

Approved 1-30-91  
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at  
Chairperson

1:30 /a.m./p.m. on January 28, 1991 in room 423-S of the Capitol.

All members were present except:  
Representative Theo Cribbs and Representative Tom Love, both excused.

Committee staff present:  
Lynne Holt, Research  
Bill Wolff, Research  
Norman Furse, Revisor  
Sue Hill, Committee Secretary

Conferees appearing before the committee:  
  
John Peterson, Kansas Speech/Language/Hearing Association  
Dick Morrissey, Deputy Director/Div. of Health/Dept. of H&E  
Dr. C. Robert Borresen, Chair of Board/State Bd. Behavioral Sciences  
Rep. Sheila Hochhauser  
Dr. John Murray, K. State University,  
Head of Human Development/Family Studies Department  
Dr. Candyce, K. State University,  
Director of Marriage/Family Therapy Training Program  
Dan Lord, Ph.D., Friends University, Wichita, Kansas  
Coordinator, Marriage/Family Graduate Program

Chair called meeting to order. Chair announced Vice Chairman Rep. Theo Cribbs is recuperating after wrist surgery and will be away again this week as he continues physical therapy. He is greatly missed.

Chair called attention to minutes of committee meetings. Rep. Amos moved minutes of January 23rd, and 24th, be approved as written, seconded by Rep. Wiard, motion carried.

Chair then recognized first conferee.

Mr. John Peterson, Kansas Speech/Language/Hearing Association who offered handout in regard to a bill request, Attachment No. 1. He noted this is a request for legislation that would provide for licensure of speech-language pathologists and audiologists; would establish a speech-language pathology/audiology commission; prescribe powers/duties; prohibiting certain acts/prescribing penalties for violations thereof. He answered questions. Rep. Neufeld moved to introduce this proposed legislation as a committee bill, seconded by Rep. Bishop, motion carried.

Chair invited staff to give briefing on Interim Reports.

Ms. Lynne Holt, gave a brief explanation of Proposal No. 33, the need to establish a collection system of state-wide health data. She highlighted the report, spoke to concerns of the special committee, i.e., duplication of data; dissemination costs; funding. She outlined recommendations.

Chair urged members to study Interim Report since numerous questions will come up from this report as Session progresses.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S Statehouse, at 1:30 a.m./p.m. on January 28, 1991

Ms. Holt then explained briefly Proposal No. 28, Medical Review Organization Regulation. She outlined the Proposal, noting conclusions and recommendations, i.e., no legislation be introduced at this time, but standing committees on Public Health/Welfare monitor progress made by the Utilization Review Accreditation Commission in development of standards to accredit utilization review firms. She answered questions.

Chair recommended members study statutes K.S.A. 65-5001 et seq. the credentialing statutes, and become familiar with the language.

Chair recognized Mr. Furse who gave a briefing on HB 2017.

Mr. Furse gave a brief explanation of HB 2017, section by section, then answered questions.

Chair drew attention to (Attachment No. 2), position letter to committee members from Rep. Helgerson in regard to HB 2017.

Dick Morrissey, Deputy Director, Division of Health/ Department of Health/Environment offered hand-out, (Attachment No.3). He detailed definition of "Credentialing". He noted the statutes indicate the responsibility of administering credentialing falls to the Department of Health/Environment. He detailed this process. It was determined that all criteria had been met by the Marriage/Family Therapists group seeking credentialing, but the Secretary of Health/Environment recommended there was no need to license or register this group in order to protect the public from documented harm. Sexual exploitation of clients by psychotherapists had been the documented harm. Mr. Morrissey drew attention to pages 4,5,6 of his attachment as the summary of the recommendation of Secretary, Department of Health/Environment. He answered numerous questions.

Dr. C. Robert Borresen, Chair of Board, Kansas Board of Behavioral Sciences presented testimony prepared by Executive Director Mary Ann Gabel, Bd. Behavioral Sciences. Dr. Borresen noted the Board's concerns, i.e., language of bill too vague; unclear; unmanageable; not feasible. He detailed these concerns, i.e., reducing post-graduate supervised experience requirements; shifting to Board the responsibility of developing an examination; "related field" language much too vague; confusion in regard to existence of formal examination; registration of specialty areas and modes of treatment or situational treatments within these specialty areas. He answered questions. (Attachment No. 4).

Rep. Ellen Samuelson stated she would offer an amendment to HB 2017 that would speak to some concerns that have been raised so far by conferees.

Rep. Sheila Hochhauser introduced conferees from Kansas State University scheduled to speak today, Dr. John Murray, Head of Human Development and Dr. Candyce Russell, Director of training program of Marriage/Family Therapy. She noted also this program at K. State University is a nationally known and highly respected program. What currently happens is Kansans are educated in this Marriage/Family Therapy Program, then leave the state to practice since there is no credentialing in the state for their profession. We need to stop this flow of the brain train.

