



JON S. CORZINE  
Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Marriage and Family Therapy Examiners  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102



ANNE MILGRAM  
Attorney General

DAVID SZUCHMAN  
Director

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David Szuchman, Director  
Lawrence DeMarzo, Director of Consumer Relations  
Department of Law and Public Safety  
Division of Consumer Affairs  
124 Halsey Street  
Newark, New Jersey

**Mailing Address:**  
P.O. Box 45007  
Newark, NJ 07101  
(973) 504-6415

Dear Mr. Szuchman and Mr. DeMarzo:

The Board of Marriage and Family Therapy Examiners (the Board) has become increasingly aware of the disadvantageous position that New Jersey Licensed Marriage and Family Therapists (LMFT), and marriage and family therapists in general, occupy within the field of mental health. LMFTs are excluded from the provider lists of many third party payors, from positions within mental health service agencies, discriminated against within the mental health establishment in New Jersey, within governmental mental health insurance programs, within governmental agencies in New Jersey and within the Division of Consumer Affairs. The future of the family systems licensee in New Jersey is approaching a critical state. The Board asks that you meet with us to discuss and assess the urgency of this matter. Our objective is to develop a plan for greater acceptance of the MFT license, the expertise that is basic to it and an increased exposure to clinical training facilities for the graduates of the New Jersey educational programs in marriage and family therapy. The Board will also request you to correct a perceived mistake.

This letter is an attempt by me, with the support of the Board, to promote a discussion of this issue since it effects our regulatory mission of “serving and protecting the public.” I will provide a review of the history of marriage and family therapy and a perception of the restrictions that confront marriage and family therapists in New Jersey. I will then offer some suggestions that address this problem that I, and the Board, believe have merit and will enhance the application of the Board’s statutory obligation to regulate family systems therapy and to further the Board’s mandate to “serve and protect the public.”

Psychotherapy began with Sigmund Freud in the 1880s. Out of that milieu, clinical mental health professions developed beginning with psychoanalysis, medical psychiatry and psychology. Since many patients were actually treated by nurses and social workers, they emerged as separate mental health professions – clinical social workers and psychiatric nurses. Until the 1950s, the mental health professions consisted of these four related but separate disciplines – psychiatry, psychology, social work and psychiatric nursing. Throughout the first half of the twentieth century, mental health theory and practice developed within the framework of Freudian psychoanalysis. All

of the variations remained essentially developments upon the brilliant theories of Freud's individual psychotherapy theories and methods and began to be referred to as "psychodynamic" theory and therapy.

However, in the 1940s and 1950s, in an attempt to find ever more effective forms of clinical practice, systemic family therapy theories and methodologies began to be explored and developed. At this early stage, what I have referred to as the "disadvantageous position" that marriage and family therapists hold began to develop. Early family systems theorists were considered radical, unorthodox and unacceptable innovators. During the 1960s and 1970s, a time during which challenge was considered an honorable position by a large portion of the culture, marriage and family therapists encouraged the view that we were adventurous, unorthodox and challenging in order to discover newer and more effective theories and methods with which to treat all forms of mental illness. Therefore, the family systems perspective developed as a clear and distinct set of clinical theory and practice that, minimally, offers an alternative way of viewing and treating mental illness and, at best, presents an over-arching theory of human functioning within which all other theories can be subsumed and given richer depth and meaning, leading to more effective clinical practice.

The family systems perspective did not progress without much conflict and challenge. For the construction of quality theory, this conflict and challenge has been extremely useful and helpful, producing better theory and a better understanding of human functioning and dysfunctioning for all theoretical orientations. Clinical practice also improved; research began to substantiate that family systems interventions are as effective and, in many cases more so, than alternative interventions and are consistently more efficacious than no treatment at all. Research has further shown that family systems therapy is effective for schizophrenia, substance abuse, alcoholism, marital problems, child identified problems, improving couple communication, and couple enrichment, to name a few. Further, marriage and family therapists have developed several empirically validated, manualized treatment approaches.

