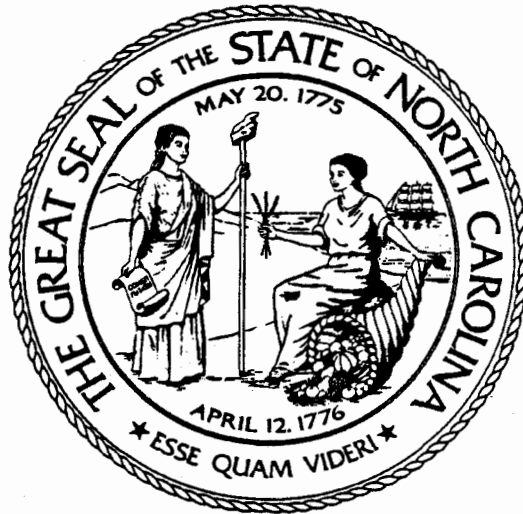


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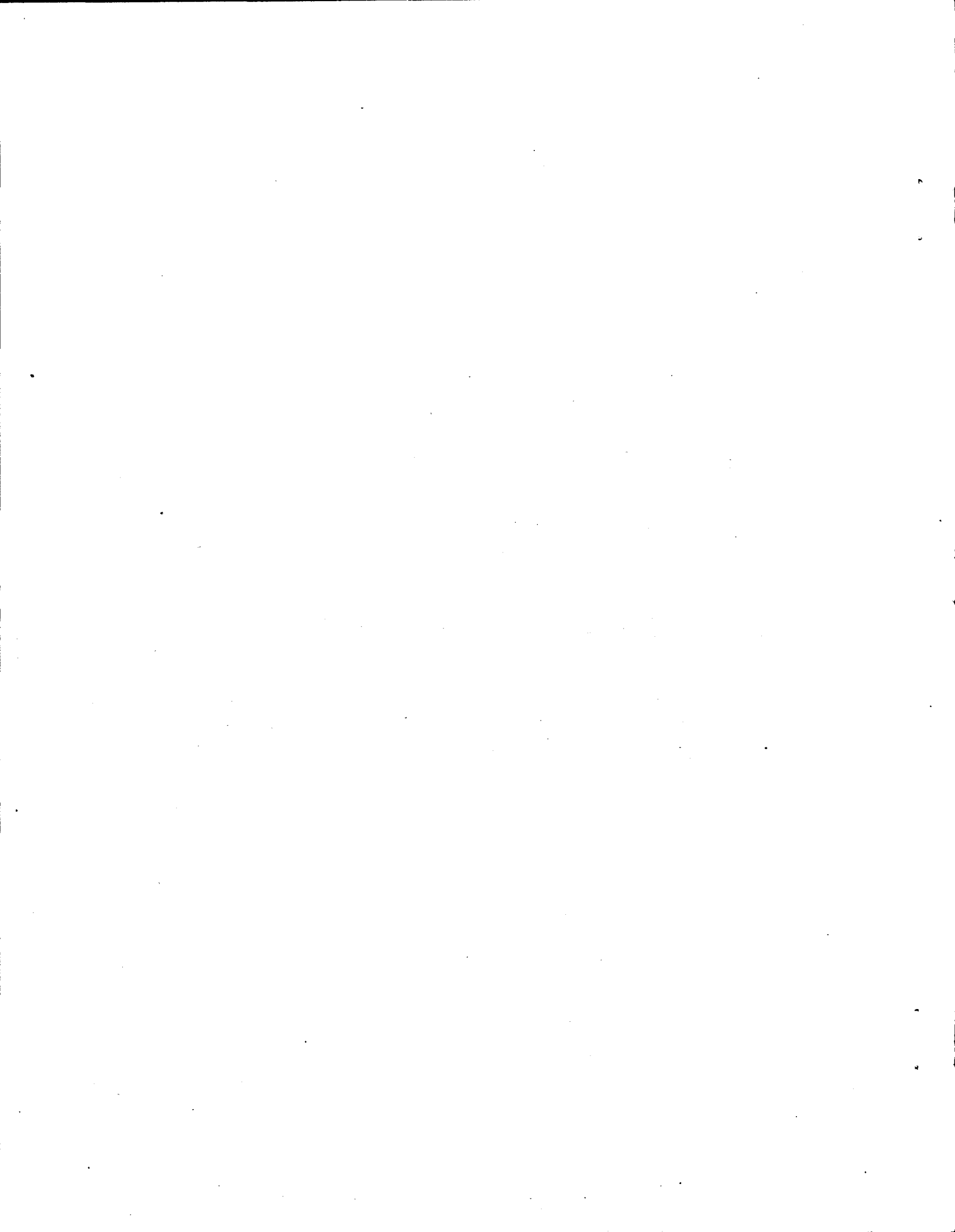
LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

MARITAL & FAMILY THERAPY



ASSESSMENT REPORT
1993

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**NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS
STATE LEGISLATIVE BUILDING
RALEIGH, NC 27611**



April 14, 1993

TO THE MEMBERS OF THE GENERAL ASSEMBLY:

The Legislative Committee on New Licensing Boards is pleased to present its assessment report on the licensing of marital and family therapists. This report serves as both the preliminary and final assessment reports.