Dr. John Murray offered hand-out (Attachment No. 5). A main concern of his is that appropriate services be provided for the citizens of Kansas, with appropriately educated and skilled personnel. He discussed problems that arise from not having Marriage/Family Therapists credentialed. He cited problems that can arise, especially with children in cases of divorce. This constitutes harm to public, and it could be avoided with credentialing.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S Statehouse, at 1:30 a.m./p.m. on January 28, 1991

Dr. Candyce Russell, offered hand-out, (Attachment No. 6). She spoke to questions and concerns raised earlier, i.e., possible harm can be done to children if the counseling process is rushed; she outlined curriculum; there is a national examination that was developed by a well known testing organization that is used in other states; Kansas is losing trained graduates to other states.

Dr. Daniel Lord, Ph.D., Coordinator, Marriage/Family Graduate Program at Friends University offered hand-out, (Attachment No.7). Dr. Lord gave a brief summary of his comments, noting that Marriage/Family Therapy is regarded as one of five mental health care disciplines by the National Institution of Health. Friends University has 25 students in the program per year. Unfortunately anyone can claim to be a practioner of marriage/family therapy regardless of training credentials. He urged comittee to consider support of HB 2017.

Chair asked conferees who did not present testimony today because of time restrictions to please return to meeting tomorrow and they would be heard first.

Chair adjourned meeting at 3:12 p.m.



BILL

AN ACT providing for licensure of speech-language, pathologists and audiologists; establishing a speech-language pathology and audiology commission and prescribing the powers and duties thereof; prohibiting certain acts and prescribing penalties for violations thereof.

Be it enacted by the Legislature of the State of Kansas:

Section 1. As used in this Act, the following words and phrases shall have the meanings respectively ascribed to them herein:

- (a) "Secretary" means the Secretary of Health and Environment.
- (b) "Department" means the Kansas Department of Health and Environment.
- (c) "Speech-language pathology" means the application of principles, methods, and procedures related to the development and disorders of human communication. Disorders include any and all conditions whether of organic or nonorganic origin, that impede the normal process of human communication including disorders and relative disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and oral pharyngeal and/or laryngeal sensorimotor competencies.
- (d) "Practice of speech-language pathology" means 1) rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of communication, any service in speech-language pathology including prevention, identification, evaluation, consultation, habilitation, rehabilitation, instruction, and research; 2) determining the need for personal augmentative communication systems, recommending such systems, and providing training in utilization of such systems; and 3) planning, directing, conducting, or supervising such services.
- (e) "Speech-language pathologist" means a person who engages in the practice of speech-language pathology and who meets the qualifications set forth in this Act.
- (f) "Audiology" means the application of principles, methods, and procedures related to hearing and the disorders of hearing and to related language and speech disorders. Disorders include any and all conditions, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders or auditory sensitivity, acuity, function, or processing.

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*Attm #1.*

(g) "Practice of audiology means 1) rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of hearing, any service in audiology, including prevention, identification, evaluation, consultation, habilitation or rehabilitation (other than hearing aid or other assistive listening device dispensing), instruction, and research; 2) participating in hearing conservation; 3) providing auditory training and speech reading; 4) conducting tests of vestibular function; 5) evaluating tinnitus; and 6) planning, directing, conducting, or supervising services.

(h) "Audiologist" means any person who engages in the practice of audiology and who meets the qualifications set forth in this Act.

(i) "Speech-language pathology assistant" means an individual who meets minimum qualifications established by the Department, which are less than those established by this Act as necessary for licensing as a speech-language pathologist; does not act independently; and works under the direction and supervision of a speech-language pathologist licensed under this Act.

(j) "Audiology assistant" means an individual who meets minimum qualifications established by the Department, which are less than those established by this Act as necessary for licensing as an audiologist; does not act independently; and works under the direction and supervision of an audiologist licensed under this Act.

Section 2. (a) There is hereby established a speech-language pathology and audiology commission. Such Commission shall be advisory to the Secretary of Health and Environment in all matters concerning standards, rules and regulations, and all matters relating to this Act.

(b) Commission members shall consist of five persons who have been residents of this State for at least two years and who are actively engaged in their area of practice. The Department may make appointments from a list submitted by professional organizations representing speech pathologists and audiologists. The Commission shall be composed of at least three members licensed (or initially eligible) under this Act.

(c) Members of the commission attending meetings of such commission or attending a subcommittee meeting thereof authorized

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*Attmt # 1-2*

by such commission shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 1974 Supp. 75-3223.

(d) Commission members shall serve for a term of three years and until their successors are appointed and qualified, except that the initial appointments, which shall be made within sixty days after the effective date of this Act, shall be a mixture of one to three year terms. Whenever a vacancy shall occur on the Commission by reason other than the expiration of a term of office, the Department shall appoint a successor of like qualifications for the remainder of the unexpired term. No person shall be appointed to serve more than two successive three year terms.

Section 3. The Secretary shall: (a) Issue to each person who has met the education and training requirements listed in section 5 of this Act and such other reasonable qualifications as may be established by rules and regulations promulgated by the Secretary, the appropriate license as a speech-language pathologist or audiologist.

(b) Establish by regulation the methods and procedures for examination of candidates for licensure;

(c) Appoint employees necessary to administer this act and fix their compensation within the limits of appropriations made for that purpose;

(d) Keep a record of its proceedings and a register of all applicants for and recipients of licenses; and

(e) Make all such reasonable rules and regulations as it may deem necessary to carry out and enforce the provisions of this Act.

