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Distinguishing Differences in the LCSW and LMFT Licenses

CDCR Proposed Change

This document was prepared by the National Association of Social Workers—California Chapter (NASW-CA) in response to the Department of Corrections and Rehabilitation (CDCR) recent Issue Paper: Use of Marriage and Family Therapists in State Service—Proposed Change of Classification Specification. The Division of Correctional Health Care Services is recommending a proposed change in the current “Clinical Social Worker” specification, which would change the title and broaden the education and licensing qualifications which would allow Licensed Marriage and Family Therapists (LMFTs) to apply and be considered in the hiring process.

Summary

In the CDCR Issue Paper, it is implied that the two licenses (Licensed Marriage and Family Therapist and Licensed Clinical Social Worker) are equivalent. The National Association of Social Workers (NASW) believes it to be pertinent and critical to point out that while both of these licenses allow the LMFT and LCSW to provide psychotherapy without supervision in the State of California, the graduate school programs, educational curriculum, theoretical foundations, and the legal scope of practice for the two disciplines are quite different. While it is true that both the LMFT and LCSW may provide services to the same client groups, the type of services and the manner in which they are performed are fundamentally distinct.

Social workers have a complex and specialized training in human behavior and the social environment, and social work practice (including case management, interviewing, screening, performing psychosocial evaluations, advocacy, coordinating resources, etc.) that adequately and thoroughly prepares them for working with diverse and challenging populations in the public arena. Based on Business and Professions Code 4996.5, the clinical social work “is directed at helping people to achieve more adequate, satisfying and productive lives social adjustments; providing information and referral services; providing and arranging for the provision of social services.” This training is especially applicable to working within the correctional system.

In addition, mental health competencies, which meet the Mental Health Services Act (MHSA) requirements, are being implemented in MSW graduate programs including the classroom and agency setting. Finally, there is a long-standing forensic social work specialty just as there is within the medical profession. Consequently, LCSW are better prepared to perform psychotherapy (assessment, diagnosis, and treatment) and all of the other functions and responsibilities required in the many and varied CDCR programs. Social workers have a long and documented history of providing exemplary services in public mental health.

The remainder of this document will clearly delineate and distinguish the many difference between the two disciplines and clarify how these differences can influence the candidates’ preparedness as well as assist in defining the appropriate roles for each license within the CDCR system. The National Association of Social Workers is confident that these differences will reinforce the wisdom of maintaining the “Clinical Social Work” classification.

Scope of Practice

“Scope of Practice is a terminology used by licensing boards for various healthcare-related fields that defines the procedures, actions, and processes that are permitted for the licensed individual. The scope of practice is limited to that which the individual has received education and clinical experience, and in which he/she has demonstrated competency. Each state has specific regulation based on entry education and additional training and practice.”¹

The Scope of Practice for LCSWs and LMFTs is defined by the *California Statutes and Regulations Relating to the Practice of: Marriage and Family Therapy, Educational Psychology, and Clinical Social Work*, California State Board of Behavioral Sciences.² LCSWs and LMFTs have legal authority to practice based on the Business and Professions Codes, Attorney General Opinions, and other legislative and regulatory authority.

Scope of Practice for Marriage and Family Therapists

4980.02. For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling. The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37, 4980.40, and 4980.41.

Scope of Practice for Clinical Social Workers

4996.9. The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a non-medical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

Summary

As defined in the paragraph titled “Definition of Series” of the CDRC’s Issue Paper, the duties and responsibilities are in conflict with what the two disciplines (LCSW and LMFT) are trained for, and more importantly, do correspond with the respective scope of practice definitions. This miscalculation calls forth questions regarding the required level of treatment and opens up great potential for liabilities and risk.

¹ Wikipedia: Definition of Scope of Practice

² California State Board of Behavioral Sciences Website: www.bbs.ca.gov under “Statutes and Regulations”

Licensing and Educational Requirements

In reviewing the licensing laws, there are some similarities and some differences. Some of the differences are significant while others may be insignificant. However, more important is the fact that the laws and regulations pertaining to each profession are founded upon differing theories.

Licensed Clinical Social Worker

"The Clinical Social Worker licensing law, in Section 4996.2, requires that applicants for the license possess a master's degree from a school of social work accredited by the Commission on Accreditation of the Council on Social Work Education. Schools of social work have complete control over course content, as determined and controlled by the private (nongovernmental), non-profit accrediting body mentioned above.

