



**House
Legislative
Analysis
Section**

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**MARRIAGE COUNSELORS:
EXPERIENCE REQUIREMENTS**

**House Bill 6143 as introduced
First Analysis (11-21-96)**

**Sponsor: Rep. Gerald Law
Committee: Regulatory Affairs**

THE APPARENT PROBLEM:

Prior to January 1, 1996, marriage and family therapists were licensed under the Occupational Code. Public Act 126 of 1995 placed licensure of marriage and family therapists within the Public Health Code (for more information, see the House Legislative Analysis Section's analysis on House Bill 4317 dated 7-18-95). Licensing requirements under the Occupational Code had included supervised clinical marriage and family therapy experience in conjunction with an educational program (practicum). The Michigan Board of Marriage and Family Therapists historically interpreted who could supervise a practicum to include a wide range of mental health and counseling professionals. Apparently, House Bill 4317 of 1995 changed the reference to "supervised" to read "supervising licensed marriage and family therapist," in effect limiting the opportunities for educational practicums by limiting who could act as a supervisor. A result of this change is that some current students may not qualify for licensure because their practicums were supervised by other mental health professionals such as social workers or licensed psychologists and not by licensed marriage and family therapists.

In addition, the Occupational Code had originally required in 1989 that marriage and family therapists complete 1,000 hours of direct client contact (the actual time spent working with a client) as a requirement for licensure. Currently, under the Public Health Code, marriage and family therapists must complete 2,000 hours of direct client contact, and must complete these hours within five consecutive years. According to the Michigan Association for Marriage and Family Therapy (MAMFT), the client contact hours required are twice as many hours of experience as is required for any other mental health license or certification. Other professions typically require 2,000 clinical hours (direct client hours plus any supervised hours such as case note writing, telephone calls, and staff meetings). The MAMFT maintains that a requirement of 1,000 direct client contact hours would easily result in 2,000 clinical hours. Further, to require that the direct client contact hours be

accumulated within five consecutive years inadvertently acts as a disincentive to doctoral candidates, who, because of heavy course loads, may not be able to complete their course work and the necessary client hours within a five-year period. Therefore, some direct client contact hours may not be able to be counted because they were not completed within the five-consecutive-year period.

Legislation has been proposed to address these concerns and to bring current Public Health Code license requirements pertaining to marriage and family therapists into conformity with past Occupational Code interpretations and practices.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to revise the "supervised experience" requirements for the licensure of marriage and family therapists. Currently, applicants for licensure must have at least a master's degree and must meet certain requirements for gaining experience in a supervised setting.

****** At present, an applicant for licensure must have at least 300 hours of verified direct client contact, completed during his or her educational program, and supervised by a licensed marriage and family therapist. Under the bill, the supervision for this 300-hour experience requirement could be provided by a person with a master's degree (or higher) from an accredited college or university approved by the Board of Marriage and Family Therapy who could be, but would not have to be, a marriage and family therapist. Supervision could also be provided by a certified or registered social worker, a licensed professional counselor, a physician practicing in a mental health setting, a fully licensed (Ph.D. level) psychologist, or an approved supervisor or supervisor-in-training through a program conducted by the American Association for Marriage and Family Therapy and approved by the board.

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******In addition to the 300-hour requirement, an applicant must have completed at least 2,000 post-graduate hours, over not more than five years, of direct client contact, supervised in a ratio of at least one hour of supervision for each 10 hours of experience. The bill would decrease the number of hours required to 1,000, eliminate the requirement that the experience be gained over a period of not more than five years, and require that it be supervised in a ratio of at least one hour of supervision for each five hours of experience. (This experience component would continue to require the supervision of a licensed marriage and family therapist.)

****** Under the bill, applicants with doctoral degrees from accredited doctoral training programs in marriage and family therapy that are approved by the board would be exempt from both the 300-hour requirement and the requirement for 1,000 hours of post-graduate supervised experience.

MCL 333.16909

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the bill would have no fiscal impact on state or local government. (11-18-96)

ARGUMENTS:

For:

Reportedly, when the regulation of marriage and family therapists was transferred from the Occupational Code to the Public Health Code, it was not supposed to have resulted in any substantive changes. However, in changing a reference to 300 hours of supervised educational experience during the master's program as meaning a practicum overseen by a "supervising licensed marriage and family therapist," the change inadvertently disqualified many individuals whose practicums had been supervised by mental health professionals such as social workers, licensed psychologists, and other licensed counselors. In addition, current students are restricted in practicum placement options. Further, if the code is going to specifically require a certain number of direct client contact hours as a requirement for licensure, the hours need to be reduced to 1,000. (The 1,000 direct client contact hour component would still be supervised by licensed marriage and family therapists only.) Many other mental health professions instead require a specified number of clinical hours. Therefore, the required hours can be satisfied with a combination of client hours and hours spent working on case reports, staff meetings, telephone calls, and so on. Reducing the required direct client contact hours to 1,000 should still easily result in the completion of 2,000 or more clinical hours.

For:

The educational requirements for doctoral students in an accredited doctoral training program in marriage and family therapy approved by the Michigan Board of Marriage and Family Therapists are very stringent. All of the current educational and supervised client experience required for licensure are a part of an accredited doctoral program. Therefore, exempting those who had earned Ph.D.s from the 300-hour practicum requirement and 1,000 hours of post-graduate supervised experience is not eliminating this necessary training, but merely relieving the doctoral candidate of supplying the documentation necessary to verify that he or she did indeed complete the training. Those individuals receiving a doctorate from an unaccredited Ph.D. program would still be required to supply the required documentation to verify that the code's requirements had been satisfied.

Against:

Though the plight of doctoral students juggling heavy course loads and trying to complete the necessary direct client contact hours within five years is understandable, a situation could inadvertently be created whereby a person could complete his or her master's degree, perhaps work for several months or a year as a supervised marriage and family therapist, leave the field, possibly return many years later, and still use the client contact hours earned years or even decades earlier to satisfy the 1,000 hour requirement. In light of the evolving nature of professional and educational standards for mental health fields, methods used can change significantly over the years. Therefore, experience gained previously may not be appropriate to satisfy licensing requirements if too much time has elapsed. If doctoral students are having a hard time completing the client contact hours within the five-year period, perhaps an extension could be written into the act instead of dropping a time frame altogether.

Response:

Other mental health professions typically have a minimum, not a maximum, specified number of years in which to complete supervised clinical experience. For example, psychologists and licensed counselors must complete the clinical hours in no less than two years. The situation described above is not typical of the graduates of those entering mental health and counseling professions, and is not viewed by the industry as a problem. Rather, with the stringent educational requirements, and with the benefits of licensure, most marriage and family therapists, as well as other mental health professionals, complete the required supervised clinical experience in a timely manner so that they may continue with their careers and better serve their clients. Eliminating the five-year cap on accumulating the supervised experience will bring marriage and family

therapists in conformity with standards for other mental health professions.

POSITIONS:

The Bureau of Occupational and Professional Regulation within the Department of Consumer and Industry Affairs supports the bill. (11-12-96)

The Michigan Association of Marriage and Family Therapy supports the bill. (11-20-96)

The Board of Marriage and Family Therapy supports the bill. (11-21-96)

Analyst: S. Stutzky

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.