Section 4. It shall be unlawful for any person to engage in the practice of speech-language pathology or audiology for a fee in the state of Kansas unless they have been issued a valid license pursuant to this Act or are specifically exempted from the provisions of this Act. It shall be unlawful for any person to hold themselves out to the public as a "speech pathologist," "speech therapist," "speech correctionist," "speech clinician," "language pathologist," "voice therapist," "voice pathologist,"

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*Attn #1-3*

"logopedist," "communicologist," "aphasiologist," "phoniatriest," "audiologist," "audiometrist," "hearing therapist," "hearing clinician," "hearing aid audiologist," or any variation unless they have been appropriately licensed by this Act. Notwithstanding the provisions of this Act, any person who engages in the practice of dispensing and fitting hearing aids as defined by K.S.A. 74-5807 must be licensed under and adhere to the provisions of that Act.

Section 5. Speech-language pathologists or audiologists shall meet the following qualifications for licensure under this Act: (1) Possess at least a master's degree or equivalent in speech-language pathology or audiology from an educational institution approved by the Secretary which consists of coursework approved by the Secretary pursuant to the rules and regulations; and (b) Complete supervised clinical practicum experiences from an educational institution or its cooperating programs the content of which shall be approved by the Secretary and delineated in the rules and regulations; and (c) Complete a postgraduate professional experience as approved by the Secretary pursuant to the rules and regulations; and (d) Pass an examination in speech-language pathology or audiology approved by the Secretary.

Section 6. (a) Any Applicant for licensure shall submit his application to the Department upon the forms prescribed and furnished by the Department and shall pay appropriate fees as established by the Secretary, including examination fees if required. Any initial fee shall be for the period of two years following the date of application. All licenses shall expire after two years and may be renewed by showing proof of completing required continuing education and paying a renewal fee to be established and collected by the Secretary.

(b) Upon due application and payment of a licensure fee as established by the Secretary within one year of when this Act becomes effective, the Secretary may waive the education, practicum, examination, and experience requirements and grant a license to all speech-language pathologists or audiologists so long as they have been employed in that capacity for at least two of the three years prior to the effective date of this Act. Upon payment of such fee and proof of completion of continuing education requirements as set by the Department, the Department shall renew such licenses.

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*Attn #1-4*



(c) The Department may, upon application and payment of the fee as set by the Secretary, issue a license as a speech-language pathologist or audiologist to any person who holds a valid license or its equivalent issued to him by another state or country, if the requirements for the licensure of the speech-language pathologist or audiologist under which said license or equivalent was issued are equivalent to or exceed the standards of this Act.

(d) The Department shall upon application and payment of a fee determined by the Secretary, issue to persons meeting the education and experience requirements a temporary license which shall be valid only for the period preceding the first scheduled examination after its issuance and until the date on which the results have been made public. This temporary license may be renewed by appeal to the Secretary if the applicant has failed the examination, but such temporary license shall be renewed no more than two times.

Section 7. The Secretary shall deny, revoke, suspend or limit the license or registration provided for in this Act for any of the following reasons:

(a) Making a false statement on an application for a license, registration, or any other document required by the Department;

(b) Engaging or attempting to engage, or representing himself as so entitled, to perform procedures not authorized in his license;

(c) Demonstrating incompetence or making consistent negligent errors in tests or procedures;

(d) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;

(e) Providing professional services while mentally incompetent, under the influence of alcohol or narcotic or controlled dangerous substance that is in excess of therapeutic amounts or without valid medical indication;

(f) Violating or aiding and abetting in a violation of any provisions of this Act or any of the rules or regulations promulgated hereunder.

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Section 8. The proceedings for the revocation, suspension or limiting of a license or registration shall be governed by the Kansas Administrative Procedures Act.

Section 9. Any person who violates any of the provisions of this Act shall be guilty of a class C misdemeanor and each day in violation of this act shall be considered a separate offense.

Section 10. The provisions of this Act shall not apply to:

- (a) Personnel employed by the United States government;
- (b) Practitioners licensed or registered by the State of Kansas as health care providers who are providing services within the lawful scope of their authority so long as they do not hold themselves out to the public by a title set forth in Section 4;
- (c) Persons duly credentialed by this state as a teacher of the deaf or hearing impaired;
- (d) The activities and services of persons pursuing a course of study leading to a degree in speech-language pathology or audiology at a college or university provided that:
  - (1) these activities and services constitute a part of the organized course of study at that institution;
  - (2) such persons are designated by a title such as intern, trainee, student, or by other such title clearly indicating the status appropriate to their level of education; and
  - (3) such persons work under the supervision of a person licensed by this state to practice speech-language pathology or audiology.

Section 11. This Act shall take effect and be in force from and after January 1, 1991 and its publication in the statute book.