Because the scope of practice of licensed clinical social workers includes several activities other than counseling, psychotherapy or mental health treatment such as providing information and referral services, providing or arranging for the provision of social services, helping communities to organize and doing research related to social work, a portion of the social work master's education involves such coursework as social welfare policy and services, social work practice with organizations and communities and social work research."³

Social Work Defined

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. *⁴

Social Work Theory

Social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognizes the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors. The social work profession draws on theories of human development and behavior and social systems to analyze complex situations and to facilitate individual, organizational, social and cultural changes.⁵

Clinical Social Work Defined

As defined by the American Board of Examiners in Clinical Social Work, "Clinical social work is a practice specialty of the social work profession. It builds upon generic values, ethics, principles, practice methods, and the person-in-environment perspective of the profession. Its purposes are to:

³ From *Education, Supervised Experience and Examination: How MFTs Stack Up* written by Kathleen McKee, J.D. and Richard S. Leslie for the California Association of Marriage and Family Therapists.

⁴ International Federations of Social Workers Website: <http://www.ifsw.org/en/p38000208.html>. *This international definition of the social work profession replaces the IFSW definition adopted in 1982. It is understood that social work in the 21st century is dynamic and evolving, and therefore no definition should be regarded as exhaustive.

⁵ International Federations of Social Workers Website: <http://www.ifsw.org/en/p38000208.html>.

- Diagnose and treat bio-psycho-social disability and impairment, including mental and emotional disorders and developmental disabilities.
- Achieve optimal prevention of bio-psycho-social dysfunction
- Support and enhance bio-psycho-social strengths and functioning.

Clinical social work practice applies specific knowledge, theories, and methods to assessment and diagnosis, treatment planning, intervention, and outcome evaluation. Practice knowledge incorporates theories of biological, psychological, and social development. It includes, but is not limited to, an understanding of human behavior and psychopathology, human diversity, interpersonal relationships and family dynamics; mental disorders, stress, chemical dependency, interpersonal violence, and consequences of illness or injury; impact of physical, social and cultural environment; and cognitive, affective, and behavioral manifestations of conscious and unconscious processes.

Clinical social work interventions include, but are not limited to, assessment and diagnosis, crisis intervention, psychosocial and psychoeducational interventions, and brief and long-term psychotherapies. These interventions are applied within the context of professional relationships with individuals, couples, families, and groups. Clinical social work practice includes client-centered clinical supervision and consultation with professional colleagues.⁶

MSW Graduate Programs

The curriculum of the Master of Social Work (MSW) Program prepares professionals to enter advanced social work practice and to practice in a manner that helps individuals, groups, and communities enhance or restore social functioning and create social conditions favorable to this goal. It often emphasizes social justice, the value of human diversity, and the empowerment of people and communities. It stresses social work practice that focuses on client strengths and problem-solving capacities to foster change at multiple levels. The curriculum is based on the study of human behavior and the social environment, social policy and practice, and social work research.

Within MSW graduate programs, there is an emphasis on integrating the Systems Model and a Social Rehabilitation Model (related to recovery) into all courses. This is important to note because it prepares social work graduates to meet the current California Mental Health Services Act (MHSA), which requires knowledge and practice applying the Recovery Model.

MSW Program Concentrations

Most MSW graduate programs offer a several concentrations and the type of concentration varies with the particular school. Common concentrations include but are not limited to the following:

Child and Family Services

Community Mental Health Services

Health Services

Management and Planning

Gerontology Services

Community Organization and Planning

⁶ California Society for Clinical Social Work Website: http://www.clinicalsocialworksociety.org/ethical_standards/

Post-Masters Supervised Experience

The clinical social worker licensing law, in Section 4996.2, requires two years of supervised post-masters' experience. Section 4996.20 further defines this requirement by specifying that the applicant shall have at least 3,200 hours of experience in providing clinical social work services consisting of psychosocial diagnosis, assessment, treatment (including psychotherapy and counseling), client-centered advocacy, consultation and evaluation. The experience specified must be gained in not less than two nor more than six years and shall have been gained within the six years immediately preceding the date on which the application for licensure is filed. The licensing board is permitted to accept experience older than six years "upon a showing of good cause" or where the applicant is licensed and currently practicing in another state.

