

## MEETING MINUTES

### Marriage and Family Therapist Education Committee December 7, 2007

Pepperdine University, Irvine Graduate Campus  
Lakeshore Towers III  
18111 Von Karman Avenue  
Irvine, CA 92612

**Committee Members Present:**

Ian Russ, Ph.D., 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**

Ian Russ called the meeting to order at approximately 10:06 a.m. Audience members, staff, and committee members introduced themselves.

Mr. Russ explained that this is going to be the last meeting of the committee before the proposal goes to the board. In the course of the legislation might want to meet again as a committee to discuss issues. Mr. Russ stated that this has been an exciting year for the marriage and family therapy profession and a lot of issues have been discussed. All of the feedback has been taken seriously. He asked the audience to introduce themselves.

#### II. **Review and Approval of September 28, 2007 Committee Meeting Minutes**

The minutes from the September 28, 2007 meeting of the MFT Education Committee were approved with no changes.

### **III. Discussion of Potential Impacts of Proposed Curriculum Changes to Schools with MFT Programs**

Mr. Russ discussed the feedback that the board has received relating to the proposed increase in practicum. He stated that there were comments regarding the proposed increase in overall units, the language pertinent to multicultural issues, suggestions to mandate therapy for people who want to become an MFT, and comments regarding the revised substance abuse training and addition of recovery oriented care.

Michael Lewin from California State University (CSU) San Bernardino requested that the committee discuss the courses that used to be required pre-licensure. Mr. Riches stated that there have been comments about whether programs could accept undergraduate training to meet some of those requirements. Kathy Wexler from Phillips Graduate Institute asked for a discussion regarding requiring content in recovery oriented care.

Mr. Russ asked that people state realistically what the impact would be on schools and on the MFT and mental health fields to help weigh those issues. He stated that he understands a lot of schools would be required to make very big changes if this passes, but the world is changing, mostly because of the Mental Health Services Act (MHSA) and the rethinking of mental health treatment.

Mr. Russ asked if there was more discussion regarding increasing the overall number of units. Mary Read from CSU Fullerton stated that it is important to make the increase because Licensed Clinical Social Workers (LCSW) are at 60 units and if Licensed Professional Counselor (LPC) bill passes they will also be at 60 units. The proposal also is helpful because it prevents the board from micromanaging a program because of the flexibility that is built in.

Dino Koutsolioutsos from Pacific Oaks College stated his support for the increase in overall units. He explained that California has typically entrusted MFTs with the majority of mental health services and we need to honor that trust.

Ms. Wexler stated that she is somewhat reluctantly in favor of the increase. She still has concerns about the cost impact on students, but what balances that is the amount of room for people to develop specializations within those units. She likes that the content requirements are flexible.

Lesley Zwillinger from San Francisco State University stated that the statistics in the attachments don't include her department, so she will update staff on that. She asked which courses still had specific unit or hour requirements. Mr. Riches responded that only practicum and MFT-specific content had such requirements. Mr. Russ stated that staff has some concern regarding the fact that some coursework, such as child abuse assessment and reporting would no longer have a specific hour or unit requirement, and that the stakeholders who worked to make those courses a requirement may have strong concerns about that.

Ms. Zwillinger asked why the practicum units are proposed to be increased. Mr. Riches responded that this is because direct client contact hours are being increased by 50%, so the same increase is proposed for the practicum units. However, there is nothing sacred about that number.

Mary Riemersma from the California Association of Marriage and Family Therapists (CAMFT) stated that they are happy with the direction of this whole process. In order to

get all of the coursework in and cover it adequately, it needs to be 60 units so she is supportive.

Kenichi Yoshida from Fuller Theological Seminary asked for clarification of whether the degree itself, no matter how they structure it, must be 60 units and as long as it contains the content specified it will meet the requirements. Fuller is currently at 71 semester units. Mr. Riches responded that staff uses a form that requires a program to certify that they are providing specific content and how, and this would still be done the same way.

Ms. Read stated that there is some anecdotal evidence about the potential cost impact on students in raising the number of units. CSU Fullerton went from 48 to 60 semester units and has not seen any decrease in students and has a very large Hispanic student population as well as many students who are the first in their family to go to college. Bitu Ghafoori from CSU Long Beach confirmed the same experience.

Claudia Shields from Antioch University stated her support for the proposed change to 60 semester units. She also expressed concern about equity for the costs that would increase, but feels that those costs are outweighed by the benefit of having better-trained practitioners, especially for those clients being served by the MHSA.

Mr. Russ stated that the board is dedicated to increasing the number of diverse licensees. He stated that the loan reimbursement program administered by the Health Professions Education Foundation will be making its first disbursement totaling \$150,000 to practitioners who are serving their own culture and working in underserved communities. The board is also working to increase that pot of money without increasing fees, and is also working on ways to help agencies that don't have access to supervisors by allowing supervision via videoconferencing. The board wants to help increase the services available in California. He stated that it is important to make sure that people from all cultures are brought into the field.