**Representative Mary Jarrell, Chair
Legislative Committee on New Licensing Boards**

PREFACE

The Legislative Committee on New Licensing Boards was created by the General Assembly in 1984 to screen bills creating new licensing boards. In 1987, the Committee's jurisdiction was broadened to include reviews of bills that would give existing boards licensing authority over previously unregulated professions or occupations.

The purpose of the review is to determine whether there is a justifiable need for licensure. The criteria under which these bills are evaluated by the Committee are set out in the statutes and include factors such as whether the occupation requires special skills, whether the public on its own can evaluate the competence of the practitioner, and whether the occupation can be effectively regulated by other means.

The Committee's findings and recommendations are released through a preliminary assessment report and a final assessment report. Until the final assessment report is released by the Committee, the bill cannot be debated in any other committee or on the floor of either house. The preliminary report gives the sponsor an opportunity to review and comment on an unfavorable recommendation before the Committee makes a final recommendation. The sponsor has up to 7 days to review the report but can waive this review period. When the preliminary assessment report is favorable, the review period is routinely waived so that the final report can be issued immediately.

The Committee has no jurisdiction over proposals to create voluntary certification boards -- i.e., those boards that require certification as a prerequisite to using a certain title but do not otherwise prohibit practice of the profession. The reason these proposals are not reviewed is that they do not prevent persons from practicing a profession; they merely provide a mechanism whereby members of the profession who want to distinguish themselves as "certified" can do so voluntarily.

MEMBERSHIP (1993-94)

LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

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MARRIAGE AND FAMILY THERAPY

Marriage and family therapy is the "clinical practice of the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems...and involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating these diagnosed mental and emotional disorders" (proposed G.S. §90-270.47(3a)).

Currently, North Carolina has a voluntary certification process for marriage and family therapists. This allows those practitioners who want to call themselves "certified" marriage and family therapists to do so by meeting specified educational and experience requirements and passing an examination. However, the voluntary certification process does not prevent unqualified persons from practicing marriage and family therapy nor from advertising as "marriage and family therapists." The North Carolina Marital and Family Therapy Certification Board has received numerous complaints about unqualified, uncertified practitioners, but it has no authority to discipline them.

Consumers of marriage and family therapy services are often emotionally or mentally vulnerable and may not be in a position to evaluate the competency of a prospective therapist. The proposal to license these therapists would offer protection to these consumers by ensuring that all marriage and family therapists are required to meet the appropriate qualifications for practice. The existing certification board would become the new licensure board and would have jurisdiction over all persons practicing marriage and family therapy.

The proposal to license marriage and family therapists will require applicants to meet the same educational and experience requirements currently imposed on certified therapists (specified educational degree, 1500 hours clinical experience, and examination). Persons certified as of January 1, 1994, will automatically be licensed. Others who have substantially met the educational and experience requirements may obtain a temporary license that allows practice for one year or until the next licensure renewal period, subject to any Board-imposed restrictions on the scope of practice. Continuing education will also be required of licensees.

There are currently 478 certified marriage and family therapists in North Carolina, providing therapy services to over 25,000 North Carolina families. It is also estimated that there are as many as 950 uncertified practitioners who meet the criteria for certification. Marriage and family therapy is currently regulated by 29 states, most of whom require licensure of the therapists.

The Committee finds that the requirements of G.S. 120-149.1 have been met by the proposal to license marriage and family therapists and therefore recommends licensure of marriage and family therapists:

- (1) The unregulated practice of marriage and family therapy can substantially harm or endanger the public health.
- (2) Marriage and family therapy possesses qualities that distinguishes it from ordinary labor.
- (3) Marriage and family therapy requires specialized skill or training.
- (4) A substantial majority of the public does not have the knowledge or experience to evaluate whether a person practicing as a marriage and family therapist is competent.