With respect to allowable work settings, the clinical social worker licensing law does not specify which settings are permissible (other than private practice settings for registered associate clinical social workers), but it does suggest that governmental entities, schools, colleges or universities, nonprofit and charitable corporations and licensed health facilities are acceptable settings. (The term "private practice setting" is curiously defined as "any setting other than a governmental entity, a school, college or university, a nonprofit and charitable corporation or a licensed health facility.") Unlike the MFT licensing law, the term "licensed health facility" is not defined by reference to any sections of law, and thus it could include licensed facilities that would not qualify for MFT licensure (i.e., community care facilities licensed by the Department of Social Services).⁷

Advanced Social Work Credentials and Certifications

NASW professional credentials and specialty certifications provide recognition to those who have met national standards for higher levels of experience and knowledge, and are not a substitute for required state licenses or certifications.⁸

A. Credentials for Licensed Social Workers

- *Diplomate in Clinical Social Work (DCSW)*

Social workers holding the NASW Diplomate in Clinical Social Work (DCSW) are recognized as providers of behavioral health care by the social work profession. The NASW Diplomate in Clinical Social Work is the highest distinction bestowed on clinical social workers.

- *Qualified Clinical Social Worker (QCSW)*

The QCSW recognizes those social workers who have met national standards of knowledge, skill and experience in clinical social work practice and who have agreed to abide by the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Continuing Education Standards*.

B. MSW Certifications

- Certified Advanced Alcohol, Tobacco, and Other Drugs Social Worker (C-ATODSW)
- Certified Advanced Children, Youth, and Family Social Worker (C-ADYFSW)
- Clinical Social Worker in Gerontology (CSW-G)
- Certified Social Workers in Health Care (C-SWHC)

⁷ Copied from *Education, Supervised Experience and Examination: How MFTs Stack Up* written by Kathleen McKee, J.D. and Richard S. Leslie for the California Association of Marriage and Family Therapists.

⁸ NASW Credential Center Website: <http://www.socialworkers.org/credentials/default.asp>

- Certified Advanced Social Work Case Manager (C-ASWCM)
- Certified School Social Work Specialist (C-SSWS)

Forensic Social Work

Forensic social work is the application of social work to questions and issues relating to law and legal systems. This specialty of our profession goes far beyond clinics and psychiatric hospitals for criminal defendants being evaluated and treated on issues of competency and responsibility. A broader definition includes social work practice, which in any way is related to legal issues and litigation, both criminal and civil. Child custody issues, involving separation, divorce, neglect, termination of parental rights, the implications of child and spouse abuse, juvenile and adult justice services, corrections, and mandated treatment all fall under this definition.

Forensic social work is based on specialized knowledge drawn from established principles and their application, familiarity with the law, painstaking evaluation, and objective criteria associated with treatment outcomes. What the social worker offers must be of utility and couched in language to which the court can relate. The conclusions and recommendations must withstand critical review and rebuttal from opposing parties.⁹

The National Association of Forensic Social Work

The National Organization of Forensic Social Work was established to provide for the advancement of education in the field of forensic social work through:

- Training Programs, Forums, Panels and Lectures
- Annual Conferences
- Newsletter Publication
- Networking Opportunities
- Political Action

The goal is to enhance the professional activities of forensic practitioners, administrators, and policy makers.

⁹ National Organization of Forensic Social Work Website: http://www.nofsw.org/html/forensic_social_work.html

Licensed Marriage and Family Therapist

The Licensed Marriage and Family Therapist graduate school curriculum is determined by the state while the LCSW graduate school curriculum is not.

"The MFT licensing law, in Section 4980.37 of the Business and Professions Code, specifies that qualifying degree programs must, among other things,

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. 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.

The chief academic officer, or his/her designee, of the applicant's educational institution, must provide the applicant with a certification that the applicant has fulfilled the above-mentioned as well as other requirements. Such other requirements include, but are not limited to, a named master's degree (marriage, family and child counseling, marital and family therapy, psychology, clinical psychology, or counseling psychology, counseling with an emphasis in marriage, family and child counseling or marriage and family therapy 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 degree program must contain at least 48 semester or 72 quarter units of instruction, with no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family and child counseling, and marital and family systems approaches to treatment. The law, in Section 4980.40, specifies that the coursework shall include, among other things, instruction in "the salient theories of a variety of psychotherapeutic orientations, directly related to marriage, family and child counseling, and marital and family systems approaches to treatment."¹⁰

Section 4980.40 (4) (b) (1) of the Business and Professions Code specifies that "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, health functioning, health promotion, an illness prevention, in a supervised clinical placement that provides supervised feedback experience within the scope of practice of a marriage and family therapist.