Carmen Knudson-Martin from Loma Linda University stated that her department head is very concerned about the cost of private institution tuition and has been looking for ways to increase units without increasing the cost, such as block units. The economic issues for those attending private schools are substantial, and they are working on creative ways to be helpful with that.

Mr. Russ reviewed some of the written comments he had received regarding the increase to 60 units. He asked for responses to those comments. Barry Lord from Southern California Seminary responded that the increase is important for the profession. Michele Linden from CSU Dominguez Hills explained that when their program increased from 54 units to 60 the students were actually pleased because they embedded everything, including the courses that could be taken postdegree within the program. Ms. Linden also stated that the data regarding her school was incorrect. Mr. Riches asked all of the educators to review the data for their schools and let Ms. Berger know if anything was incorrect or missing.

Mr. Riches stated that it is an advantage for students to know that when they are done with their degree, they don't have to keep taking classes prior to licensure. Currently, some courses have to be taken before internship, and some before licensure, so it is not consistent. Mr. Russ stated that it is important to have all of the education completed before doing the internship. The psychopharmacology course is an example of that.

Duncan Wigg from Pepperdine University stated one concern he has about adding units is the issue of supervision. He is concerned about overly burdening students as well. He is concerned that the profession is losing its identity primarily due to the absence of supervision by MFTs. He asked where the supervision is going to come from for the recovery model. Mr. Russ stated he would make that a topic for discussion at the end of the day.

Ms. Wexler stated her strong support for putting all coursework within the degree program. She asked about the ability to provide more instruction and units without charging more tuition, and whether there is an allowance for extension courses rather than regular courses. Mr. Russ referred the audience to page four of the proposal, subdivision (e), indicating that certain courses would be permitted to be taken through extension programs. Ms. Wexler asked whether these courses have to be separate or if they can be integrated into the program. Mr. Riches stated that the idea is for this content to be integrated, but you will have to tell us which courses they are integrated into. He clarified that schools should not be creating a curriculum based on how the statutes are organized. Ms. Wexler mentioned that psychopharmacology could be integrated into diagnosis and treatment, and she had suggested that in a letter.

Gary Zager from Casa Youth Shelter and Counseling Agency stated that many students are already doing the hours proposed, typically 20 hours per week. He doesn't feel the board will get as much opposition to that as they would for raising the practicum units. Mr. Yoshida asked whether the extension courses have to be completed before the student graduates, and Mr. Riches confirmed that they would, and this would have to be indicated on the program certification form. All of the courses should be taken at one school, so they should not be taking the extension courses at another school that may be training from another perspective.

Trina O'Quinn from CSU Dominguez Hills explained that when the board increased the requirement from 36 to 48 semester units in the 1980s she was a student at that time and the increase was very difficult for her. It needs to be made very clear when the requirements are going to change and who it impacts. Mr. Riches responded that this proposal requires institutions to make broad scale changes, and how this affects students who are already in a program when the new requirements go into place needs to be considered. This proposal is not intended to make changes on people mid-stream.

Ms. Read stated that MFTs have to adapt to the marketplace, and it cannot be done with the training we used to have. This is not just about MFTs, it is the entire mental health profession. It is important to prepare them for the jobs that are available, and many of the jobs are in community mental health. It is important to have consumers come in early in the process and help to train them. 48 units is not enough any more. Patricia Lopez White from LA County Department of Mental Health stated that she is one of the few MFTs working for the county. She believes the proposal does reflect what is needed in mental health, and it seems to be in line with much of the training that they provide. They are very much in favor of the changes because people will be better suited to work in public mental health.

Mr. Russ asked if there were any additional comments against the increase in client contact hours. There was no response from the audience.

Mr. Russ opened the discussion regarding the increase in practicum units. Mr. Koutsolioutsos stated his support, but has another idea. What actually happens is that trainees are used as inexpensive clinical labor because our society has not been willing

to give lots of money to mental health services, except for the MHSA, so somebody has to do it cheaply and by and large the graduate students are doing a good job. Many of his students do get paid. He suggested why not legitimize this work and do it more effectively by revising the practicum along the medical model and have all the coursework done in the first year or two and then have a paid traineeship where the agencies and students will be encouraged, monitored by the schools. Students can work for 40 hours full time for a whole year and gain their predegree hours this way.

Mr. Lewin stated that some of his students do hours in their first year but cannot count those hours because they have not completed enough units. He asked if there was any flexibility in that. Ms. Riemersma stated that the history behind that requirement is because a person just starting out is so inexperienced that they could be a danger to the public. The supervision ratios help a little bit, but they have to start with some grounding. Some people are capable of doing it but the typical trainee is not equipped from day one to see clients.

Mr. Lewin stated that CSU San Bernardino does just that by screening clients and heavily monitoring the trainees. They find it better prepares them for their practicum. Marty Glen from Santa Barbara Graduate Institute stated her favor for more practicum units and also for personal therapy. Her students are typically older, single parents that are underserved. Two years for them is a lot and their students don't start the practicum until the second year so the increase to 225 hours places an undue burden because they can't get their degree until those hours are completed. It works out to more like 300 hours because there is other work that goes along with seeing the clients. She asked if the requirement for the number of units needed prior to seeing clients could be decreased because it would help them finish their program earlier.