On the practical level, these advances led to the establishment of the profession of "marriage and family therapy." In the 1960s, legislatures began to license members of this new profession, and New Jersey was the third state to do so, creating the "Marriage Counselors" license in 1969; in 1995, the legislature changed the title to the current title, "Marriage and Family Therapist." In the 1970s, the United States Department of Education recognized the profession as the fifth mental health profession – psychiatry, psychology, social work, psychiatric nursing and marriage and family therapy.

One might presume from this brief history that by the 1990s the profession and practice had "arrived" as a fully accredited and accepted member of the mental health field. This has not been the case. There has been much energy spent to repress, discredit and ignore marriage and family therapy and therapists. The unwillingness of the established professional groups to tolerate and accept family therapists produced the earliest family therapy organizations. When acceptance began to be grudgingly granted, it was as an "interest" group, or as a minor sub-specialty, not as an equal with substantive theoretical and clinical acumen. Many mental health professionals maintain these attitudes today.

These attitudes have led to jealousy and fear. This produced “turf” battles as established professions feared that the inclusion of marriage and family therapists in the field would reduce their share of the “pie.” Some have sincerely, although mistakenly, believed that marriage and family therapists receive inferior education and training. Many psychologists still believe that they are the only ones who should provide clinical services. At the national level, the National Association of Social Workers (NASW) has used inaccurate, biased and unsupported information claiming that marriage and family therapists are not qualified to be mental health providers. Within the past few years, NASW has used this information successfully to block the inclusion of marriage and family therapists as approved providers in federally funded health care legislation, i.e., Medicare. Despite these efforts by NASW and others, the American Association for Marriage and Family Therapy (AAMFT) has been able to obtain the inclusion of marriage and family therapists as approved providers in many federal programs, especially in the substance abuse area and by the Veterans Administration.

Attitudes are also effected by the titles “Marriage Counselor” and “Marriage and Family Therapist.” These titles tend to focus on “who is in the room” and obscure the larger reality that the title refers to a comprehensive systemic theory and methodology that encompasses all mental health issues. While it is true that marriage and family therapists are trained to specialize in treating “these groups” (sub-systems), we are more comprehensively trained to view and treat all mental health problems through “these groups,” through the lens of a systems perspective. These attitudes present to the public a diminished view of the help that they may be able to receive from marriage and family therapists. Unfortunately, an alternative, acceptable title has not been discovered.

This, of course, is not just a public relations problem. As mentioned above, it has restricted the inclusion of marriage and family therapists in enabling national legislation. It has also inhibited the inclusion of marriage and family therapists in private health insurance. It is only recently that marriage and family therapists have been gaining wider acceptance by insurance companies. That, however, has not occurred with Blue Cross/Blue Shield of New Jersey. In the early 1990s, I was the President of the New Jersey Division of the American Association of Marriage and Family Therapists (AAMFT-NJ). With other officers and members of the AAMFT-NJ, I met with BC/BS representatives at their offices in Newark. The psychologist for BC/BS told us directly that she did not think that marriage and family therapists were trained well enough and that the legislation creating the marriage and family therapy license did not say that we could “diagnosis and treat” clients. Therefore, marriage and family therapists would not be granted the status of “approved providers.” BC/BS of New Jersey has not changed this position, although I am not aware of their current rationale. This, obviously, limits and denies many citizens of New Jersey access to the services of whole set of well qualified providers.

To that end, AAMFT-NJ pursued a legislative path to address this problem. At the same time that they proposed legislation creating continuing education requirements for license holders, they also proposed legislation that changed the description of what is referred to as the “scope of practice” section of the statute so that it would include the term “diagnose and treat.” This legislation went through the appropriate legislative process, was supported by the Board and presented to both bodies of the Legislature. It was not until over two years later that the Board learned that through some political sleight of hand and literally at the last minute on the floor of the New Jersey Senate, the “diagnose and treat” language was removed from the bill, and it was passed

without that language. Again, someone with a bias against marriage and family therapy took action to limit the public's access to marriage and family therapy services.

