

MEETING MINUTES

Marriage and Family Therapist Education Committee

June 15, 2007

10:00 a.m. – 3:00 p.m.

University of Phoenix

Gateway Oaks Learning Center

2860 Gateway Oaks Drive, Room 101

Sacramento, CA 95833

MEMBERS PRESENT

Dr. Ian Russ, MFT, Committee Chair, Board Chair
Gordonna DiGiorgio, Public Member
Karen Pines, Committee Volunteer

MEMBERS ABSENT

None

STAFF PRESENT

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

GUEST LIST

On File

I. Introductions

Dr. Ian Russ, Committee Chair, called the meeting to order at 10:07 a.m. Audience members and staff introduced themselves. Committee members introduced themselves in place of roll, and a quorum was established.

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

Dr. Russ postponed the approval of the March 9, 2007 meeting minutes for the next Committee meeting.

III. Discussion with Clients and Family Members Regarding Therapy Experiences

Consumers of therapy and their family members were invited to provide their input and to discuss their experiences with therapy. Their names were obtained from the California Mental Health Planning Council as part of their expert pool of consumers and family members.

One of the core values of the Mental Health Services Act (MHSA) is to “increase consumer and family member involvement in policy, program development, and employment in service delivery and behavioral health administration.” The MHSA requires that California develop an education and training plan for future and current mental health professionals that includes consumers, in order to allow the integration of the consumer perspective into education and training programs.

Dr. Russ asked the guests to discuss their experiences when encountering professionals. The questions that Dr. Russ asked were:

- Did you feel that the professionals were trained?
- Did they know the issues?
- Did they know the community?
- Were they able to be helpful? If so, how did that work? If not, what can be done better?
- What was helpful?

Marilyn Hillerman of Elk Grove shared that she has a daughter who is bipolar and a father who has schizophrenia. When she discovered that her daughter was bipolar, she immediately sought counseling for herself. Finding therapists that specialize in bipolar disorders was difficult. She did not know where to go to seek a therapist. A helpful resource was a support group, Depression Bipolar Support Alliance (DBSA). DBSA had the resources that she and her daughter needed. Ms. Hillerman stated that the Mental Health Association was another helpful resource. The therapist suggested to Ms. Hillerman to educate herself by visiting Stanford and UC Davis, and to attend lectures to get an understanding. The most important thing for Ms. Hillerman was finding the right therapist.

Dave Schroeder of North Highlands shared his experiences. He had been in and out of therapy since he was a child. He was not diagnosed until later in his adult years. In all of his therapy, no one understood his life. No one looked at him as a person in a holistic manner. No one could help him understand why he could not deal with life in the same manner that other people could, how to live with his diagnosis, and what skills he needed to live with his diagnosis. He joined a support group which was very helpful. Mr. Schroeder stated that schools do not put a face to those who are suffering. Students should meet people with mental illnesses. The reality of what people with mental illnesses experience is missing from the curriculum. Mental health illnesses are not consistent from generation to generation and from culture to culture.

Sandra Sertyn of Sacramento shared her experience as a parent whose children received mental health services. She was motivated to enroll in an MFT program at Phoenix University because of the roadblocks she experienced. Ms. Sertyn stated that curriculum does not include the knowledge of the culture of the family. She struggled to understand her adopted daughter who has fetal alcohol attachment disorder, even though she educated herself. What helped was the “wrap around philosophy” and the idea of looking at families as a unit. Role-playing in school is not helpful because it did not expose the student to the real life people with the disorders. The practicum requirement is very important because it provides for exposure to the people attached to the disorders because there is a big difference between the textbooks and the people with the disorders.