Mr. Zager stated that he prefers that his students have had some coursework prior to starting the practicum, especially law and ethics. Ms. Knutson-Martin stated that the courses are very enriched if the students start seeing clients right away, but other campuses have the philosophy that students have to wait. Ms. Wexler stated that students vary in their readiness to see clients. It has to be the school's responsibility to know when a student is ready. Some students might be ready after 12 units but some are not ready after 24 units. She suggested that the contract between the school and training site should make the school responsible.

Susan Read-Weil from the Orange County Consortium stated her support for moving the practicum back but those students who receive financial aid might have to begin repaying their student loans prior to graduation. Mr. Koutsolioutsos stated that the school says whether a student is full time or part time attendance, so the student can get full financial aid even if they are enrolled in one unit. Deborah Buttitta from Phillips Graduate Institute stated that she is in favor of waiting until students have completed 12 units. The other issue is that many agencies only recruit one time a year for students to work there.

Kathleen Wenger from Pepperdine University stated that she is in favor of keeping the 12 units as a requirement, and some of their students can't see clients until they have done 30 units. By increasing practicum units students would be better prepared to go into these agencies that often wish the students had better training. She suggested including pre-practicum training, and there are different ways to go about accomplishing that. Mr. Lord said Southern California Seminary has a programs that last two years and eight months, and students don't start practicum until they complete one year and have done 20 sessions of group and 20 sessions of individual therapy.

Ms. Read stated that she strongly values the flexibility in the proposal because she values the differences between schools and wouldn't want to legislate how students can do practicum. This recognizes the complexity of the field. She believes it is both the university's job and the agency's job to make sure the student ready to be an intern.

Mr. Riches stated that he has received a lot of feedback that much learning goes on in the room with the client; this is a consistent theme. If we are asking them to learn more, they are going to have to practice their skills more. He urged people to go back and look at whether content should be learned in the degree program or as part of the internship. He mentioned that Ms. Loewy worked with the Council of Community Mental Health Agencies (CCMHA) to do a survey of agencies to see where they thought these skills should be learned. The materials from the CCMHA are on the website from a prior meeting. This may be of help to educators.

Mr. Russ asked for clarification about the requirement for 12 units to be completed before counting any hours as a trainee. He asked for discussion of whether that requirement should be done away with altogether or whether it is a good safety net.

Ms. Shields stated that she has three suggestions. She proposed requiring a general readiness process that schools define to assess whether students are actually ready; currently once they meet the minimum requirement they are permitted to start seeing clients. This would leave some room for trust but also a safety net. Secondly, what holds students back in practicum more than anything else is their own personal issues, such as the ability to receive supervision and their own psychopathology. She would really like to see the board require some hours of personal psychotherapy before a student can provide psychotherapy. Third, there is no requirement that a practicum course be offered alongside the client contact hours. Ms. Shields asked whether practicum had to be its own course, not combined with any other and whether that was changing. Mr. Riches stated that it did not and that there is currently no such change proposed.

Ms. Riemersma stated that she is hearing some people say the board should remove the requirement for gaining 12 units before a student can count trainee hours toward licensure, and instead require that psychotherapy be mandatory. It is good for schools to have that requirement but it is not good for the state to require it because some people don't need therapy. It can be expensive, schools can require it as they see fit, and it is true that some people really need it if they are going to be effective in performing psychotherapy. The current requirement makes it an incentive it rather than a mandate.

Mr. Russ stated his thinking is that a person absolutely should have therapy if they are going to be providing it, but to have the government mandate it is frightening. Mr. Riches stated from a layperson's perspective it is hard to understand how someone can do therapy without having been in therapy. It is probably a good thing, but it should not be mandated. Ms. Shields stated that she understands but suggested that a mandate for an assessment would be good. Some people have to have a physical before they can be hired to do a job. We could be turning people loose that are not psychologically ready. Mr. Russ and Ms. DiGiorgio agreed that schools and agencies should do this but government should not be involved.

Mr. Wigg stated they have a very large student population and encounter many problems statistically. For some students with severe problems, psychotherapy is not going to be viable and other kinds of interventions are necessary. Mr. Levin stated this

is why it is so important to interview students, and it is easy for him to do this because they have a small program. Mr. Lord stated that it is important to address when a student's countertransference is getting in the way of the therapy. The psychotherapy gives them a chance to work on that, so it does have value. His school does an MMPI, interviews and requires 60 hours of psychotherapy. They do weed out some students but there are still always some that have difficulties.

Ms. Wenger explained that Pepperdine strongly encourages therapy for its students. Many have had therapy and that's how they decided to become a therapist. Ms. Buttitta stated that Phillips does require psychotherapy and prefers it not be required by state. Their alumni provide low-cost therapy for their students. They will hold students back from working with clients if they don't meet certain marks, and put students in a remediation plan which may include therapy, supervision or mentoring. This has been effective. An educator stated that her school requires psychotherapy and this is part of their student agreement; they will also hold students back if necessary. Mr. Koutsolioutsos stated that he believes strongly that a person should get therapy if they are going to provide therapy. Pacific Oaks requires 36 hours. It helps put them on more equal footing with the client.