California MFT Defined

"California's Marriage and Family Therapists are a diverse group. Each Therapist offers a unique perspective based on his or her own training, experience, and theoretical orientation. In general,

¹⁰ These paragraphs were copied from *Education, Supervised Experience and Examination: How MFTs Stack Up* written by Kathleen McKee, J.D. and Richard S. Leslie for the California Association of Marriage and Family Therapists.

Marriage and Family Therapists are mental health professionals trained and licensed to diagnose and treat patients with problems that stem from unresolved interpersonal or Family of origin issues or compound current relationship difficulties.

MFTs work with individual, couples, families, children, and adolescents, and the elderly, providing support and perspective as patients struggle with life's challenges. They practice early intervention, focused psychotherapy to resolve problems or reduce symptoms. LMFTs also have the expertise and skills to work with persons where more intensive, long-term treatment is necessary to cure or relieve mental or emotional conditions. While a minimum of a two-year master's degree is required, nearly one-fifth of California's Marriage and Family Therapists also hold doctoral and other advanced degrees."¹¹

Post-Masters Supervised Experience

"The MFT Licensing Law, in Section 4980.40, requires at least two years' experience in interpersonal relationships, marriage and family therapist and psychotherapy. Section 4980.43 further defines this requirement by specifying that two calendar years of supervised experience is required, consisting of at least 3,000 hours obtained over a period of not less than 104 weeks. It also provides that not less than 1,500 hours of experience must be gained subsequent to the granting of the qualifying master's degree (usually as a registered intern).

Experience may be gained only when the applicant is employed or volunteering in one of the following five work settings: a governmental entity; a school, college or university; a licensed health facility (licensed pursuant to Sections 1250, 1250.2 or 1250.3 of the Health and Safety Code - a variety of hospitals/facilities licensed by the Department of Health Services and/or the Department of Mental Health); a nonprofit and charitable corporation or a private practice. A private practice setting is defined as the IMF being employed by a licensed MFT, LCSW, psychologist, physician or surgeon, or employed by a professional corporation of any of these licensed professions. Only persons who have received their qualifying master's degree and are registered as interns may work in a private practice setting. Regulations promulgated by the BBS specify the kinds of hours that are permissible, mandated or limited.

For those entering degree programs after January 1, 1990, at least 500 hours of experience must be gained in diagnosing and treating couples, families and/or children. The remainder of the counseling/psychotherapy hours may be with individuals. The licensing law and regulations recognize the value of other hours, and thus permits hours to be gained in attending workshops, seminars, training sessions and conferences (no more than 250 hours), counseling or crisis counseling on the telephone (no more than 250 hours), and doing group therapy or counseling (no more than 500 hours) or receiving psychotherapy."¹²

Credentials and Certifications

While LMFTs may obtain a doctorate degree in psychology, there are no credentials or certifications offered through the California Association of Marriage and Family Therapist. There isn't an emphasis on forensic practice and few of the post-supervised work settings for IMFs fall into this arena.

¹¹ Copied from Frequently Asked Questions: Marriage Family Therapists:
<http://www.camft.org/scriptcontent/index.cfm?displaypage=/CamftBenefits/FAQ/faq03.htm>

¹² Copied from *Education, Supervised Experience and Examination: How MFTs Stack Up* written by Kathleen McKee, J.D. and Richard S. Leslie for the California Association of Marriage and Family Therapists.

Readiness to Meet the Mental Health Services Act (MHSA) Requirements

MHSA Impact on the Workforce

The Mental Health Services Act is now defining the public mental health system and has led to a statewide study related regarding current and future workforce needs. In addition, the MHSA has led to drafting a list of recommendations and principles for licensed mental health clinicians. Both the LCSW and LMFT will be required to meet the Mental Health Services Act (MHSA) Requirements and Guidelines. The following information is presented to clarify where each of the professions currently stands in meeting these requirements.

The Mental Health Services Act (MHSA)

The MHSA addresses six components of building a better mental health system to guide policies and programs:

- Community program planning
- Services and supports
- Capital (buildings) and information technology (IT)
- Education and training (human resources)
- Prevention and early intervention
- Innovation

The MHSA stipulates that the California State Department of Mental Health (DMH) will contract with county mental health departments to develop and manage the implementation of its provisions. The MHSA specifies requirements for service delivery and supports for children, youths, adults and older adults with serious emotional disturbances and/or severe mental illness.