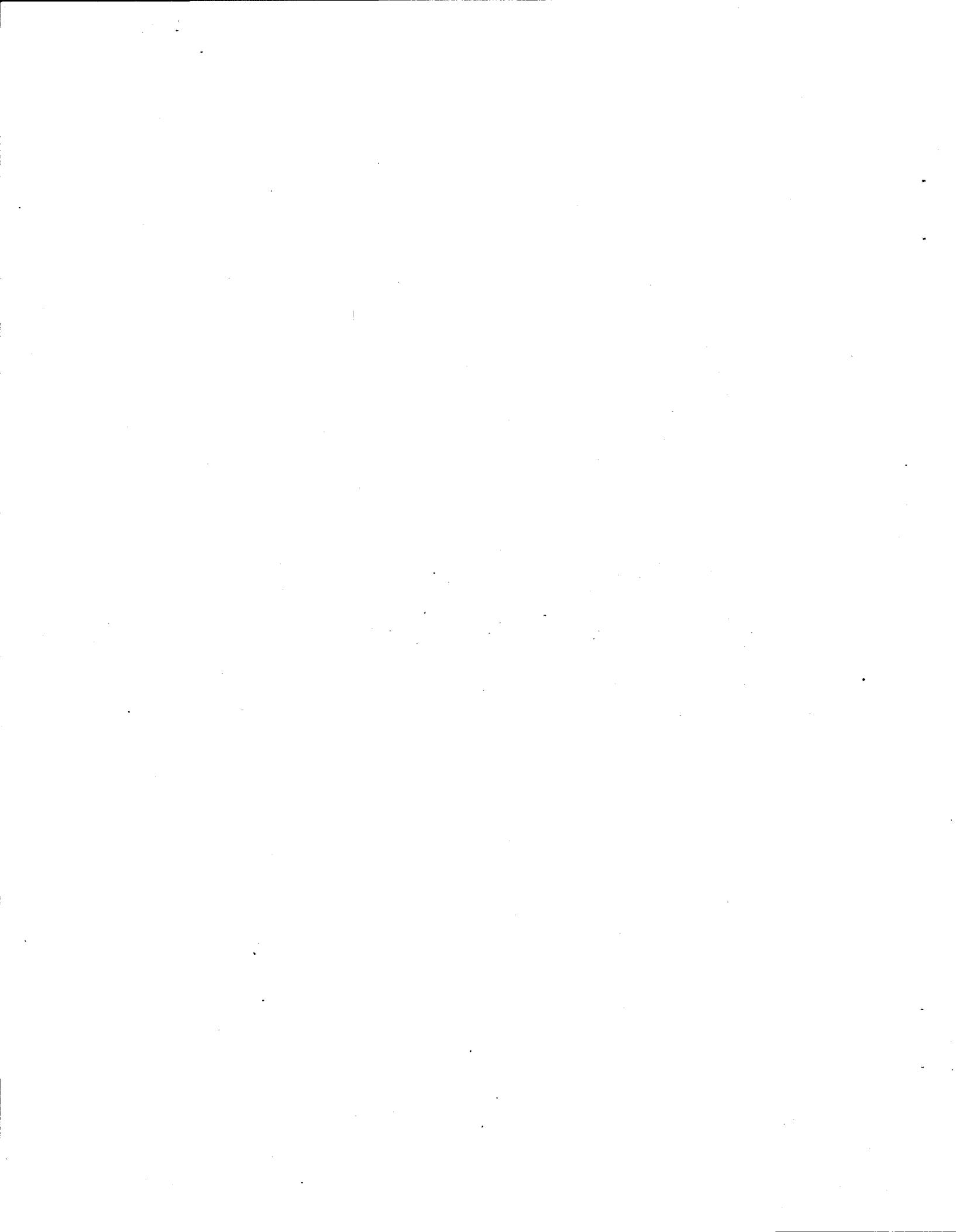
(5) The public cannot be protected by means other than licensure.

(6) Licensure of marriage and family therapy would not appear to have a substantial adverse economic impact upon marriage and family therapy patients.

*This report serves as both the preliminary and final assessment report on the licensing of marriage and family therapists. The report is based on information provided in the response to the Committee's questionnaire, testimony received before the Committee at its April 12, 1993 meeting, and the proposed legislation before the Committee (House Bill 233 and Senate Bill 478).

The response to the questionnaire is provided in this report. Additional materials filed by the sponsor with the Committee are on file with the Committee Counsel and will be available from the Legislative Library at the end of the session.

The Committee is unable to print in the report all materials submitted to it. Materials referenced in the questionnaire response that are not published in this report are generally available from the Committee Counsel.



**REPORT TO LEGISLATIVE COMMITTEE
ON NEW LICENSING BOARDS**

1993 NORTH CAROLINA GENERAL ASSEMBLY

***AN ACT TO REQUIRE LICENSURE OF
MARRIAGE AND FAMILY THERAPISTS***

Senate Bill 478
House Bill 233

Submitted by

North Carolina Association for Marriage and Family Therapy

EXECUTIVE SUMMARY

Marital and family therapists treat persons with a wide array of disorders in various stages of crisis. They apply an understanding of the dynamics of family systems combined with psychotherapeutic theories and techniques to diagnose and treat mental and emotional disorders. Treatment typically involves not only the individual, but may draw upon the strengths and dynamics of the family system in working toward problem resolution.