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*1-28-91*  
*Attent 1-6*

HENRY M. HELGERSON, JR.  
 REPRESENTATIVE EIGHTY-SIXTH DISTRICT  
 4009 HAMMOND DRIVE  
 WICHITA, KANSAS 67218-1221



TOPEKA

HOUSE OF  
 REPRESENTATIVES

October 15, 1990

PUBLIC HEALTH AND WELFARE COMMITTEE

COMMITTEE ASSIGNMENTS  
 MEMBER APPROPRIATIONS  
 ECONOMIC DEVELOPMENT  
 ELECTIONS

HB-2017

RE: ~~SB-257~~ - Registration of Marriage and Family Therapists

Dear Committee Members:

As you well know, I am very involved and interested in all areas of the mental health industry, and therefore also have an interest in the registration of marriage and family therapists. I support the registration of marriage and family therapists, but have not been involved with the details of the bill.

Having a good knowledge of the interaction of all of the mental health providers makes it obvious to me how necessary it is to have marriage and family therapists and credentialed profession in the state of Kansas. Be it through registration or licensing, I think it's very important that we as a state take responsibility in protecting our families, neighbors, and friends.

In today's society, marital and family problems are not hidden. Couples, children, individuals, and even whole families are reaching out for help in dealing with the many stresses and conflicts in their family unit. We are doing a disservice to our public when we do not provide them all available options without the fear of going to an unqualified source. The fear is not only that they might be guided in the wrong direction, but also, the fact that there is no recourse for the public.

With the social and welfare costs of today growing at such an extreme rate, and the enormous growth of the problems creating those costs such as illiteracy, homelessness, dysfunctional families, unemployment, etc., it seems our focus should be at eliminating, or lessening those social and welfare problems. What better way than to help individuals, couples, children and families better deal with their current lives and themselves by encouraging the use of mental health consultation by any mental health professional?

There are several arguments that can be used to justify the support of this action; and it seems very few, if any, to oppose it. I would be glad to discuss this issue further with anyone interested. I am sorry I could not be there in person to provide this testimony.

Thank you for your attention to my feelings on this matter.

Sincerely,

Rep. Henry Helgerson

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*1-28-91*  
*Attn #2*



State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

Stanley C. Grant, Ph.D., Acting Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

Reply to: \_\_\_\_\_  
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TESTIMONY PRESENTED TO

THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

by

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill 2017

In the 1970s the Kansas Legislature was confronted with numerous requests from health care occupations to be licensed by the state. The Legislature felt that it needed a mechanism to review all pertinent information in order to determine whether the benefits to society outweighed the societal costs of licensing a certain group. Hence, the credentialing review program was established in 1980 through KSA 65-5001 et seq. The statutes placed the responsibility of administering the program with the Kansas Department of Health and Environment.

"Credentialing" is defined as the formal recognition of professional competence through registration, licensure, or other statutory means. The reasons occupations seek credentialing regulations often include a desire to upgrade the status of the occupation, limit those who can practice in a certain field, enhance earning potential, or obtain third-party reimbursement. At the same time, credentialing can have a negative and/or positive impact on the public. For example, it can provide the public some protection against untrained practitioners through assuring an entry level of competency of practitioners and/or increasing the cost of health care. A primary theme of the review process is to determine whether the unregulated occupation creates a harmful situation to the public and whether credentialing would address the situation.

The credentialing review process begins when a health care occupational group seeking to be credentialed by the State of Kansas submits an application to the Secretary of Health and Environment. The application is taken through an extensive review process involving a technical committee and the Secretary.

The technical committee and Secretary must find that the information gathered during the hearings and in the application documented that the nine criteria (KSA 65-5006) are met and that a need for credentialing exists before a recommendation for credentialing can be made. The nine criteria pertain to various issues on whether a need for protection from the unregulated occupation exists and what effects credentialing of the occupation would have on the public. If the criteria are found met and a need for credentialing exists, the Secretary must apply the criteria specified in KSA 65-5007 to

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determine the appropriate level of credentialing (licensure, registration, and/or other statutory means) to protect the public from the documented harm.

The Kansas Association of Marriage and Family Therapy submitted a credentialing application to the Department in 1987. A seven-member technical committee consisting of three currently credentialed health care personnel and four consumers conducted three public meetings and two public hearings to review this application. The end product of the review process was a final report by the Secretary of Health and Environment issued to the legislature on June 9, 1988.

In summary, the final report by the Secretary to the Legislature concluded that all of the statutory criteria were met. However, there was no need to license or register marriage and family therapists in order to protect the public from the documented harm. Therefore, a recommendation was made that the application be denied. The rationale for the decision is found in the attached final report.

It was found that the only documented case of harm was due to sexual exploitation of clients by psychotherapists. The technical committee noted that regulations in the form of credentialing would not reduce the problem of sexual exploitation. In addition, harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public through setting minimum standards of education and training in order to practice. Therefore, credentialing would not address the issue of harm in this instance. Hence, the Secretary did not recommend registering marriage and family therapists to protect the public from sexual exploitation.