Nancy Smith of Lathrop shared her family’s experiences. She has an adult son who was in therapy since the age of 12, resided in a small rural town, and could not afford services. Catholic Social Services offered marriage and family counseling which helped

through the school years up to high school. At that point, her son began self-medicating with drugs. The family sought another therapist through Catholic Social Services. Her son had a psychotic break at the age of 19, and was sent to county mental health services and was in the mental health unit for 2 weeks. He was diagnosed with bipolar disorder. Ms. Smith joined the National Alliance on Mental Illness (NAMI). NAMI and their support group were very helpful. After the mental health unit, her son went to a halfway house, and learned how to live again. He had a counselor at that point who helped him through the system and was a friend to him. It is important to have a therapist on the team with a caseworker and doctor. Five years later while in college, he had another episode and was diagnosed with schizoaffective disorder. After he was released from the hospital, he did not have the treatment that was needed; he only had a doctor as caseworker. Ms. Smith continued with support groups; however, her son did not have a therapist during this time. Later he found a therapist who helped with his mental illness and his drug problem. Prior to that, he was sent back and forth between mental health professionals and drug rehabilitation services, and that continued for years. After his third episode, he did not get much help. The county was cutting back on services, and he was put on medication. He would get a phone call to see how he was doing, but he was not doing well nor was he taking his medication, and became resistant to help. He got in trouble with the law and was taken to the county mental health services. They would not take him and said that he needed to go to jail. He went back and forth between prison and county mental health. He went to the mental health court which referred him to Atascadero State Hospital, where he received better treatment than through the county mental health system. She sought several counselors herself to get through this. Ms. Smith explained that it is important for treatments to be affordable and to feel there is a gain from treatment. Support groups along with the combination of caseworkers, doctors, and therapists are most helpful.

Warren Treacher of Davis shared his family's experiences. Mr. Treacher has a sister who was diagnosed with bipolar disorder when she was 19 years old. The only help they could get was when she was in a crisis, through 51/50. She understood the system very well, and was considered to be a pain to the hospitals because she would file grievances. She was declared 51/50 six times in two weeks in the same county, and would be kicked out. She never received help until she would be declared 52/50, and was admitted somewhere long enough for Mr. Treacher to write letters to the director explaining her history so they would keep her hospitalized. Another problem was that because she is an adult, Mr. Treacher could not talk to therapists unless his sister gave permission, which she usually would not do. Another problem was the disconnect between the medical and mental health professionals. She was in the hospital to have a hip replacement and had a manic episode while in the hospital. Mr. Treacher urged medical professionals to get her a psychological evaluation before they released her. The medical professionals ignored Mr. Treacher and released his sister without notifying the family. Twelve hours later, she was declared 51/50. She never received the required therapy for her hip replacement. Currently, she has not had a manic episode in four years because she has been depressed for four years. So she is not on the radar and therefore, is not getting help because she is not "a big issue." She has her regular appointments to get her medications, but does not get the help she needs. One another issue, Mr. Treacher and his wife went to a therapist to address both of their depression. The therapist spent the first 45 minutes describing legalities, privacy, and other issues. After the 5th session, they became discouraged and stopped going to therapy because the therapist was not listening to them.

Ms. Pines asked if it mattered if mental health professionals were licensed or not, and if so, if it mattered if they were a LCSW, MFT, or a psychologist.

Ms. Hillerman responded that it did not matter. What mattered was if the individual related with the client and the chemistry they had with the client. What was important is that the therapist believed in her daughter's recovery, and that played a significant role in her recovery because he believed in her when she was not able to believe in herself. It is important for the therapist to treat the whole individual, not just the disorder.

Mr. Schroeder responded that most individuals do not care about titles because they're looking for a person to help them accomplish what the individual cannot do for himself or herself. The feeling and connection that the professional makes with the individual is what matters.

Mr. Treacher responded that the professionals who have the most acronyms behind their name have the least amount of time to help the clients and their families. His sister usually gets the best help when she goes to jail.

Dr. Russ asked if the professionals in the system were (1) were caring, (2) were helpful to the families, (3) had a general knowledge of the issues.

Ms. Smith responded that none of counselors told her that her son had a mental illness until he was a young adult and entered a psychiatric hospital. It is important to recognize the symptoms and give an early diagnosis.

Mr. Schroeder responded that most of the people in the public sector are caring. There is a systematic problem in that there is a lack of resources, staffing, and money. Privacy laws are a systematic problem that creates barriers for families trying to get involved in the treatment. It is also a barrier to the therapist when they are trying to get necessary information to help treat the individual.