Ms. Knudson-Martin stated that it would be good for people to have family therapy, but she is not suggesting the board require it. If we are requiring people to work with families, this is more important than individual therapy. Mr. Yoshida stated that Fuller strongly encourages therapy but doesn't require it because it would place a financial burden on students. When students go through coursework and it triggers an issue they willingly go to therapy. He believes each school should have their own screening process. Ms. Read stated that the board could require a practicum agreement with the agencies, generally an approval process, and could do the same with students to see if they are ready to become trainees. Ms. Zwillinger stated that SFSU already has an agreement with agencies for approval and monitoring, so there is a constant monitoring of the student. They deal with the problem then and there with other professionals, and this is very powerful. She would not like to see the board mandate anything other than that. Ms. DiGiorgio agreed the Board should not mandate personal psychotherapy.

Mr. Russ asked for feedback regarding the proposed increase in practicum units and client contact hours. Mr. Lewin stated that it seems most don't have a problem with the increase in hours but some have concerns about the increase in units. If units are increased, content has to be taken away from somewhere else. Mr. Russ asked if anyone thought the increase in hours was a problem. Susan Hastings from Hope International University stated that the increase may impact practicum sites if every school has an increase at the same time. Ms. Wexler asked whether there are really enough client hours out there. With the process of matching trainees with clients, the agencies may not be prepared to meet the need.

Mr. Russ stated that a number of schools wrote to the board expressing that they are against the increase in direct client contact hours. Ms. Wexler stated that the board hasn't heard from the training sites and whether they can accommodate such an increase. Ms. Knudson-Martin stated that Loma Linda requires 500 hours and has no trouble with that amount. Ms. Read stated that CSU Fullerton had increased their client contact hours from 210 to 280. They asked their sites if this would be a difficulty, and so far it has not been a problem. CSU Fullerton works with about 60 community agencies.

Mr. Russ asked about whether schools having their own clinics would help with this concern. Mr. Zager stated that a lot of agencies ask for a one-year commitment and 20

hours per week and that is the norm for many agencies. Mr. Lord stated that 225 hours works out to 6.5 - 8 hours per week of client contact and his school is going to increase their hours beginning next year. Ms. Hastings stated that 3500 students are now doing 150 hours, so those numbers have to be taken into account. Mr. Riches stated that most people come in with at least 200 hours of direct client contact even from schools that have a 150 hour minimum. Ms. Zwillinger stated that her school's program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) which requires 280 hours, and it can sometimes be difficult and students have to add another semester. She explained that she doesn't think this is a bad thing but it is the reality.

Mr. Wigg stated that many field placement sites offer direct client contact and supervision. He asked if the agencies that can't provide much direct client could supplement those hours with onsite training, especially for those just starting out at a site. It would help them prepare to see clients, and could be a substitute for client contact.

Mr. Riches asked how many schools have their own clinic. Mr. Wigg said they are very expensive with high overhead and have a hard time breaking even. Ms. O'Quinn stated that their students already work full time so it is hard for them to find the time to fit in these other hours so they talked about getting a clinic on campus. However, her school's budget was cut so she is not sure how they would find the money for this. Mr. Lewin stated that his school is able to do it because they are a small program. He believes it is worth the money spent, but not a viable option for all programs to do.

Ms. Wexler stated that Phillips has a clinic and it can accommodate only 30% of their students. It is competitive, and not feasible to provide for all of their students. Supervision is possible, they see 300 clients a week but don't have enough to give all their students hours. Ms. Ghafoori stated that CSU Long Beach has a clinic but they also have to supplement with other sites. Mr. Koutsolioutsos said some smaller agencies are not good at planning how many trainees they can take in. Sometimes they don't have enough clients for all of their trainees, even though the clients are out there and often on a waiting list.

Mr. Russ asked for people to raise their hands to show how many are supportive of raising the client contact hours to 225. The vast majority were supportive. An educator from HIS University stated that this would be difficult for their school which is a bilingual program that serves the Korean community. In the Korean culture people do not frequently come to therapy. Ms. Glen says she is for increasing the hours but it would be good to have some flexibility in the requirement that they are all face to face. Mr. Russ asked if the audience would support the direct client contact requirement staying at 150 and allowing the other 75 to be gained doing other types of work that support recovery oriented healthcare. The audience was very supportive of this concept. Bobbi Thomas from Azusa Pacific University said this is great because it puts value on those type of hours.

Mr. Riches explained that the ability to count client centered advocacy hours toward licensure is a legislative proposal for 2008. Ms. Knudson-Martin said it would make it more likely that students would pick up the phone to call a child's teacher, for example. Ms. Read says this would help put a value on those types of hours if you can count them toward licensure. It would also help the agencies and the consumers.