The requirements of the MHSA, mandated by approval of California Proposition 63 in 2004, are intended to initiate significant changes, including:

- Increases in the level of participation and involvement of clients and families in all aspects of the public mental health system
- Increases in client and family operated services
- Outreach to and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health needs
- Increases in the array of services choices for individuals diagnosed with serious mental illness and children/youth diagnosed with serious emotional disorders, and their families.

Counties are required to develop their own three-year plan, consistent with the requirements outlined in the act, in order to receive funding under the MHSA. County proposals will be evaluated for their contribution to achieving the following goals:

- Safe and adequate housing, including safe living environments, with family for children and youths
- Reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration in jails and juvenile halls

- Reduction in involuntary services, including reduction in institutionalization and out of home placements¹³

Social Work Mental Health Competencies

California Social Work Education Council (CalSWEC)

The California Social Work Education Center is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 18 accredited social work graduate schools, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

CalSWEC Mental Health Committee

The Mental Health Initiative Committee includes faculty members from schools and departments of social work throughout the state, as well as the directors of county mental health departments, and other key stakeholders in the mental health arena.

Dr. Beverly Buckles, director of the Loma Linda University Department of Social Work and Social Ecology, and John Ryan, director of the Riverside County Department of Mental Health, co-chair the committee. Professor Emeritus Janet Black of California State University, Long Beach is the project consultant.

The committee is linked to the wider CalSWEC governance structure as a subcommittee of the CalSWEC Curriculum Committee, which reports to the organization's Board of Directors. Additional members are being added to the committee to assure full representation of all of the schools and departments of social work and to include newly identified key stakeholders with expertise in the field.

CalSWEC Mental Health Competencies

The Mental Health Competencies, which were developed by the MH Initiative Committee with input from multiple community stakeholder organizations, are being implemented in each of the 17 MSW programs in the state, in both classroom and agency fieldwork settings. The competencies address issues in recovery, resiliency, evidence-based practice, and psychosocial rehabilitation principles and are based on a series of principle statements adapted from the Mental Health Services Act (December 2004), the California Mental Health Master Plan: A Vision for California (March 2003) and the President's New Freedom Commission (November 2003).

CalSWEC Mental Health Curriculum Competencies

The CalSWEC Board of Directors adopted the Mental Health Curriculum Competencies in May of 2005. Currently, regional meetings with representatives of schools, county mental health agencies, and non-profit mental health contract agencies are under way across the state to develop strategies for implementing the curriculum and continuing the collaborative work.

- **Development of the Mental Health Competencies:** A description of the collaborative process by the Mental Health Initiative Committee and participating stakeholders to produce the final Mental Health Competencies documents. These competencies will be reviewed

¹³ Wikipedia, California Mental Health Services Act: http://en.wikipedia.org/wiki/California_Mental_Health_Services_Act

two years after their implementation in schools of social work and mental health agencies to identify areas for revision and knowledge/skill areas that need to be addressed.

- **Mental Health Competencies – Foundation Year:** These include the competency items that will be delivered to students during their first, or Foundation, year of the MSW program.
- **Mental Health Competencies – Advanced/Specialization Year:** These include the competency items that will be delivered to students during their second, or Advanced/Specialization, year of the MSW program.
- **Mental Health Competencies Matrix – Foundation Year:** Schools and mental health agencies may wish to use this document to identify in what courses, specialized training seminars, or field work experiences the students will learn about and/or demonstrate practice skill in the competency areas during the Foundation year.
- **Mental Health Competencies Matrix – Advanced/Specialization Year:** Schools and mental health agencies may wish to use this document to identify in what courses, specialized training seminars, or field work experiences the students will learn about and/or demonstrate practice skill in the competency areas during the Advanced/Specialization year.¹⁴

Marriage and Family Therapist Mental Health Competencies

The California Board of Behavioral Sciences created a Marriage and Family Therapist Education Committee in 2006 and this committee continues to meet.

MFT Education Committee Meeting July 21, 2006

Dr. Ian Russ, Chair, explained the purpose of the committee during the July 21, 2006 meeting:

“Dr. Russ explained that the MFT Education Committee (Committee) is tasked with reviewing the curriculum of California’s marriage and family therapy education and determining its appropriateness for today’s Marriage and Family Therapist (MFT) practice. The Committee hopes to come to a series of recommendations if needed, for what that curriculum should look like. That could range from doing nothing or making a lot of revisions, or anything in-between. The Board’s goal is to ensure persons who are licensed are competent to practice without supervision, so the Committee will examine what MFTs are doing in California to determine whether the profession has evolved and whether the education has kept up with that evolution.