Ms. DiGiorgio asked how they found support groups and other resources.

Ms. Hillerman responded that the therapist had access to resources and referred her to the support groups.

Ms. Smith responded that the mental health system referred them to other resources.

Mr. Schroeder responded that when he ran away from the hospital, he met a person going through the same thing. This person invited him to a support group.

Ms. Sertyn found her resources through her own research; one example was as the Internet.

Mr. Treacher received recommendations through his friends and family.

Ms. Sertyn added that it is helpful to have collaborations and community resources, which is not stressed in her schooling.

Dr. Russ assured the clients and family members who shared their experiences that their voices are heard not only by the Committee, but also by the schools and the Department of Mental Health (DMH) in attendance, to inspire and create programs and education that is going to be effective. The Committee is taking this information and will decide what is going to be mandated so that people better serve in public service and in private practice, to inspire people to serve in rural areas and in areas where clients cannot afford services.

Mr. Schroeder stated that the best teaching tool would be for the schools to invite the consumers and family members to share their experiences with the students. He suggested curriculum to involve consumers and family members discussions.

Ms. Smith added that therapists are needed in the prison system because those who are suffering with mental illnesses are locked up in jails and prisons.

IV. Discussion of Increasing the Minimum Unit Requirement for Qualifying Degrees

Dr. Russ reported that the Committee is recommending that the MFT program be increased to a 60-unit program instead of 48 units. Less than a third of the schools surveyed are already at 60 units. Twenty percent (20%) of the schools are at 48 units. The Committee is looking for equivalent training amongst master level therapists in terms of preparation for the community. The MSW program is already a 60-unit program. The only way that the MFT can be considered an equivalent license and not a second-tier license is to have a 60-unit program. This would cause some difficulties on schools in terms of increasing curriculum and tuition. We need to maintain the integrity of MFTs in the mental health community. We would be doing a disservice to the community if we did not require a 60-unit program.

Dr. Ben Caldwell, Alliant International University, discussed this with five different schools. Three positions emerged from those discussions:

1. Support, regardless of the specific changes the Board makes to the curriculum. More units mean more opportunities.
2. Support, but “going along kicking and screaming” because of increases in tuition and difficulty in finding quality teachers.
3. Opposition, 60 units is an arbitrary number that is not adequately justified by the material either in the current licensure standards, in the curriculum standards, or in the proposed curriculum standards. The number of units required should be driven by the curriculum and then determining how many units are required for certain areas.

Art Sanchez, California State University (CSU) Chico, stated that CSU Chico takes in 18 students a year, which means they have only three practicums a year with six students in the practicum and one faculty member to teach. CSU Chico also has 12 prerequisites so it is essentially a 60-unit program. CSU Chico has difficulty requesting additional faculty members because their undergraduate programs drive the resources. Mr. Sanchez expressed that the curriculum does not stop at 48 units. It should extend through the 3000 hours and should be approached as the “whole package” and not just 48 units. He invites the idea of 60 units because it puts pressure on his administration to add more faculty; however, the administration is not committed to its MFT program, unless outside resources are available. The CSU system has to deal with funding and the number of faculty.

Dr. Russ asked if the larger programs at other state universities that have 60 unit programs are able to do so because they have a larger student body.

Mr. Sanchez stated that the only way they can require more units in order to get more students is if they refer their students out to other agencies to do the practicum. If they do that, they lose much of their training quality, such as live one-to-one supervision, videotaping, and two-way mirror supervision.

Dr. Caldwell replied that CSU Sacramento is able to have a 60-unit program because they are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Dr. Duncan Wigg, Pepperdine University, stated that Pepperdine's MFT program is a 48-63 unit program. He asked if some of the important requirements that are proposed for the curriculum were better placed in the internship period, offering students the opportunity to develop specializations in specific settings. Dr. Wigg suggested some thought on considerations of the identity and definition of marriage and family therapist as set out in regulations now, particularly the emphasis on multi-culturalism and diversity. There is too much in specifics of the curriculum that is more individualistic, non-community based.