Some type of action is needed to address the problem of sexual exploitation of clients. Documentation revealed that sexual exploitation is a very real and widespread problem, but not for marriage and family therapists alone. National studies show that five to seven percent of male psychiatrists, PhD psychologists, and physicians reported having had sexual intercourse with clients while clients were in treatment. Double that number have had erotic contact with clients. Complaints by Kansans to the Attorney General's office about noncredentialed therapists and complaints to the Board of Behavioral Sciences and the Board of Healing Arts about credentialed therapists reveal that the problem is here at home as well. All of the major health professions have declared that sexual intimacy (intercourse or erotic contact) with a client is unethical and is classified as "sexual exploitation." Studies show that 90 percent of the clients involved sexually with therapists sustain some type of damage - ranging from personality negatively affected (34 percent), hospitalization (11 percent), and suicide (one percent).

The Secretary, in the final report, recommended that legislation modeled after initiatives taken in Minnesota be considered to combat the problem of sexual exploitation. The recommended legislative initiative package included: (1) changing the criminal law to make it unlawful for a mental health provider to sexually exploit a client; (2) changing the civil law to

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allow victims of sexual exploitation to sue for damages received due to incidents; (3) requiring mental health providers to distribute to clients prior to treatment educational material which includes a statement that sexual intimacy is never appropriate and should be reported; and (4) establishing a regulatory body to oversee the unlicensed/unregistered mental health provider.

Submitted by: Richard Morrissey, Deputy Director  
Division of Health  
Kansas Department of Health and Environment

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Attn # 3-3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

EXECUTIVE SUMMARY OF THE FINAL REPORT

MARRIAGE AND FAMILY THERAPISTS' CREDENTIALING APPLICATION

The Secretary of Health and Environment Recommendations to the Legislature:

I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.

The technical committee found that the only documented case of potential harm was due to sexual exploitation of clients by psychotherapists. Research studies show that sexual exploitation by psychotherapists do occur and that 90 percent of the clients who are sexually exploited sustained some type of damage. The technical committee noted that regulating marriage and family therapists would not reduce the problem of sexual exploitation. I agree with the findings and the conclusion made by the technical committee. However, I conclude that since regulation would not reduce the incidence of sexual exploitation, there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: 1) Changing the criminal and civil laws to include the therapists-client sexual relationship; 2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment; and 3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions such as title protection for certain occupational groups is needed.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FINAL REPORT TO THE LEGISLATURE  
FROM THE SECRETARY  
ON THE APPLICATION FOR CREDENTIALING OF  
MARRIAGE AND FAMILY THERAPISTS

The Kansas Association of Marriage and Family Therapy (KAMFT) submitted an application to the Kansas Department of Health and Environment to be reviewed through the credentialing review process consistent with the criteria established by the 1986 legislature. KAMFT seeks licensure by the State of Kansas for individuals providing marriage and family therapy. The applicant desires to restrict who can practice marriage and family therapy and what titles can be used by those licensed. The titles the applicant desires to safeguard are: marriage and family therapist, marriage and family counselor, marriage therapist or counselor, and family therapist or counselor.

The definition of scope of practice of marriage and family therapy recognized by the technical committee and Secretary is:

The assessment and treatment of cognitive, affective, or behavioral problems within the context of marital and family systems.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq) by a technical committee and the Secretary of Health and Environment. The purpose of the review process is to provide the legislature with a thorough analysis of the application and to make recommendations on whether there is a need for credentialing and, if so, what level or levels of credentialing is appropriate. The legislature is not bound by these recommendations. Attached is a copy of the technical committee's report.

The technical committee found that the criteria set out by KSA 65-5006 have been met. I concur with the technical committee's findings and conclusions about the criteria. In summary, the technical committee found:

- The applicant has met Criterion I by demonstrating that the unethical psychotherapist, which would include marriage and family therapists, who sexually exploits a client can harm the client. "The potential for such harm is recognizable and not remote." However, regulating marriage and family therapists would not eliminate or reduce the problem.

Research studies were presented that depicted the percentage of mental health practitioners, specifically 10 percent of the psychologists and/or psychiatrists, who have reported engaging in sexual contact or intercourse with clients. Other studies showed that 90 percent of those clients who had been sexually involved with therapists sustained some type of damage, including

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personality negatively affected (34 percent), hospitalization (11 percent), and suicide (one percent). The potential for such harm appears not to be remote as illustrated by the complaints against unregulated therapists that were filed with the Kansas Attorney General's office. However, regulation would not eliminate the problem as shown by actions taken by the regulatory board for licensed mental health practitioners nor would regulation reduce the problem.

- The applicant has met Criterion II by demonstrating that "marriage and family therapists require specialized skills and training" and that these skills and training can be "acquired through a formal period of advanced study or training" from an accredited program and that continuing education is available to acquire new information regarding the practice.

Evidence was presented that showed the body of knowledge is identifiable (e.g., human development, marital and family treatment models) to the skills needed to counsel clients within the context of the systems theory. The advanced formal study and training to meet minimum entry level standards to practice can be acquired from an accredited bachelor's degree program in marriage and family therapy.

- The applicant has met Criterion III by demonstrating that "the occupation does not perform, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services."

Evidence showed that members of the Kansas Association of Marriage and Family Therapy work in a variety of settings that are not under the direction of other health care personnel or inpatient facilities. For example, 29 percent of the marriage and family therapists were in private practice, 14 percent worked for a private social service agency, 10 percent were university faculty, and nine percent worked in hospitals.

