
 - (6) counseling with an emphasis in marriage, family, and child counseling
 - (7) counseling with an emphasis in marriage and family therapy
- (c) A doctor's or master's degree program that qualifies for licensure or registration shall do all of the following:
- (1) Integrate marriage and family therapy principles throughout its curriculum.
 - (2) Integrate the principles of mental health recovery oriented care and methods of service delivery in recovery oriented practice environments throughout its curriculum.
 - (3) Allow for innovation and individuality in the education of marriage and family therapists.
 - (4) Encourage students to develop those personal qualities that are intimately related to effective practice such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
 - (5) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.
 - (6) Integrate the understanding of various cultures and the social and psychological implications of socio-economic position throughout its curriculum.
 - (7) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

¹ This will be changed to reflect whatever is the final outcome regarding reform of the BPPVE and recent board actions to sponsor legislation recognizing regional accreditation agencies.

- (d) A doctor's or master's degree program that qualifies for licensure or registration shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to all of the following.
- (1) Diagnosis, assessment, prognosis and treatment of mental disorders, including severe mental disorders, evidence based practices, and psychological testing.
 - (2) At least 12 semester or 18 quarter units in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.
 - (3) Developmental issues from infancy to old age. This instruction shall include:
 - (A) The effects of developmental issues on individuals, couples, and family relationships.
 - (B) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.
 - (C) Aging and its biological, social, cognitive, and psychological aspects.
 - (D) A variety of cultural understandings of human development.
 - (E) The understanding of human behavior within the social context of socioeconomic status.
 - (F) The understanding of human behavior within the social context of a representative variety of the cultures found within California.
 - (4) The broad range of matters that may arise within marriage and family relationships and life events within a variety of California cultures including:
 - (A) Child abuse assessment and reporting
 - (B) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics
 - (C) Cultural factors relevant to abuse of partners and family members.
 - (D) Childbirth
 - (E) Child rearing, parenting and stepparenting
 - (F) Marriage
 - (G) Divorce
 - (H) Blended families
 - (I) Long term care
 - (J) End of life
 - (K) Grief

Instruction shall include the psychological, psychotherapeutic, community, and health implications of these matters and life events.
 - (5) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
 - (6) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender and disability and their incorporation into psychotherapeutic process.
 - (7) An understanding of the effects of socioeconomic status on treatment and available resources.

- (8) Human sexuality including the study of physiological-psychological and social-cultural variables associated with sexual identity, sexual behavior and sexual disorders.
- (9) Substance abuse, co-occurring disorders, and addiction, including behavioral addiction. Instruction shall include all of the following.
- (A) The definition of substance use disorders, co-occurring disorders and addiction.
 - (B) Medical aspects of substance use disorders and co-occurring disorders.
 - (C) The effects of psychoactive drug use.
 - (D) Current theories of the etiology of substance abuse and addiction.
 - (E) The role of persons and systems that support or compound substance abuse and addiction.
 - (F) Major approaches to identification, evaluation and treatment of substance use disorders, co-occurring disorders and addiction, including best practices.
 - (G) Legal aspects of substance abuse.
 - (H) Populations at risk with regard to substance use disorders and co-occurring disorders.
 - (I) Community resources offering screening, assessment, treatment and follow-up for the affected person and family.
 - (J) Recognition of substance use disorders, co-occurring disorders and addiction and appropriate referral.
 - (K) The prevention of substance use disorders and addiction.
 - (L) For purposes of this paragraph, "co-occurring disorders" is defined as a mental illness and substance abuse diagnosis occurring simultaneously in an individual.
- (10) California law and professional ethics for marriage and family therapists. This course shall include, but not be limited to, the following areas of study:
- (A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.
 - (B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.
 - (C) The current legal patterns and trends in the mental health professions.
 - (D) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
 - (E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.
 - (F) Differences in legal and ethical standards for different types of work settings.
- (11) Psychopharmacology.
- (12) No less than nine semester or thirteen quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience including a minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. The practicum shall provide training in all of the following areas:
- (A) applied use of theory and psychotherapeutic techniques
 - (B) assessment
 - (C) diagnosis
 - (D) prognosis
 - (E) treatment of individuals and premarital, couple, family, and child relationships, including all of the following:
 - (i) dysfunctions
 - (ii) healthy functioning
 - (iii) health promotion
 - (iv) illness prevention

- (v) working with families
- (F) professional writing including documentation of services, treatment plans, and progress notes
- (G) how to find and use resources

Educational institutions are encouraged to design the practicum required by this paragraph to include marriage and family therapy experience in low-income and multicultural mental health settings.