Sue Ellen Wise, JFK University School of Holistic Studies, stated that she is concerned about the mandated curriculum, but not so much about the number of units. She asked how the required curriculum will impact already imbedded specialization, and how it may dilute programs with unique specializations.

Ray Greenleaf, JFK University, stated that multi-cultural education should be imbedded in the curriculum. Some of these issues are cross-curriculum. It makes sense to include psychological testing in the diagnosis and assessment instead of a separate class.

Dr. Russ stated that we are not going to eliminate any unit requirements. The idea is to move towards competencies rather than unit requirements. If the minimum unit requirement increases, the schools can figure out how to implement it. The knowledge that the Committee is requesting cannot be done in 48 units. There is a lot needed in the internships and the practicum. Some of the competencies are practicum competencies. Social workers have 60-unit programs and 3000 post-graduate hours. Licensed Professional Counselors (LPC) by the year 2013, are going to be required 60 units and 3000 hours. Dr. Russ expressed that he does not know how this is going to become a substandard license if it remains at 48 units and the rest is made up in internship.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated it has been over 20 years since the last change in education standards for the profession. In 20 years, the profession and the settings where the profession is working has changed. Schools are going to be kicking and screaming when the number of units are increased. Given what needs to be infused in the curriculum, the only thing that can be done is increase the number of units but give the schools greater educational discretion as to how they apply those units. What is lacking: how to treat co-occurring disorders, working with severely mentally ill, how to use community resources, and how to do collaborative treatment. Students need to understand these competencies, so they can build relationships with clients.

Dr. Olivia Lowey, American Association of Marriage and Family Therapy, (AAMFT) discussed the AAMFT unit requirements. The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is 48 units and is competency-directed. COAMFTE does not have the 60-unit requirement but it does have the competencies that need to be met, and it is structured and designed to incorporate that.

Barry Lord, Southern California Seminary, stated that they are in the process of increasing the units to 60. To do this, they also require adding more faculty members.

V. Presentation on Draft Revisions to Curriculum Statutes by:

Dr. Russ introduced Warren Hayes, Chief of Department of Mental Health (DMH).

Mr. Hayes spoke on his position as Chief of Workforce, Education and Training for the public mental health system. He has been focused on getting funds towards education and training efforts. DMH is launching the Workforce, Education and Training component of the Mental Health Services Act (MHSA). The funds will be applied to stipend programs and loan repayment programs. DMH is happy to see the Board taking this direction and addressing the competencies.

Mr. Warren outlined the needs of the public mental health system:

1. The public wants to ensure that someone who is licensed have a solid theoretical background. Educators are responsible for that.
2. There needs to be more application of practicum to theory. Students need to learn the theory in the environment to find their place. The public mental health experience needs to be integrated in the academic experience.
3. The knowledge base or skill sets required to work in the public mental health system.
4. Page 2, Section 4980.37(c)(6) of concept draft for MFT curriculum – recommendation to expand “resources” and include competencies such as focus groups for those in recovery, housing, benefit plans, relationships and social environments, public mental health system and understanding what it is, and the discipline of collaborative networking.
5. Relationships between internships and practicum - Quality clinical supervision out of the educator’s control is difficult to find. There is a need to find good environments for students, and develop dialogue between the schools and the employers regarding settings in order to get quality supervision and to connect it directly to theory.

Dr. Russ stated that one criticism is the language used in referring to the “Recovery Model.” Some educational institutions are concerned that these are “passing terms” that are being tied to a language, not an idea.

Mr. Riches stated that it is the BBS responsibility to look at the profession every so many years, research what the profession is doing, and update the regulations as the profession evolves. The regulations need to evolve as the profession evolves.

Ms. Riemersma stated that she also had concerns with the term “recovery” and if it is a time-sensitive term. She suggested using a more generic term. She added in regard to the schools oversight, the intent of the law is that the schools have responsibility for the trainees’ experience. The schools must have an agreement with each of those work settings and are to provide oversight. Ms. Riemersma expressed that she is not sure if the schools are doing as much as they could in this area. For those who are post-degree, supervision requirements were increased by creating ratios to make ensure better oversight and more concentrated oversight. They are getting more supervision than they were once required to get. The downfall is that employers are not necessarily the responsible parties making sure that is happening, because employers may not be providing that supervision; the supervisees may be finding supervision on their own. These are problems that may not be solved because we don’t have control over those work settings.