- The applicant has met Criterion IV by rationalizing that "the client is not effectively protected from harm by private certification of members of the occupation or by means other than state credentialing."

Evidence showed that certification by the American Association of Marriage and Family Therapy would provide some protection to the public through the established educational/training standards and code of ethics adhered to by the members; however, membership and certification is voluntary. Another form of protection is through the

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Attm # 3-6

regulation of marriage and family therapists who are licensed in another mental health occupation, but only an estimated 31 percent of marriage and family therapists are licensed in either social work or psychology. Not all individuals practicing marriage and family therapy are under one of these jurisdictions.

- The applicant has met Criterion V by showing that "the effect of credentialing the occupation on the cost of health care to the public is minimal."

Licensure does not guarantee third-party reimbursement; therefore, licensure would not necessarily increase fees, salaries, or wages of marriage and family therapists. Studies by the U.S. Office of Personnel Management showed that increasing competition does extend the pool of reimbursement providers. It does not subsequently lead to greater utilization of services; there is a substitution of service delivery. In addition, it appears that marriage and family therapists' fees are generally lower than psychologists.

- The applicant has met Criterion VI by illustrating that credentialing of the occupation probably would not limit the availability of marriage and family therapists practicing in Kansas.

Approximately 60 percent of the Kansas graduates in marriage and family therapy leave the state for more promising employment. Presently, many facilities cannot afford to hire marriage and family therapists because insurance companies will not pay for services. Licensure may actually increase the number of marriage and family therapists practicing in Kansas.

- The applicant has met Criterion VII since it agreed to change the definition of the scope of practice. Due to this change, "the scope of practice is identifiable."

The applicant originally defined marital and family therapy as "the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective or behavioral, within the context of marital and family systems." From the information provided, it appears that marriage and family therapists do not have the training in the application of the DSM-III classifications of mental disorders. Rather marriage and family therapists are trained to recognize problems (e.g., life cycle changes) that are not necessarily attributed to mental disorders. The technical committee concurred that if the applicant group agreed to change the definition of the scope of practice to "the assessment and treatment of cognitive, affective, or behavioral problems within the context of

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marital and family systems," then the criterion would be met. The applicant spokesperson told staff that the applicant could live with the suggested changes to the definition of the scope of practice.

- The applicant has met Criterion VIII by manifesting supportive information that "the effects of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal."

Numerous letters from nonregulated and regulated occupations that provide family counseling, such as ministers/pastors, judges, attorneys, and court service personnel, supported credentialing efforts of marriage and family therapists. No information was provided predicting a negative affect on nonregulated occupations if marriage and family therapists are credentialed. It appears that the effects of credentialing would be minimal on all of the credentialed mental health occupations since they are excluded from most of the requirements of the proposed legislation.

- The applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupation and are identifiable."

The Commission on Accreditation for Marriage and Family Therapy Education is the accrediting agency recognized by the Department of Health and Human Services. Kansas State University has the only accredited program in Kansas at this time.

Since the applicant agreed to change its scope of practice, then all of the criteria have been found met.

The only documented case of potential harm presented by the applicant that met the requirements of Criterion I was due to sexual exploitation of clients by psychotherapists. The following options were considered by the technical committee as means to protect the public from sexual exploitation. These options are listed from the least restrictive form of regulation to the most restrictive form of regulation. In addition to looking at alternative forms of regulation of marriage and family therapists, the technical committee considered the Minnesota Client Protection System.

#### Alternative Forms of Credentialing

- 1 Changing the criminal and civil laws to include the client-therapist sexual relationship. (This is a part of the Minnesota Client Protection System.)

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- 2 Mandating that marriage and family therapists distribute to clients prior to treatment educational information referred to as a "client bill of rights." (This is a part of the Minnesota Client Protection System.) The statement lists such information as the therapist's training, education, theoretical approach, unethical actions, and complaint systems.
- 3 Creating a title protection law that recognizes the American Association of Marriage and Family Therapy's educational/training standards and allows only those individuals who are registered with the association or who are registry eligible to call themselves the various titles used by marriage and family therapists. This measure provides state recognition of the occupation without the use of a state regulatory agency as an enforcement body. The enforcement system would be the local court system.
- 4 Creating a registration law which provides for state recognition of the occupation and title protection. Specifically, those with special education/training and who are registered can call themselves the titles used by marriage and family therapists. The enforcement body would be a state regulatory board.
- 5 Creating a licensure law which provides state recognition of the occupation, title protection, and protection of the defined scope of practice (i.e., only those licensed can practice).

The Minnesota Client Protection System includes: (1) changing the criminal and civil laws to include the client-therapist sexual relationship; (2) requiring all psychotherapists to distribute educational material to a client prior to treatment (referred to as a "client bill of rights"); and (3) establishing a Board of Unlicensed Mental Health Service Providers. In regard to the board, all mental health providers who are not required to be licensed must file certain information with the board in order to practice. The client protection system was specifically designed to deal with moral and ethical issues involving psychotherapists and clients. For detailed information about the various credentialing alternatives and the Minnesota Client Protection System, refer to the final report and recommendations of the technical committee, pages 19 through 25.