Mr. Wigg asked if agency-provided training in recovery oriented care could also be counted. Currently trainees can count up to 250 hours of professional enrichment activities. Mr. Riches stated that training could count as curricula if the school decided to do that. Ms. Buttitta asked if that would apply to all placements or just recovery oriented placements. Mr. Russ and Mr. Riches responded that it would apply to all.

Mr. Koutsolioutsos said he is in favor of expanding the types of hours students can count but it needs to be a careful consideration. Most of their students go to agencies supported by the Department of Mental Health and spend a lot of time on case management and documentation. Students spend hundreds of hours on these activities and get no credit for them. If we are going to require this type of hours then it should go back to 1500 hours allowed to be gained pre-degree. Ms. Knudson-Martin added that accreditation standards for the Council on Accreditation for Marriage and Family Therapy Education (COAMFTE) in the past permitted other types of hours to take into account new models of treatment, so there is some precedent for this.

Mr. Russ asked for a show of hands to see how many are supportive of the increase in practicum units. About half of the room raised their hands, but only a few raised their hands against the increase. A number of people expressed feeling ambivalent about this change. Ms. Zwillinger stated they are already at 60 units so there would be nowhere to fit in the additional units. Mr. Lewin stated that the proposed increase in direct client contact hours meets the goal to increase those skills. He explained that practicum is not a full class, so an increase would handicap programs. Ms. Wexler feels there is a disconnect for offering academic credit for something that is not happening at school and collecting more tuition for not providing much more instruction. She would have trouble justifying an increase in practicum units.

Mr. Riches asked why practicum classes are important, what purpose do they serve. Mr. Wigg explained there is an increased liability for the school, and it serves an important oversight component to ensure students are not being exploited and to make sure that the experience is consistent with the curriculum. Students do case presentations and it would be good for them to be able to conceptualize cases, especially when they are practicing with the recovery model. Ms. Thomas stated that they do a lot of teaching in the practicum because it is often the first time they will be seeing clients. We teach them documentation, treatment planning, crisis management and finding community resources.

Ms. Knudson-Martin stated that Loma Linda already meets this number of practicum units but she doesn't see that it is necessary to mandate. Ms. Wexler stated that Phillips already has nine units as well. She agreed that hours don't necessarily have to have units attached. Mr. Yoshida stated that it would be difficult for Fuller to add any such specific units.

The meeting adjourned at approximately 12:35 for lunch.

The meeting reconvened at approximately 1:15 p.m.

Mr. Russ asked for any additional comments regarding the proposed increase in hours. Ms. Knudson-Martin stated that she and others have concerns that people can get a MFT license but are not required to ever see families as part of their experience, and not just group therapy. When people are more severely distressed they really need their family members involved. There is a demand for such services, and students are scared or don't know how to work with families. If it is not done in practicum it will be harder to

do it any other time. It may be as simple as asking the client who else is involved and would they be willing to come in for the first session.

Mr. Russ asked why this is not happening if the schools and agencies are working together. Ms. Wexler stated that some interpretations of the recovery model do not support working with families. Also, agencies are paid by the session so they prefer to see people individually. Ms. Riemersma stated that this issue has been discussed over many years and urges the board to not micromanage this as it could become very difficult for applicants to get experience working with couples and families. When you are treating a child you are often treating the whole family, regardless of who is in the therapy room. Her understanding of the MHSA and the intention of the recovery model is a family oriented approach when the opportunity is there to do that. The problem should take care of itself over time, and there should be more opportunities to get that experience.

Ms. Read stated that at the last Orange County consortium meeting, they had a large discussion on this. COAMFTE schools already have this requirement and they polled the agencies on this issue. Many agencies said they have a couple of students from COAMFTE schools and they give all their families to them. Other students won't be able to meet the needs of those agencies if this is a requirement. Ms. Shields asked if we could make this an incentive, such as counting one hour as one and a half hours. Ms. Wexler stated she is in total agreement that seeing more than one client at the same time is a critical skill, but she is not sure if or how that should be mandated. One possible fix would be to change the experience requirements so that it is no longer possible for all hours to be met by providing individual therapy.

Mr. Russ asked the agencies and schools that have clinics how it would impact them if some hours were required to be done with families or couples. Mr. Wigg feels it would be a disaster because there are so few supervisors prepared from a systems perspective. It could inadvertently create a situation where neither the trainee nor the supervisor knows what they are doing. He supports that MFTs be prepared from a variety of perspectives and the supervisors need to be prepared to do family systems supervision.

Mr. Zager stated that a lot of agencies will do whatever it takes to keep the trainees coming in because they are free labor. If the board says we have to provide a certain model for trainees to work in, we will work to meet those standards to keep the trainees. His agency runs from a family systems model so they would be able to meet that need. Burt Winer from the Institute of Advanced Studies and HIS University feels it is important to get families involved and encourages students to work with them, so he likes the idea of using systems but dislikes the idea of government mandating a certain percentage. It should be implemented through supervision and training.