Marital and family therapy has been recognized by most states and the State of North Carolina as a separate and distinct mental health discipline that affects the public safety and welfare and requires appropriate regulation and control. Most states which regulate the practice do so by licensure. Although the practice of marital and family therapy in North Carolina is currently subject to a system of voluntary certification, this level of regulation has proven inadequate. The North Carolina Marital and Family Therapy Certification Board and the North Carolina Association for Marriage and Family Therapy routinely receives complaints from persons who have received improper or inadequate treatment by marital and family therapists, most of whom are uncertified. In response to these complaints, the Certification Board can only revoke the certification of problem therapists. It has no authority to sanction persons who are not certified, or whose certification has been revoked and who continue to practice. Thus, even mental health practitioners who have been barred from practice in other disciplines and other states are free to advertise and practice as marital and family therapists in North Carolina.

Consumers need protection from the unqualified or incompetent practice of marital and family therapy. Mental health consumers seeking treatment are vulnerable to the influence of someone perceived to be a professional with expertise. Often, persons in need of assistance are distraught and incapable of making careful and informed decisions in selecting a therapist. Further, because of the complex nature of marital and family therapy, even consumers who seek referrals from other members of the public cannot be assured that they will be referred to a qualified professional.

Licensure of marital and family therapists will protect the public by assuring that persons in need of treatment will select from among competent and qualified marriage and family therapists. It will assure that all persons practicing as marriage and family therapists have received the education and training necessary to effectively serve the public, and to recognize the need for other forms of treatment. Licensure will impose nationally recognized ethical principles on the practice of marriage and family therapy in North Carolina. Licensure will also require that marriage and family therapists periodically update their skills and training through continuing education.

Licensure will not create a new bureaucracy or additional economic costs. The proposed legislation merely converts the present Certification Board into a licensure authority. Persons already certified in North Carolina will automatically become licensed on passage of the act. Marital and family therapists who are not certified at the time licensure is enacted will be eligible for licensure upon meeting statutory qualifications identical to those presently required for certification. Proposed fees for licensing are comparable to those enacted in other states.

The proposed legislation will provide the person seeking marriage and family therapy with the same protection already available to those seeking treatment from a variety of other mental health professions, including psychologists and clinical social workers. Given the potential for continued harm to the health and welfare of North Carolina citizens from the unqualified

practice of marital and family therapy, licensure is both an appropriate and timely measure for the protection of our state's citizens.

FACTS AND POSITION PAPER LICENSING FOR MARRIAGE AND FAMILY THERAPISTS

PROBLEM

The public is unknowingly receiving services from individuals who identify themselves and practice as "Marriage and Family Therapists", when, in fact, many of these individuals have neither the training nor expertise to provide acceptable marriage and family therapy.

POSITION

The North Carolina Association for Marriage and Family Therapy supports the passage of legislation to amend the current Certification Act by establishing educational and experience standards for the Licensure of Marriage and Family Therapists. **This is viewed as necessary for protecting the public from the unqualified and untrained practitioner.** The current Certification Act can be amended with little change to better protect the public, utilizing the present structures and without any additional cost to the taxpayer.

BACKGROUND

In 1979, North Carolina General Statute 90-270.46 declared marital and family therapy to be a professional practice which affects the public safety and welfare and requires appropriate certification and control in the public interest. The Marital and Family Therapy Certification Act established a Certification Board with a structure and procedures to insure that the public has a means of protecting itself from unprofessional, improper, and unauthorized use of the title "Certified Marital and Family Therapist."

Whereas this voluntary level of regulation has proven necessary, it is not sufficient in that anyone can advertise or otherwise hold him/herself out to be a marital and family therapist and engage in the practice of marriage and family therapy without first being certified. Furthermore, the Certification Board has no authority to investigate and address complaints from the public if they involve a non-certified therapist. Non-certified therapists may continue to provide inadequate, improper and harmful treatment to an unsuspecting and inadequately protected public.

THIS ACT WILL:

- ★ Require licensing of persons who use the title of "Marriage and Family Therapist" or the equivalent, or practice Marriage and Family Therapy in North Carolina.
- ★ Protect the public from persons who are unauthorized or unqualified to represent themselves as "Marriage and Family Therapists" or to provide competent services to our citizens.
- ★ Provide the public with disciplinary resources in the event of unprofessional conduct by persons licensed to practice Marriage and Family Therapy.

- ★ Establish standards for licensing "Marriage and Family Therapists", including an appropriate Master's degree from an accredited university and a minimum of 1500 hours of supervised clinical experience in the practice of Marriage and Family Therapy, and passing an examination.