The technical committee concluded that regulation would most likely not eliminate nor reduce sexual exploitation of clients by marriage and family therapists. However, the technical committee felt that providing victims of sexual misconduct by a marriage and family therapist a recourse other than the current court system was needed. Therefore, the technical committee found that a need for credentialing exists.

After applying the criteria set by KSA 65-5007, the technical committee concluded:

- Licensure would be too restrictive in that the state would be limiting marriage and family counseling to one certain therapy

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approach. The functions of marriage and family therapy (i.e., systems approach) is used by other counseling occupations. Protecting the scope of practice (i.e., who can use the systems approach) was not necessary to protect the public.

- Protection from unethical acts can more likely be achieved from those who have been properly trained and have had an ethics course than from those persons who are not properly trained. Therefore, registration could protect the public and provide a recourse mechanism to victims of sexual assault.
- Several committee members supported title protection over registration if another recourse system, such as changing criminal or civil laws, or establishing a board of unlicensed mental health providers were enacted. The committee agreed that mandating educational material known as a "client bill of rights" would be a preventive tool.

The technical committee recommended:

- Registration as the appropriate level of credentialing in order to identify for the public appropriately trained marriage and family therapists and to provide victims of sexual exploitation a recourse mechanism against unethical marriage and family therapists.
- The registration law should include a provision mandating that marriage and family therapists, prior to treatment, provide clients with educational materials referred to as a "client bill of rights."
- Further consideration of the Minnesota Client Protection System should be made since the documentation provided in the review shows that sexual exploitation is not remote and can be committed by members of all psychotherapy professions whether the occupation is licensed or not.

#### **Secretary's Conclusions and Recommendations**

- 1 I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.
- 2 I conclude that since regulation would not reduce the incidence of sexual exploitation there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public

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by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

- 3 I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: (1) changing the criminal and civil laws to include the therapist-client sexual relationship, (2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment, and (3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers' board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions, such as title protection for certain occupational groups, are needed.

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TESTIMONY

BEFORE THE HOUSE HEALTH AND PUBLIC WELFARE COMMITTEE  
H.B. 2017

MONDAY, JANUARY 28, 1991

CHAIRMAN SADER, VICE-CHAIRMAN CRIBBS, AND COMMITTEE MEMBERS:

I am Dr. C. Robert Borresen, Chairman of the Behavioral Sciences Regulatory Board, appearing before you today on behalf of the board and in opposition to H.B. 2017 for reasons I will outline in specific sections of this bill. Overall, the board views this legislation as either problematic, unclear, unmanageable, or not feasible.

New Sec. 4. (a) (2) (page 1, lines 39-40)

This section has been amended to significantly reduce the post-graduate supervised experience requirement from two years to 500 hours, which according to our calculations constitutes approximately 12.5 weeks. This reduction significantly differs from the requirements stated on page 55 of the Kansas Association of Marriage and Family Therapists' (KAMFT) credentialing application, in which the group proposed "two calendar years of work experience and family therapy under supervision consisting of 1,000 hours of direct clinical contact with couples or families and 200 hours of supervision of that contact work by an approved supervisor." I would respectfully point out that professions currently licensed or registered by the board require the following post-graduate supervised experience Psychology and Social Work -- two years; Registered Masters Level Psychologists -- 1,500 hours; and, Professional Counselors -- two to three years depending on post-graduate education hours.

*too vague*

New Sec. 4. (a) (3) (A) (page 1, lines 41-43)

Historically, the Legislature has recognized that any profession seeking recognition and regulation has the burden of self-study to establish minimal entry standards in terms of education and training; to maintain an ongoing processing of self-examination; and, that the profession will recommend standards to the regulatory agency through the legislative process. The board continues to believe this section relieves the requesting group of this responsibility and gives it to the board. Such a process is very costly and considering the implication for other regulated groups, sets what the board believes to be a very dangerous precedent that may well preclude the board from carrying out its responsibilities.

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When statutes were passed regarding the registration of Professional Counselors and Registered Masters Level Psychologists, the specific courses, sequence of courses and other requirements were listed in detail. This was done because of the extreme variation in Masters Level Psychology programs and in Professional Counselors programs, not only throughout the United States, but even within the state of Kansas. We can only assume the same level of variation exists in Marriage and Family Therapy programs. It is with interest that I note that in the documents Proposal 30 -- Registration of Marriage and Family Therapists reference is made to the American Association of Marriage and Family Therapy Commission on Accreditation approval of some 44 programs. Surely the criteria used for those approvals are available and might be of help in specifying the courses and other requirements for the degree of Marriage and Family Therapy. Additionally, the statutes for the four professions licensed or registered under the Behavioral Sciences Regulatory Board contain a statement to the effect that the candidate for licensure or registration has a degree from an educational institution having a degree program with standards consistent with the state universities of Kansas or its substantial equivalency. Examination of such universities of Kansas programs would also help establish specific standards of education for the degree of Marriage and Family Therapy.