Dr. Russ acknowledged that part of the inspiration for this review is the enactment of Proposition 63, the Mental Health Services Act (MHSA). The MHSA is providing a greater opportunity for MFTs to work in public mental health agencies.”¹⁵

During this same meeting, Mr. Flores, from the Phillips Graduate Institute, described several major sources of information about MFT practice and the competencies required for practice. Mr. Flores explained that DACUM is a process used to gain a sense of what individuals are doing within a profession. This process was used by the California Mental Health Planning Council (CMHPC) to

¹⁴ California Social Work Education Council – Mental Health Committee:
http://calswec.berkeley.edu/CalSWEC/MH_About.html

¹⁵ California Board of Behavioral Sciences – Meeting Notice March 9, 2007—MFT Education Committee July 21, 2006 Meeting Minutes

both identify what MFTs are doing in the field and what MFTs are doing in public mental health (county and state systems).

The CMHPC has identified a need for more mental health professionals including MFTs. Given that there is a need to develop a workforce in mental health and prepare more MFTS, they will need to be prepared to work in public service. The DACUM can help the Board and educators to better understand how to prepare MFTs for a career in public mental health.¹⁶

In response to a question regarding if social workers' training, Mr. Riches, the Executive Officer for the California Board of Behavioral Sciences, explained that the Deans of Social Work went through a similar process to identify competencies about what is needed to go into public mental health, so there is a parallel process for social workers.

Ms. Riemersma, Executive Director for the California Association of Marriage and Family Therapists, stated that it is a very positive thing that gives us a good background for how to prepare MFTs for the future. Social workers have traditionally worked in public settings while MFTs were historically trained for private practice and, for this reason have obstacles to overcome. Although a lot of the training happens on the job, schools still need to provide a foundation and some grounding about the differences between private practice and the public sector. In addition, educators must be able to convey that information to the students.¹⁷

MFT Education Committee Meeting October 27, 2006

Christy Berger, Legislation Analyst for the California Board of Behavioral Sciences, prepared an analysis and comparison of a number of studies of MFT practice to current educational law. During the meeting Ms. Berger stated that the comparison was fairly difficult MFT education law contains items that are very general and some that are very specific.

According to the meeting minutes, "The results of the analysis showed that MFT education law is lacking in public or community practice."¹⁸

MFT Education Committee Meeting March 9, 2007

Marianne Baptista, MFT, CPRP, and Training and Education Coordinator for the California Association of Social Rehabilitation Agencies (CASRA) gave a presentation titled "MFTs in Public Mental Health: The Challenge for Educators and Supervisors." Ms. Baptista listed the following challenges for MFT educators:

- Determining what material can be incorporated in existing courses
- Developing a "Fundamentals of Working in Public Mental Health" course(s)
- Providing training experiences such as practicums and internships within public health settings

¹⁶ California Board of Behavioral Sciences – Meeting Notice March 9, 2007—MFT Education Committee July 21, 2006 Meeting Minutes

¹⁷ California Board of Behavioral Sciences – Meeting Notice March 9, 2007—MFT Education Committee July 21, 2006 Meeting Minutes

¹⁸ California Board of Behavioral Sciences – Meeting Notice March 9, 2007—MFT Education Committee October 27, 2006 Meeting Minutes

- Ensuring that discrepancies, whether in the work setting or the traditional course work, are addressed by the worksite supervisor.¹⁹

Revised MFT Curriculum Draft

In a memo from Paul Riches, Executive Director of the California Board of Behavioral Sciences and dated June 6, 2007, it states that while there is much of the current MFT curriculum requirements that remain useful and meaningful to public practice, there is a need to add material. The most significant changes focus on transmitting the culture and norms of public mental health work and principles of the Mental Health Services Act (including recovery, resiliency, consumer empowerment and participation, evidence-based practice, etc.) that need to be infused throughout the curriculum to show how the cores skills and knowledge imparted by the current curriculum apply.²⁰