THIS ACT WILL NOT:

- ★ Restrict other registered, licensed or certified health professionals from practicing their respective professions, including working with couples or families, so long as they do so in compliance with the standards of their respective governing boards and professional regulations.
- ★ Restrict members of the clergy, student interns, or employees of non-profit agencies, educational or governmental institutions from working with couples or families.

RATIONALE

Marriage and Family Therapy is a distinct mental health profession focusing on diagnosis, treatment and prevention of mental and emotional disorders through the application of psychotherapeutic and family systems theory and techniques. Mental health consumers seeking treatment are vulnerable to the influence of someone perceived to be a professional with expertise. Consequently, it is in the interest of the State to see that vulnerable constituents and their families are protected from incompetent providers of these services.

RECOMMENDATION

The North Carolina Association for Marriage and Family Therapy recommends that the Marital and Family Therapy Certification Act be amended to mandate Licensure for Marriage and Family Therapists. These standards should be administered in such a way as to convert the current Certification Board to the North Carolina Marriage and Family Therapy Licensure Board.

ENDORSEMENTS

American Association for Marriage and Family Therapy
North Carolina Association for Marriage and Family Therapy
North Carolina Counseling Association

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REPORT TO THE LEGISLATIVE COMMITTEE ON NEW LICENSING BOARDS

I. A. In what ways has the marketplace failed to regulate adequately the profession or occupation?

In 1979, the General Assembly enacted the Marital and Family Therapy Certification Act, in which it declared marital and family therapy to be a professional practice which affects the public safety and welfare and requires appropriate certification and control in the public interest. The Act therefore established a Certification Board with a structure and procedures to insure that the public has a means of protecting itself from unprofessional, improper, unauthorized, and unqualified use of the title "Certified Marital and Family Therapist." With this title protection law, the Legislature attempted to provide protection to the citizens of North Carolina by regulating the practice of marital and family therapy. Whereas this level of regulation has proven necessary, it has not proven sufficient.

The difficulty with the current law is that anyone, regardless of his/her education or experience, can advertise or otherwise hold him/herself out to be a marital and family therapist. The statute provides only that therapists cannot use the title "Certified Marital and Family Therapist" unless they have first been certified. Thus, literally anyone in North Carolina can engage in the practice of marital and family therapy. Even therapists prohibited from practicing in other states and other professions can practice as marital and family therapists in North Carolina without fear of scrutiny or sanction.

In addition, even marital and family therapists who are certified in North Carolina can only be sanctioned by revoking their certificate. Decertified therapists can continue to practice as uncertified marital and family therapists, thereby continuing to provide inadequate, improper and harmful treatment to an unsuspecting and inadequately protected public.

B. Have there been any complaints about the unregulated profession or occupation?

The Executive Secretary of the North Carolina Marital and Family Therapy Certification Board and the Executive Director of the North Carolina Association for Marriage and Family Therapy receive one to two complaints or inquiries per month from clients who believe they have been harmed. Most of these complaints involve non-certified therapists. Unfortunately, the Certification Board has no authority to investigate and address such complaints and citizens must be told that no action can be taken under existing law. Furthermore, it is believed that the actual number of consumer complaints is under-reported. Many consumers are unaware that they can and should report their complaints. Even when consumers know that complainants are appropriate, they may be unsure of who or where to call. Given the difficulty of reporting complaints and the absence of effective enforcement mechanisms against uncertified practitioners, it is no wonder that consumers give up and suffer in silence.

Similarly, the Executive Secretary and Executive Director receive complaints from therapists in the state who learn of unethical and improper practices. Again, the vast majority of these complaints pertain to persons not certified and thus the Board can take no action. This leaves

clients who are harmed and well-intentioned therapists, who are ethically bound to report suspected unethical behavior by fellow therapists, feeling frustrated. More importantly, the public remains at risk because of the impotence of the Certification Board under the current level of regulation.

Finally, the Executive Secretary and the Executive Director receive dozens of inquiries per year regarding our state's regulation of practice from marital and family therapists considering relocation to North Carolina from other states. Those therapists residing in states that license marital and family therapists are reluctant to relocate to a state where their professional credentials and qualifications are not regarded as necessary. This issue is particularly important given that Georgia, Florida, South Carolina, and Tennessee all regulate marital and family therapists.

II. A. In what ways has the public health, safety or welfare sustained harm or is in imminent danger of harm because of lack of state regulation?