While I am sure that there is no conspiracy, mental health facilities, public and private, are biased against hiring licensed marriage and family therapists. As a result, the citizens of New Jersey are denied the services of family systems therapists, and marriage and family therapy permit holders are denied access to many clinical mental health training facilities under LMFT supervisors. The Board recently received a letter from a potential licensee who described in some detail his search for job opportunities in mental health clinics. Repeatedly he was told that marriage and family therapy positions were not available and that they wanted only social workers, occasionally social workers and/or professional counselors. Board members have received numerous comments to this effect during the last few years. Not only does this mean limited access by New Jersey citizens to marriage and family therapy services, it restricts the growth of the pool of marriage and family therapists because there are so few LMFTs in clinic settings that it is extremely difficult to provide sufficient clinical supervision for marriage and family therapy permit holders who are the trainees hoping to become qualified LMFTs.

The New Jersey Legislature decided in 1969 that marriage and family therapists (then referred to as "marriage counselors") had knowledge and skills that had value to the citizens of New Jersey, and they created the marriage and family therapy license. This occurred approximately thirty years before they acknowledged social workers, professional counselors and substance abuse counselors in a similar way by establishing licenses for them. Nonetheless, the New Jersey State Health Benefits Plan specifically excluded LMFTs from being approved providers for their members. It took legislative action in the late 1990s for this position to be changed to allow LMFTs to be approved providers.

As I was developing these ideas, I was presented with the most recent (and closest to home) example of this bias against marriage and family therapists. This example is disappointingly found in the letter that you wrote to the Division of Child Behavioral Health Services dated April 29, 2008. In this letter, you smartly detailed objections to several aspects of their new delineation of acceptable providers which excluded trainees, namely "licensed social workers (LSW) and licensed associate counselors (LAC)." Marriage and family therapy permit holders were excluded, not mentioned. Whether this was an oversight or purposeful by you, I do not know. However, it poignantly exemplifies the bias that I have been describing in this letter. My personal response to reading your letter was visceral and intense. Again, marriage and family therapists were excluded, ignored and treated as if we are unqualified to help "protect the public" by offering them our services.

With this state of affairs, Board members have been asking if there is anything we can do to address this situation. We are mandated, as are all regulatory boards, to protect the public. Specifically, "The practice of marriage and family therapy in the State of New Jersey is hereby declared to affect the public safety and welfare, and to be subject to regulation and control in the public interest in order to protect the public. . . This act shall be liberally construed to carry out these objects and purposes" (N.J.S.A. 45:8B-1). From this we conclude that it is in the public interest that marriage and family therapy services be made broadly available to the public and that the limiting of the availability of these services and of training opportunities for marriage and family therapy permit holders is not in the public interest. More strongly, we state that it is a public disservice and

reduces the public safety. This suggests that it falls within the purview of the Board to discover appropriate ways to respond to this problem so that we may better protect the public.

The Board believes that the “liberally construed” clause cited above provides us with the latitude to explore a more pro-active agenda as a way of responding to public concerns (the letter from the potential marriage and family therapist licensee referred to previously). While it has been administrative policy that Boards should not make public statements, I am not aware of any legislative restriction that would prohibit a Board from being more pro-active.

Therefore, the Board of Marriage and Family Therapy Examiners would like to invite you to join with us in exploring ways that a Board, particularly this Board, can appropriately reach out to entities within the State to encourage them to make changes that would be more in the public interest. More specifically, we have thought of developing a rationale and a plan to reach out to mental health facilities and encourage them to hire LMFTs and to train marriage and family therapy permit holders as they do with other licensed mental health professionals. At this stage, this endeavor is being conceived as an educational venture by giving them information regarding marriage and family therapy education, training, experience and effectiveness. This could be a joint project with AAMFT-NJ. While this will no doubt be useful to the profession, we strongly believe that it promotes “public safety and welfare.”

The Board is also requesting that you write to the Division of Child Behavioral Health Services amending your omission of marriage and family therapy licensees and permit holders as acceptable providers.

While this is lengthy, I do not apologize. These issues need amplifying and clarifying if they are to be adequately and appropriately addressed. I hope that this has helped you understand the Board’s thinking, and we look forward to meeting with you in the near future.

BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS



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James Verser, Ed.S., LMFT

Chair