Draft Timeline for Proposed Changes to MFT Educational Requirements²¹

Date	Time from Passage of Legislation	Description
January 1, 2009	N/A	Legislation takes effect
January 1, 2009 December 31, 2009	1 year	BBS works intensively with schools
January 1, 2009 July 31, 2011	2.5 years	Schools work to implement new requirements
August 1, 2011	2.5 years	Degree programs starting now should meet new requirements
*July 1, 2014	5.5 years	Persons graduating on or after this date must meet new requirements
*January 1, 2018	9 years	“Old” educational requirements sunset
*January 1, 2023	14 years	Applicants may no longer apply under an “old” degree, remediation no longer permitted

¹⁹ California Board of Behavioral Sciences – Meeting Notice March 9, 2007—MFT Education Committee March 9, 2007 Meeting Minutes

²⁰ California Board of Behavioral Sciences – Memo dated June 6, 2007—MFT Education Committee, June 15, 2007 Meeting Minutes

²¹ California Board of Behavioral Sciences—Memo dated September 21, 2007—MFT Education Committee, June 15, 2007 Meeting Minutes

Employment of LCSWs and LMFTS in California

The following information regarding “Primary Practice Settings” for California LMFTs and LCSWs is copied from the California Board of Behavioral Sciences Demographic Survey Results, March 2007.²² This survey asked Licensed Marriage Family Therapists (LMFT) and Licensed Clinical Social Workers (LCSW) a series of demographic questions.

LMFT Responses

The Board reported a total of 12, 639 LMFT responses. According to the Board’s website, as of November 7, 2007, there are 28, 753 LMFTs in California.²³

Primary Practice Setting	LMFT
Private Practice	59.19%
Non Profit/Charitable	13.71%
County/Municipal Agency	8.78%
Licensed Health Care Facility	4.05%
Schools	3.56%
State/Federal Agency	1.72%
College or University	1.88%
No Response	1.88%
Other	5.22%

LCSW Responses

The Board reported a total of 7, 556 LCSW responses. According to the Board’s website, as of November 7, 2007, there are 16,665 LCSWs in California.²⁴

Primary Practice Setting	LCSW
Private Practice	27.77%
Non Profit/Charitable	15.03%
County/Municipal Agency	16.86%
Licensed Health Care Facility	17.85%
Schools	3.30%
State/Federal Agency	6.41%
College or University	2.20%
No Response	2.02%
Other	8.56%

²² Results obtained from Sean O’Connor, Outreach Specialist, the California Board of Behavioral Sciences

²³ California Board of Behavioral Sciences Website: http://www.bbs.ca.gov/app-reg/licreg_stats.shtml.

²⁴ California Board of Behavioral Sciences Website: http://www.bbs.ca.gov/app-reg/licreg_stats.shtml.

California Social Work Employers

Based on statistics from the California Labor Market Information through the Employment Development Department, the top industries employing professional social workers are:²⁵

<u>Industry Title</u>	<u>Number of Employers in CA</u>
Public Administration	26,111
Individual and Family Services	16,769
Child Day Care Services	10,941
Elementary and Secondary Schools	16,297
Social Advocacy Organizations	6,719
Civic and Social Organizations	5,474
Community Care Facilities for Elderly	5,291
Outpatient Care Centers	4,129
Home Health Care Services	2,628
Vocational Rehabilitation Services	2,100
Nursing Care Facilities	2,100
General Medical and Surgical Hospitals	1,432
Psychiatric and Substance Abuse Hospitals	1,235
Grantmaking and Giving Services	1,193
Other Residential Care Facilities	593

California Marriage and Family Therapist Employers

Based on statistics from the California Labor Market Information through the Employment Development Department, the top industries employing marriage and family therapists are:²⁶

<u>Industry Title</u>	<u>Number of Employers in CA</u>
Individual and Family Services	16,431
Offices of other Health Practitioners	30,349
Outpatient Care Centers	4,033
Other Residential Care Facilities	587
Emergency and other Relief Services	492

The numbers represented in the Board of Behavioral Sciences Demographic Survey and the California Labor Market Information reflects some of the employment differences between the two professions. Mary Riemersma, the Executive Director of the California Association of Marriage and Family Therapists, recently noted that historically the majority of LMFTs went into private practice. However, more recent results from demographic surveys of the California CAMFT membership indicated this is no longer true.²⁷

²⁵ California Labor Market Information Website: <http://www.labormarketinfo.edd.ca.gov/cgi/sitetour/databrowsing/>