Modern societal problems and economic uncertainty leave many of our state's families distressed. More families than ever before feel sufficient distress to seek professional help. With more and more therapists of various backgrounds and training to choose from, families are asked to make important consumer distinctions. Certified marital and family therapists in the state have met rigorous standards for education and supervised clinical experience and have passed a written examination administered by the Marital and Family Therapy Certification Board. But literally anyone, regardless of his/her education or experience, can practice as a non-certified marital and family therapist. Most citizens do not understand the serious implications of this distinction. Many are forced to choose between practitioners at a time when they are distressed and eager for relief. Because of this urgency and the stigma that still exists about asking for help, most consumers seeking help from marital and family therapists do not conduct a thorough and systematic search for an appropriate therapist. In fact, many consumers simply refer to the yellow pages of their telephone directory and select a therapist listed under any of the mental health headings. Because most telephone directories list non-certified marital and family therapists before those who are certified, the average consumer locates the non-certified therapist first. Consumers do not understand that anyone can take out a yellow page ad and that no requirements exist for listing under the non-certified heading. Because of the potential for consumers to be confused in times of crisis about the differences between certified and non-certified marital and family therapists and the potential for harm to consumers selecting inadequately trained therapists, additional regulation of the practice of marital and family therapy is needed.

Although it is possible to give specific examples of harm sustained by consumers of marital and family therapy services, it is not possible to provide names and addresses of harmed individuals because of ethical and legal requirements to maintain client confidentiality. Appendix A contains a sample of harmful situations that have occurred in North Carolina. Appendix B contains examples of situations that have resulted result in disciplinary action in other states that regulate the practice of marital and family therapy. Appendix C contains examples of situations which have resulted in termination of clinical-member status with the American Association for Marriage and Family Therapy.

III. A. Is there potential for substantial harm or danger by the profession or occupation to the public health, safety, or welfare? How can this potential for substantial harm or danger be recognized?

As described above, there is already a danger to the public arising from the practice of marital and family therapy by inadequately trained or unethical therapists. This potential for harm is heightened because of the increasing demand for services offered by marital and family therapists. Several factors account for the additional demand, including the following:

(1) Marital and family concerns are the most common complaint presented to therapists across all mental health professions.

(2) Increasing public willingness to obtain help for marriage and family problems from trained mental health professionals.

(3) Increasing awareness by the public that marital and family therapy, involving the professional application of psychotherapeutic and family systems theories and techniques, is an effective and efficient means of treating a wide variety of mental and emotional disorders.

(4) Increasing awareness among mental health professionals and consumers alike that marital and family therapists are pioneers in the practice of "brief therapy" -- focused, highly structured treatment that addresses problem issues immediately and concludes as soon as specific, attainable treatment goals are met.

For these reasons and others, many consumers would consider seeking help from a marital and family therapist when they would not seek help from one of the more traditional mental health disciplines. Yet the benefits of this growing awareness of marital and family therapy are frustrated by the continued practice of incompetent or unethical persons holding themselves out as qualified therapists.

The potential for substantial harm or danger is highlighted by the variety of undesirable personal, societal and economic outcomes associated with the delivery of marital and family therapy by unqualified, incompetent or unethical individuals. Examples of personal harm include the unnecessary and extreme emotional distress caused by the misdiagnosis or improper treatment of serious concerns like anxiety, substance abuse, physical abuse, sexual abuse, depression, and adjustment disorders. The most extreme harmful personal outcome would be suicide enabled by incompetent treatment or assessment by an unqualified therapist.

Examples of societal harm include family disruption through unnecessary divorce as well as placement of children outside the home, either in a foster care or institutional setting. These types of societal costs have additional indirect negative consequences for the education, legal and child welfare systems. Much greater costs are associated with the out-of-home treatment of a child than with in-home treatment. The economic consequences of services that are delivered in an unethical or incompetent manner also include loss of work and productivity caused by absenteeism associated with ineffective and inefficient treatment.

B. Has this potential harm or danger to the public been recognized by other states or the federal government through the licensing or certification process? Please list the other states and give the relevant statutory citations.

As of May of 1992, twenty-nine states had enacted statutes governing marital and family therapy. These states include our contiguous states of South Carolina, Tennessee and Georgia. Regulation is being considered in Virginia. Most of these twenty-nine states require a license either to practice or to hold one self out as practicing marital and family therapy. The remaining states require certification for use of the title "certified" or "licensed" marriage and family therapist. For a complete listing of states regulating marital and family therapy, see Appendix D.

Marriage and family therapy, like other mental health professions, is not regulated by the federal government. However, clinical membership in the American Association for Marriage and Family Therapy has been recognized as the credential demonstrating competence in marriage and family therapy. The education, experience and supervision requirements for certification as a marital and family therapist in North Carolina meet or exceed those for clinical membership in the American Association for Marriage and Family Therapy.