Ms. O'Quinn has some students doing their practicum hours in recovery homes and while they can do it from a systems point of view some of the clients have not been in touch with their families for many years. Mr. Shields says Antioch has a counseling center that provides services to the community and feels there could be a way to get enough families in but getting the right supervisors would be a challenge. If we were going to mandate this we should also adjust the requirements to become a supervisor. Ms. Wenger stated that she is opposed to requiring this in practicum but if it was required for some of the total 3000 hours she would be supportive. Mr. Russ said this is outside of the committee's scope but will keep it in mind for the future. Ms. Read stated

that if this becomes a part of the licensing requirements it acts as an incentive for the practicum piece.

Olivia Loewy from the American Association for Marital and Family Therapy, stated that the concern is that somebody can become licensed without ever having worked with more than one person, touching on the very issue of what distinguishes MFTs as a profession. If we do send people out there needing that experience it may change the way agencies do business. The MHSA's prevention and early intervention piece is now being rolled out and there may be more programs that require this type of experience. Mr. Russ stated this discussion should happen between the board, agencies, DMH, etc. Mr. Koutsolioutsos stated that as a discipline MFTs have spent generations convincing the American family that psychopathology is created out of family dysfunction and we wonder why families are reluctant to come in. He is against requiring hours with families or couples.

Ms. Riemersma stated that it is interesting to hear the perspective of the schools, and believes we would get a different response from the agencies. We know that it is difficult for applicants to meet that requirement yet all of the other disciplines can do family therapy and what kind of training and experience have they been required to have? It would make it more difficult for the MFT profession than for the others that can already do it, so it would be unfair. She expressed her preference for an incentive for this type of experience.

#### **IV. Review and Discussion of Draft Revisions to MFT Portability Statutes (BPC Sections 4980.80 and 4980.90)**

Mr. Riches explained that the proposed curriculum is likely very different than the education most people would get in another state, and portability is already tough. One of the big challenges with this large of a change is how to handle portability of education from 49 other states. It is not a simple question. The baseline is that people who practice here should have a substantially equivalent background. We realize other states are going to address different subjects and call them different things. Some of the most significant changes we are proposing is the content that has to be integrated into the curriculum, so this makes the portability challenge even more difficult.

Staff spent a lot of time on this proposal, and came to the point of recommending that a degree from another state would, at minimum, have to look a lot like what we require now and after that point we look at how do we have them add on the material that is missing. We aren't envisioning this as a simple add-on. The proposal says you have to have a basic qualifying degree, but how do you reach these larger issues. We came to the idea that they would need a supplement. We are looking to the schools to offer a wraparound product that would provide coursework in multiple contexts for people coming from another state, including things that are supposed to be infused throughout the curriculum. We wanted to ask schools if our thinking is correct, could a person with education outside of California go to one of the schools and take a remediation program.

Mr. Wigg asked how many people come in from outside of California every year. Mr. Riches responded that it is several hundred per year, but less than 500. Benjamin Caldwell from Alliant International University believes that Alliant may be interested in offering such a product. Ms. Read appreciates the discussion because there have been students who have been missing one class and have had to get a completely new master's. It is important to get education in California because the climate is different here. It would make the profession comparable with other disciplines.

Mr. Riches stated that there is a lot of variability in programs as to whether they will let someone enroll to take just one or two courses. Ms. Ghafoori stated that CSU Long Beach is not set up to let people enroll in one course. If we could structure a law that allows that to happen and then the marketplace will let that happen, it would be helpful. Mr. Koutsolioutsos confirmed his support for this proposal because people cannot currently transition easily into the mental health system here. Ms. Knudson-Martin stated that offering a certificate would not be difficult for Loma Linda to offer. She discussed the difficulties she and others from outside of California have had in getting licensed here. There should be some mechanism for giving people credit for experience.

Ms. Riemersma stated that she likes what staff has put together and has no major concerns with the proposal. It would still require a person to have a degree with the core of MFT coursework. Mr. Yoshida asked if this proposal addresses a person licensed outside of California who has had years of experience as well as persons who have just gotten their education. Mr. Riches stated they would be treated the same in terms of meeting the educational qualifications.

Mr. Russ asked if there should be some mechanism to credit a person who has been licensed for many years outside of California with that experience. Ms. Riemersma asked how that would be determined. She stated that people have gotten licensed when the standards were very different than what they are today.

Ms. Knudson-Martin asked how many people in this room has a degree that would meet the current requirements. Also, people in other states have to get continuing education. Are people from outside of California somehow so different that they should have to go back to school? Mr. Riches stated that this is an extremely difficult question. To put it into context, at every national regulators meeting he goes to there are long, painful discussions about assessing continuing competency of licensees. Standards and training evolve and regulators often see the worst of the profession. This is a big question and would be great to talk about but too big for today.

An educator stated that for her school to be able to offer a remediation program there would have to be enough demand for the program and it would have to be cost effective. She asked if it would have to be done in class or could it be done online? Mr. Riches responded that it could be done either way.