(e) A degree qualifying for licensure or registration shall include instruction in the following areas:

- (1) Case management
- (2) Systems of care for the severely mentally ill
- (3) Public and private services and supports available for the severely mentally ill
- (4) Community resources for victims of abuse
- (5) Disaster and trauma response
- (6) Advocacy for the severely mentally ill
- (7) Collaborative treatment

The instruction required in this subdivision may be provided either in credit level coursework or through extension programs offered by the degree granting institution.

- (f) The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.
- (g) Each applicant shall submit to the board a certification from the educational institution stating that the institution's required curriculum for graduation and any associated coursework completed by the applicant satisfies the requirements of this section.
- (h) The changes made to this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and is not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.

CURRENT MFT EDUCATIONAL REQUIREMENTS

§4980.37. DEGREE PROGRAM; COURSE OF STUDY AND PROFESSIONAL TRAINING

(a) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program which meets the educational qualifications for licensure shall include all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(b) Educational institutions are encouraged to design the practicum required by subdivision (b) of Section 4980.40 to include marriage and family therapy experience in low-income and multicultural mental health settings.

§4980.39. ADDITIONAL COURSEWORK

(a) Any applicant for licensure as a marriage and family therapist who began graduate study on or after January 1, 2004, shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

§4980.40. QUALIFICATIONS

To qualify for a license, an applicant shall have all the following qualifications:

(a) Applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this subdivision, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

(4) A variety of approaches to the treatment of children. The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(b) (1) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

(e) All applicants shall be at least 18 years of age.

(f) All applicants shall have at least two years experience that meet the requirements of Section 4980.43.

(g) The applicant shall pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.

(h) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(i) (1) An applicant applying for intern registration who, prior to December 31, 1987, met the qualifications for registration, but who failed to apply or qualify for intern registration may be granted an intern registration if the applicant meets all of the following criteria:

(A) The applicant possesses a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family, and child counseling, or social work with an emphasis in clinical social work obtained from a school, college, or university currently conferring that degree that, at the time the degree was conferred, was accredited by the Western Association of Schools and Colleges, and where the degree conferred was, at the time it was conferred, specifically intended to satisfy the educational requirements for licensure by the Board of Behavioral Sciences.

(B) The applicant's degree and the course content of the instruction underlying that degree have been evaluated by the chief academic officer of a school, college, or university accredited by the Western Association of Schools and Colleges to determine the extent to which the applicant's degree program satisfies the current educational requirements for licensure, and the chief academic officer certifies to the board the amount and type of instruction needed to meet the current requirements.

(C) The applicant completes a plan of instruction that has been approved by the board at a school, college, or university accredited by the Western Association of Schools and Colleges that the chief academic officer of the educational institution has, pursuant to subparagraph (B), certified will meet the current educational requirements when considered in conjunction with the original degree.

(2) A person applying under this subdivision shall be considered a trainee, as that term is defined in Section 4980.03, once he or she is enrolled to complete the additional coursework necessary to meet the current educational requirements for licensure.

(j) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is

equivalent to a degree earned from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau of Private Postsecondary and Vocational Education. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

§4980.41. ELIGIBILITY TO SIT FOR LICENSING EXAMINATIONS; COURSEWORK OR TRAINING

All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (g) of Section 4980.40:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(3) The current legal patterns and trends in the mental health profession.

(4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(5) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(d) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(e) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required

under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(f) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(g) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(h) The requirements added by subdivisions (f) and (g) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.

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