IV. A. What will be the economic advantages of licensing to the public?

Licensure of marital and family therapists would give consumers some assurance of qualification and competence on the part of therapists. Money would not be wasted on services delivered by unqualified, incompetent or unethical individuals. With licensure, those practitioners determined to be unqualified, incompetent or unethical could be prohibited from practicing.

Savings would also result from the fact that marital and family therapy tends to be a briefer and less expensive form of treatment than the more traditional mental health disciplines. The public would also save the economic and productivity costs resulting from the emotional suffering associated with improper or inadequate treatment. Other indirect economic advantages would include increasing competition among therapists as more therapists from other states choose to relocate to North Carolina.

B. What will be the economic disadvantages of licensing to the public?

Licensure will result in no economic disadvantages to the public. In other states there has been no significant economic impact following the passage of laws regulating marital and family therapy. Because the North Carolina Marital and Family Therapy Certification Board is already in operation with the necessary supportive structures, no additional regulatory resources will be required. Income generated by fees would continue to cover the costs of operating the Board.

C. What will be the economic advantages of licensing to the practitioners?

There will be no direct economic advantages to certified marital and family therapists. However, certified marital and family therapists and those therapists who subsequently qualify for the license may realize indirect economic benefits resulting from increased public recognition of, and trust in, the better regulated profession of marital and family therapy.

D. What will be the economic disadvantages of licensing to the practitioners?

There should be no economic disadvantages to qualified marital therapists. Any person who is a certified marital and family therapist on the date of the enactment of the proposed bill will be deemed to be a licensed marriage and family therapist as of that date. This will be an immediate process requiring no administrative costs. Practitioners who are currently certified will not be required to take any additional exams or to make any additional applications. Marital and family therapists who are not certified at the time licensure takes effect will be eligible for licensure upon meeting the statutory qualifications. Requirements and qualifications for obtaining a license will be the same as those currently in place for certification. The reasonably modest fees for licensing are comparable to those enacted in this and other states and were established in consultation with the North Carolina Marital and Family Therapy Certification Board.

E. Please give other potential benefits to the public of licensing that would outweigh the potential harmful effects of licensure such as a decrease in the availability of practitioners and higher costs to the public.

- 1) Licensure will result in a better informed and better protected public.
- 2) Licensure will assure that all marital and family therapists have met basic standards for education and experience.
- 3) Continuing education requirements in the proposed statute will keep practitioners updated on new developments in the practice and profession of marital and family therapy.

V. A. Please detail the specific specialized skills or training that distinguish the occupation or profession from ordinary labor. How is such justified?

Marital and family therapists treat persons with a wide array of disorders in various stages of crisis. They apply an understanding of the dynamics of family systems combined with psychotherapeutic theories and techniques to diagnose and treat mental and emotional disorders. Treatment typically involves not only the individual, but may draw upon the strengths and dynamics of the family system in working toward problem resolution.

It is generally accepted within the field of marital and family therapy that a master's degree and two years of supervised clinical experience are minimal standards for education and experience. These standards, which are already in effect with the current certification procedure, would be continued by the proposed legislation and closely approximate those used in other states and by the American Association for Marital and Family Therapy for clinical membership.

Specific educational requirements include a master's or other degree from a recognized educational institution in the field of marital and family therapy or other allied mental health field supported by an equivalent course of study. Generally, this would require at least 45 semester hours of graduate study, including courses in general family studies (six semester hours); marital and family therapy theory (six semester hours); individual studies, including personality and psychopathology (six semester hours); and a twelve-month clinical practicum in marital and

family therapy. Experience requirements include at least 1,500 hours of supervised clinical experience. Applicants for licensure would have to also pass an examination demonstrating their knowledge of marital and family therapy theory and practice.

B. What are other qualities of the profession or occupation that distinguish it from ordinary labor?

Marital and family therapists enter into therapeutic alliances with clients, using family systems concepts and technical skills to redefine problems into solvable challenges and access family strength for the solution of problems associated with mental and emotional problems. Marital and family therapists serve clients of all ages in private practice, mental health centers, drug and alcohol treatment facilities, and university settings. They are trained to apply family systems theories and knowledge of human development and problem resolution to distinguish psychopathology from developmental stresses and cultural differences, assess the client family within its interpersonal and societal context, and construct solutions to problems. Furthermore, marital and family therapists have specialized skills in collaborating with community agencies involved with families to expedite family healing.

Assessment and intervention are closely related and must be based on a strong foundation of sound theory and proven technique to assure proper diagnosis and treatment. Although a solid knowledge base is fundamental, a thorough supervised clinical experience affords the novice therapist continued feedback from experienced clinicians to refine his/her skills in joining collaboratively with clients and in solving problems associated with mental and emotional disorders.