Ms. DiGiorgio stated that California is very different, the cultural competency and laws have to be addressed and she doesn't these issues being the same in all states. Different education is required to be able to serve the people of California.

Ms. Shields asked for clarification of whether they would need to offer a collection of individual classes that already exist, or would it instead need to be a package that is newly developed. Mr. Riches responded that as a whole it would have to meet the thematic needs, and it would be great these programs could be offered around the state. There is a population of applicants for whom the hurdles are too high. Ms. Shields responded that Antioch might be willing to discuss offering such a program. Mr. Wigg asked if the board would evaluate a person's education and tells them where they are deficient. Mr. Riches responded yes, they currently do that and would continue to do that. The degree would need to be substantially equivalent. Our current process just tells people which classes are needed but that won't work completely for this new proposal, which requires more content to be integrated throughout the program. It can

be both a unit and content issue. Mr. Koutsolioutsos asked if the board would be open to degrees from outside of the country. Mr. Riches responded that the board does accept such degrees. They have to first be translated and analyzed by a service to allow us to evaluate their education. Mr. Koutsolioutsos asked if a person who is undocumented could qualify. Mr. Riches responded that we do require a social security number as a condition of licensure, though we do not inquire as to a person's status otherwise.

Mr. Yoshida asked whether a person would be told they need specific courses or whether they are lacking in specific content. Mr. Riches responded that it would probably be a little bit of both. We can work with you on what the common deficiencies are to help schools put a package together with the thematic integrity as well as specific content and courses.

Mr. Russ stated that he is hearing a number of schools who sound like they would be willing to do this and asked if people would be okay with the board providing a list of schools to applicants. Mr. Riches asked schools to send him an email to let him know if they accept such students.

Mr. Riches asked whether a person should have to make up their any educational deficiencies prior to registration as an intern, prior to taking the exams, or prior to licensure. Ms. Riemersma suggested requiring the law and ethics course prior to registration, and everything else prior to licensure. Mr. Caldwell and Ms. Read agreed.

Mr. Caldwell asked if someone came here and fell short and they got a feedback letter in terms of courses and content areas, is there a mechanism for them to show that they have had that content that maybe doesn't show up on a transcript. Mr. Riches stated that this process already exists, we review course descriptions, etc. This process is fairly interactive.

## **V. Discussion of Draft Revisions to MFT Curriculum Statutes**

Mr. Lewin asked for more information about operationalizing the recovery orientation because we are asking for it to be infused throughout the curriculum. He also had a question about evidence-based practice, whose evidence is a big question or are we going to leave that rather general. Mr. Riches stated that it is up to the programs; they need to decide from your program's perspective what approach to take. Ultimately it will be driven at some level by the marketplace and what shows up in exams but the board is not going to direct programs so specifically. The MHSA requires the use of evidence-based practice, which is an important component for graduates to understand. The Board is not going to tell programs specifically how to do that, we do not judge which evidence based practices that have to be taught.

Mr. Russ asked what topics need to be covered before the meeting is over. Ms. Zwillinger is concerned about the mandate for schools to provide exposure to consumers. An educator asked about the timeline. Mr. Riches responded that it applies to students who begin their program after August 1, 2012.

Mr. Russ stated that a conclusion was not reached about the increase of practicum units. Ms. Read said there is a difference between public and private schools. Public schools don't get paid to teach it if the law doesn't say the students have to have it. Mr. Riches posed keeping the practicum at 6 units and increasing the direct client contact

hours required to 225, but allowing 75 to be client centered advocacy. Mr. Russ asked if a trainee is practicing do they also have to be in practicum? Ms. Wexler said it is a liability issue and very important, even if it is just a one unit class. Ms. Shields said her concern about raising hours but not units in her school, which is private; it would increase the program by at least one or two additional terms. If the units increased they could charge more and be better able to offset those costs and to absorb the corresponding increase in work. Mr. Riches responded that schools can increase units without it being mandated. An educator mentioned that some schools require students to be in a one-unit practicum while seeing clients. Mr. Russ agreed with Mr. Riches suggestion for changes, but added that we should also require a student who is practicing to be in a practicum course. The majority of the audience agreed.

An educator asked if there would be legislation to address regional accreditation this year. Mr. Riches responded that it has not yet been introduced but it is a proposal the board is pursuing. Ms. Riemersma said she doesn't want to jeopardize this legislation but wonders if this would be a good place to recognize regional accreditation. Also Section 4980.02, the scope of practice, should be revised to reflect the changes to the educational statutes.

Mr. Russ asked for thoughts about incorporating consumers into the process. Mr. Riches explained that the board will be supportive to schools in handling the recovery model, consumers, etc. He stated that the board is expecting to obtain some additional financial resources and he plans to allocate a significant amount toward the schools and community to bring together resources in a couple of large scale gatherings. This will help all 80 programs to not feel like they have to do this from scratch. Not that you all have to do this the same way, but this will give you resources to do that and help the process along.