Dr. Russ responded that Joan Walmsley, Board Vice Chair, is looking into those issues and is going bring forth proposals to the Board over the next one to two years.

Dr. Wigg asked if the Board has an operational definition of the recovery model concept. If so, he suggested that the proposed language should include that definition.

Mr. Hayes stated that the Substance Abuse Mental Health Services Administration (SAMHSA) has a definition for recovery. The definition is operational-based and speaks to choice, caring, and other concepts. DMH is hesitant in defining the concept in regulations because it is new in the mental health arena.

Mr. Riches stated that it's a balance between capturing a definition for the concept and allowing the profession to evolve under that concept. The question is how much do we want to embody the current understanding versus outlining the core concepts. There is a need for guidance and discussion that does not have to be statutory or regulatory. A forum can be created with the Board, educators, consumers and family members to open a discussion and determine, for our purposes, guidance on what this means.

Dr. Russ invited anyone who has an idea that should be reflected in the language or has language to offer, to share it with the Committee either at a meeting, through email, or through a phone call.

Dr. Caldwell will discuss this with his group and bring forth language suggestions.

VI. Discussion of Draft Revisions to Curriculum Statutes

Dr. Russ asked the audience to review the concept draft for MFT curriculum and provide feedback.

Ms. Riemersma requested that an effective date be considered for this document.

Dr. Russ stated that he would like to see implementing this in the year 2013 since that would be the year when the LPCs 60-unit curriculum will go into effect, if it passes, and it gives time for the schools to prepare.

Mr. Sanchez commented on Section 4980.37(c)(5) of the concept draft regarding cultural competency. He recommended substituting "cultural competency and sensibility" for "cultural competency sensitivity." He explained that "sensitivity" tends to objectify another. "Sensibility" is a marriage of sensitivity and the ability to act on knowledge.

Mr. Riches stated that the language and subject matter relating to substance abuse and addiction on Section 4980.37(c)(8) of the concept draft needs to be addressed. The science of substance treatment and addiction treatment has progressed in recent years. It would be helpful if anyone who has expertise in this area, could review this and make suggestions in this area.

Ms. Riemersma added that the area of co-occurring disorders also needs to be addressed.

Ms. Riemersma referred to 4980.37(c)(6) stating that the understanding of the effects of socio-economic status on behavior and treatment, and available resources are two separate ideas. She suggested that available resources should be a separate concept in the language.

Mr. Riches responded that resources are addressed in 4980.37(e).

Mr. Hayes agreed with Ms. Riemersma, recommending giving it a separate number under 4980.37(c). He also recommended that resources be included in practicum under 4980.37(c)(11).

Dr. Caldwell appreciates the flexibility given to the educators. He asked if this new curriculum is implemented, how it can be operationalized in terms of establishing to the Board that the schools have taught these skills.

Mr. Riches responded that the Board may need to revisit the program certification process. If the requirements are increased, this will put more responsibility on both the Board and the schools. It will be left to the schools to decide how to cover the material. The Board and schools will have work together so that the transcripts and the Board's requirements reconcile.

Dr. Caldwell stated that the schools struggle with the accrediting bodies as they move toward more an outcome-oriented and competency-based approach.

Mr. Riches stated that he spoke to the accrediting bodies and realizes that they are changing their approach. The Board has no interest in getting into the accreditation business, which is why the Board is outlining what the schools are accountable for and providing that flexibility.

VII. Future Meeting Dates

Mr. Riches reported that the next Committee meeting was scheduled on Friday, September 28th at CSU San Diego.

VIII. Suggestions for Future Agenda Items

Mr. Wong requested the discussion regarding the definition of recovery on the agenda.

Ms. Hillerman offered a definition for recovery: to promote concepts key to the recovery for individuals who have mental illness. Hope, personal empowerment, respect, social connections, self-responsibility, and self-determination: A plan for each consumer's individual needs.

The meeting adjourned at 3:00 p.m.