Researchers continue to validate the efficacy of marriage and family therapy as a unique, empirically-based modality for intervening with mental and emotional disorders. Marriage and family therapy is considered essential as an adjunctive treatment for substance abuse and chemical dependency. Also, marriage and family therapy offers effective interventions in the family treatment of major mental illnesses, including schizophrenia, serious eating disorders, and unipolar and bipolar depression. Furthermore, disorders of childhood and adolescence, including delinquency, school problems, hyperactivity, and substance abuse, are routinely and effectively treated by marriage and family therapists (Szapocznik & Kurtines, 1989; O'Leary & Beach, 1990; Falloon et al., 1985; Retzer et al., 1991).

VI. A. Will licensing requirements cover all practicing members of the occupation or profession? If any practitioners of the profession or occupation will be exempt, what is the rationale for the exemption?

The proposed legislation will impose licensing requirements on all persons who practice marriage or family therapy or hold themselves out to the public, either by advertising or by the use of a title or other means of identification, as a person practicing marriage and family therapy. The proposed legislation exempts the following persons:

(1) those preparing for the practice of marriage and family therapy provided they work under supervision approved by the Licensing Board and use the appropriate title as designated by the Board;

(2) those practicing marriage and family therapy as a part of their duties as an employee of a recognized educational institution, or a federal, state, county, or local governmental institution or agency while performing those duties for which they were employed by such an institution, agency, or facility; and

(3) those practicing marriage and family therapy as a part of their duties as an employee of an organization which is non-profit and which is determined by the Board to meet community needs while performing those duties for which they were employed by the non-profit institution.

These exemptions are included to insure that persons are able to acquire the necessary levels of competence for licensure through supervised clinical experience and to insure that marriage and family therapy services are available through educational, governmental, and non-profit institutions or agencies. Regulation of marriage and family therapy at such institutions and agencies operates through the agencies themselves and other existing regulatory bodies so that the public is protected.

B. What is the approximate number of persons who will be regulated and the number of persons who are likely to utilize the services of the occupation or profession?

There are presently 478 certified marital and family therapists practicing in North Carolina. Based on data from comparable mental health professions, it is estimated that there may be as many as 950 non-certified persons who meet the criteria for certification in North Carolina. It is expected that the number of certified therapists will increase substantially with licensure.

At present, an estimated 25,000 families receive some level of service from certified marital and family therapists in North Carolina. During the course of a year, North Carolina families have over 450,000 professional contacts with certified marital and family therapists.

VII. What kind of knowledge or experience does the public need to have to be able to evaluate the services offered by the occupation or profession?

When consumers decide they need the services of a marital and family therapist they are usually in a state of crisis which makes it difficult for them carefully or systematically evaluate the level of training or competence of a therapist. Their focus is on getting help to resolve their problems and concerns and getting relief for their distress. For these reasons, their judgment might be clouded and their scrutiny inadequate. Further, the social stigma sometimes associated with seeking professional mental health treatment often prevents persons in need of assistance from seeking references from neighbors or co-workers.

Further, evaluation of the services offered by a marital and family therapist is a complex undertaking even for well-trained and experienced researchers. There are many possible answers to the question, "What is a successful outcome of therapy?" It is also difficult to measure meaningful change over the course of therapy and to explain the reasons for this change. It is extremely difficult for consumers to determine the quality of services they receive because of this complexity and because they are less likely to be objective during times of distress. Thus, even information from other consumers of marital and family therapy cannot reliably ensure high quality service, since individual experiences are susceptible to bias and distortion. For these

reasons, it is imperative that the public be protected at the front end by greater regulation of marital and family therapy.

The citizens of North Carolina deserve the same protection by the state from harm caused by unqualified, incompetent, or unethical marital and family therapists as they currently have for services provided by psychologists and clinical social workers.

VIII. Does the occupational group have an established code of ethics, a voluntary certification program, or other measures to ensure a minimum quality of service? Please document.

Marital and family therapists are expected to at all times operate with the highest regard for professional practice in compliance with the code of ethics for marital and family therapy. Appendix G contains the rules of the North Carolina Marital and Family Therapy Certification Board, which includes ethical obligations of certified marital and family therapists. Appendix E contains a copy of the Code of Ethics of the American Association for Marriage and Family Therapy. Appendix F contains the section of the North Carolina General Statutes of describing certification requirements now in effect for marital and family therapists.

IX. Please cite and document the extent to which any other licensing board in North Carolina regulates similar or parallel functions to the profession or occupation.

The North Carolina Marital and Family Therapy Certification Board established in 1979 by the General Assembly under Article 18C of Chapter 90 of the General Statutes offers voluntary certification for marital and family therapists. This Board has indicated that it can administer the proposed amendments to Chapter 90 requiring that marriage and family therapists obtain a license. The annual report of the North Carolina Marital and Family Therapy Certification Board can be found at Appendix I.

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