Ms. Riemersma stated that anything to do with the MHSA consistently refers to the recovery model and evidence based practice. She believes it is incumbent for everyone that is teaching to get familiar with the terminology because it is very commonplace. Mr. Russ stated that in one year he would like to have a conference or another committee meeting and see where people are at and how it has affected their programs.

Ms. Wexler stated that she still has concerns about privileging in legislation the recovery model or recovery oriented care. There are some different themes and aspects that fits with MFT such as being collaborative, strength based, etc. She asked if we could find a way to talk about principles instead of brand names. Ms. Knudson-Martin asked if we could add a phrase to (c)(2), which would also help out of state people, "i.e., strength based approaches that emphasize improving, restoring and maintaining healthy relationships." This suggestion has also been echoed in letters to the board. Mr. Riches suggested, "Throughout its curriculum integrate the principles of recovery oriented care in mental health practice environments that are (including but not limited to) strength based and emphasize improving, restoring and maintaining healthy relationships." This definition can be found on the Connecticut website.

Ms. Riemersma stated that the most significant concept of the recovery model is that it is client-centered and that is not in the existing language. If we elaborate on what the recovery model means, should add that in. Mr. Wigg said that the definition seems limiting. Healthy lifestyles might be more appropriate. Mr. Russ stated that a central concept of the recovery orientation is that it is about the client - we don't get to define it.

Ms. Read said there is a difference between what we put in the legislation and how we educate the profession. We don't have to put it all in the legislation. It is clear that MFTs won't get paid to do MHSA work if we don't work from a recovery orientation. Mr. Koutsolioutsos advocated for keeping the existing phrase of recovery oriented practice rather than making it more specific. The recovery model is the first time that changes to the profession that are grassroots driven, not profession driven. This means that the profession has not yet really digested what recovery orientation means. Mr. Wigg agreed with Mr. Koutsolioutsos that we should not strictly define the recovery orientation, should keep it as open as possible.

Ms. Knudson-Martin believes it is important to define the recovery model or there will be problems when you get people from another state. Mr. Riches stated that we are assuming we are not going to find those terms on a transcript from another state, but if they had something similar like psychosocial rehabilitation, we would accept that they had recovery-oriented content. Mr. Russ stated in every other area that we have had these discussions the educators want definitions to be limited. He asked why would schools want more definition regarding recovery when there is so much diversity. Ms. DiGiorgio feels that the less definition would be better so that if society changes the law would not necessarily have to be changed.

An educator stated it would at least be important to include that it is client directed. Ms. Buttitta stated that although the word recovery has been historically associated with substance abuse disorders, conceptually it is very much in line with MFT practice. It troubles her that in California MFTs have strayed from those thoughts and ideas such as collaboration, strength based, non-pathologizing, non-medical model.

Ms. DiGiorgio stated that it is great that we are having these discussions and she is excited about the end product. Mr. Russ stated that he is not asking for consensus, but asked if we are close enough. He explained that it will become legislation if approved by the board. The next stage is going to require that we all feel that this proposal is close enough that it will be supported by the school community. Once the legislation is introduced, there will be groups that oppose the bill for various reasons.

Mr. Riches stated that other agendas will show up in the legislative process and asked the schools for letters of support for this legislation. A school, program or faculty can write these letters. There is strength in numbers and the community needs to overtly say it is good for the profession and most importantly it is good for the people of California. Ms. Wexler asked if the board can email them when the time comes to express support for the bill, and Mr. Riches responded yes. Mr. Russ clarified that when this proposal moves forward to the board in February 2008 there will be some other adjustments, and there is time to make comments prior to that. Ms. Knudson-Martin asked what people will be opposed to. Mr. Riches responded that there is the possibility of groups that who don't believe in psychotherapy, psychology associations, the domestic violence and child abuse community and others because we took specific unit requirements out. There are also people who believe MFTs just should not exist.

An educator asked what literature has informed our understanding of the recovery model. Mr. Russ stated that many materials are available on the board's website. The best integrated framework is from Connecticut. Mr. Riches clarified that there are studies, reports, surveys and other documents available on the page that provides the materials for meetings of this committee. Mr. Riches said he would also explore dedicating a web page to this topic. There is a massive amount of writing on this topic. Ms. Read stated that the Connecticut site was a great start for her to understand; it is a

good, quick and approachable reference. Mr. Riches also recommended the Institute of Medicine's report called "Crossing the Quality Chasm" and the subsequent volume on mental and behavioral health. It synthesizes a lot of work that has been done nationally. The Connecticut materials draw heavily on this resource. Mr. Riches stated that another great resource is the Annapolis Coalition. Ms. Buttitta stated that the Village is offering free two-day immersion training for faculty around the LA area. It provides 12 units of continuing education credit.

**VI. Discussion and Possible Action to Recommend MFT Curriculum Statute Revisions to the Board**

The committee recommended that the board sponsor legislation to revise the educational requirements with the changes that have been discussed today.

Mr. Russ expressed his appreciation for the participation of the community over the past year and it has been a wonderful experience for him. The educators commended the board for their work as well.

The meeting adjourned at 2:55 p.m.