²⁶ California Labor Market Information Website: <http://www.labormarketinfo.edd.ca.gov/cgi/sitetour/databrowsing/>

²⁷ *The Typical MFT*: http://www.camft.org/StaticContent/TherapistMag/July_Aug06/TypicalCAMFT06.htm

LCSW and LMFT Preparation Comparison Table

	LCSW	LMFT
Minimum Qualifications	Masters in Social Work	Masters Degree (marriage, family and child counseling, marital and family therapy, psychology, clinical psychology, or counseling psychology, etc.)
Program Accreditation	Nationally, Specialty Accredited	Regional, General Accredited or Bureau Approval
Master's Degree Focus	Human Behavior and Social Environment Social Policy and Research and Social Work Practice	Developmental issues as related to life events Marriage and Family Therapy and Counseling
Practicum	900 Hours	150 Hours
Post Degree Experience	3200 Hours (all 3200 must be gained post-degree)	3000 Hours (1300 of the 3000 hours may be obtained during graduate program study)
Post Degree Experience Setting	The clinical social worker licensing law does not specify which settings are permissible (other than private practice settings for registered associate clinical social workers), but it does suggest that governmental entities, schools, colleges or universities, nonprofit and charitable corporations and licensed health facilities are acceptable settings. Unlike the MFT licensing law, the term "licensed health facility" is not defined by reference to any sections of law, and thus it could include licensed facilities that would not qualify for MFT licensure. ²⁸	Experience may be gained only when the applicant is employed or volunteering in one of the following five work settings: a governmental entity; a school, college or university; a licensed health facility (licensed pursuant to Sections 1250, 1250.2 or 1250.3 of the Health and Safety Code - a variety of hospitals/facilities licensed by the Department of Health Services and/or the Department of Mental Health); a nonprofit and charitable corporation or a private practice.
Emphasis on Primary Service	Psychosocial diagnosis, assessment, and treatment, client advocacy, consultation, evaluation, and research	Counseling and psychotherapy from a variety of therapeutic orientations with individuals, couples, families, and groups
Master's Programs Meet MHSA Requirements	CalSWEC Mental Health Competencies are being implemented in each of the 17 MSW programs in the state, in both classroom and agency fieldwork settings	California Board of Behavioral Sciences MFT Education Committee charged with reviewing, recommending, and approving curriculum changes to meet future needs have created a revised curriculum that focus on the culture and norms of public mental health and will be implemented over the next 10-14 years.
Licensing Exams	Two CA specific written licensing exams	Two CA specific written licensing exams
Forensic Specialty	Yes, National Organization of Forensic Social Work	No

²⁸ From *Education, Supervised Experience and Examination: How MFTs Stack Up* written by Kathleen McKee, J.D. and Richard S. Leslie for the California Association of Marriage and Family Therapists.

Web Resources

American Board of Examiners in Clinical Social Work

California Association of Marriage and Family Therapists (CAMFT)

- What is a MFT?
- How MFT Stack Up
- Scope of Practice
- The Typical MFT: 2006 Demographic Survey of CAMFT Membership
- Frequently Asked Questions Regarding MFTs

California Board of Behavioral Sciences (BBS)

- *Statutes and Regulations Relating to the Practice of Marriage and Family Therapy, Educational Psychology, and Clinical Social Work*
- MFT Education Committee Meetings

March 9, 2007 – San Francisco

MFT Education Committee Meeting notice and material – Part 1

MFT Education Committee Meeting material – Part II

MFT Education Committee Meeting material – Part III – A

MFT Education Committee Meeting material – Part III – B

MFT Education Committee Meeting material – Part IV

MFT Education Committee Meeting material – Part V

June 15, 2007 – Sacramento

MFT Education Committee Meeting notice and materials

September 21, 2007

MFT Education Committee Meeting notice and materials

- March 2007 BBS Demographic Survey of Licensees

California Department of Mental Health – Mental Health Services Act (MHSA)

California Labor Market Information

California Social Work Education Council (CalSWEC)

California Society for Clinical Social Work

The International Federation of Social Workers

National Association of Social Worker (NASW)

- The California License and the Mental Health Service Act
CalSWEC Mental Health Initiative Meeting on September 28, 2006
PowerPoint presentation by Janlee Wong, MSW, Executive Director, NASW-CA
- *Social Work Speaks* -- Policy Statement for Correctional Social Work, Pages 67 – 71
- The NASW Credential and Certification Center

National Organization of Forensic Social Workers