New Sec. 4. (a)(3)(B) (page 1, line 43) and (page 2, lines 1-3)

This section authorizes the board to register applicants who are graduates of accredited educational institutions in a "related field." It is unclear to the board what the legislative intent is regarding a related field. To be blunt, we have no idea what is meant by the term "related field." Does this mean any related field, regardless of how remote? One might consider sociology, political science or any other "social science" as being related. If this stands, the burden placed upon the board to review related programs would make the execution of our total set of duties impossible.

New Sec. 4. (a)(3)(C) (page 2, lines 3-6)

The statement "related field with additional work from an educational program in Marriage and Family Therapy" is extremely vague. Does additional work mean formal academic course work or does additional work mean completion of a continuing education workshop or seminar? Clearly, this statement is significantly different from any statement found in the statutes regarding professional currently regulated. Furthermore, since New Section 4 (a)(3)(A) does not specify the courses constituting a program of study, how could this section be rationally implemented?

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New Sec. 4. (a)(4) (page 2, line 7)

*too vague*  
This section requires applicants to pass an examination approved by the board. There is some confusion as to the existence of any examination for Marriage and Family Therapy. One page 56 of KAMFT's credentialing application, the applicant group states, "At present there is no written examination." Yet, in the document Proposal No. 30 -- Registration of Marriage and Family Therapists the statement is made that the Association of Marriage and Family Therapy has developed a test for use nationwide by regulatory boards. If the intent is for the board to develop an examination, the task is clearly beyond current resources. From a budgeting point of view the cost could well be projected to exceed the current total board budget, probably for several years.

Additional Problem

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Finally, I am very concerned about the registration of specialty areas, modes of treatment, or situational treatments. Without any exception, to my knowledge, licensure or registration is with respect to professions and not specialties treatment modes or situational circumstances. Is it the Legislature's intent to regulate "specialty practice" rather than to regulate a profession? Does House Bill 2017, if passed, encourage the recognition and registration of such specialty areas as Biofeedback, Hypnotherapist or Cognitive therapist.

Thank you for allowing the board an opportunity to express its concern. I will be happy to attempt to answer any questions you may have.

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TESTIMONY TO THE SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE  
CONCERNING HOUSE BILL NO. 2017

Hearing, 28 January 1991

John P. Murray, Ph.D.  
Professor and Department Head  
Human Development and Family Studies  
Kansas State University

Thank you for the opportunity to address this committee in reference to House Bill No. 2017 which provides for the registration of Marriage and Family Therapists. As Head of the Department of Human Development and Family Studies at Kansas State University, I am keenly aware of the need to provide some form of credentialing for marriage and family therapists in order to ensure both the availability and the quality of these clinical services for the citizens of Kansas.

Kansas State University has an outstanding program in Marriage and Family Therapy which currently enrolls about 30 graduate students who are working on masters and doctoral degrees. Kansas State University is one of only three fully accredited graduate programs in the country which offer education at both the M.S. and Ph.D. levels. However, there are other programs in Kansas and about 50 programs around the country which offer graduate training in Marriage and Family Therapy.

My chief concern about the need for a credentialing process for Marriage and Family Therapists in Kansas is the goal of providing appropriate services for the citizens of Kansas and ensuring rigorous training for graduate students in Marriage and Family Therapy. Dr. Candyce Russell, Director of the MFT program at Kansas State, will provide detailed information on the scientific and professional nature of the training offered to our graduate students. However, here I would like to draw your attention to one example of the problems posed by the lack of credentialing in Kansas. Recent changes in Federal regulations concerning the operation of Nursing Homes require that, after October 1, 1990, all clinical staff must be licensed or credentialled in order to provide services to the elderly residents and their families. Kansas State University has one of the few programs in the country with faculty who have expertise in aging and family therapy. And yet, our distinguished faculty members in Marriage and Family Therapy are unable to provide desperately needed services to the elderly and their families in Kansas because such therapists are not licensed or registered in Kansas.

In conclusion, the current absence of some form of credentialing process for Marriage and Family Therapists in Kansas is deleterious to graduate students at Kansas State University and other training centers in this state, deleterious to the profession of Marriage and Family Therapy, and deleterious to the well-being of the citizens of Kansas.

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Attn. #5

TESTIMONY TO SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE  
JANUARY 28, 1991

Candyce S. Russell, Ph.D.

I appreciate the opportunity to give testimony today on the proposed legislation to credential marriage and family therapists. In my role as Director of the Accredited Marriage and Family Therapy Program at K-State, I am aware of the number of people we train who look to other states for employment once they realize Kansas has no mechanism for credentialing their profession. What this means is that, even though our graduates meet rigorous standards of training, the public has no way of identifying them as specialists in treating relationships. As a result, the State of Kansas is losing some of its best trained persons.

The work of marriage and family therapists is distinct from other helping professions in that we focus particularly upon the connections among family members which may lead to relationship dissatisfaction or which may unknowingly function to maintain symptoms within an individual family member. Family therapists also assist families in responding to the stress that severe chronic disorders create, such as Alzheimer's Disease or other organic disorders. We typically get referrals from physicians, school counselors, clergy and SRS. In turn, we frequently refer to psychologists for testing and psychological evaluations of individuals within a family and to psychiatrists for differential diagnosis and recommendations regarding the usefulness of medication. Other referrals might include drug and alcohol counselors or psychoeducation specialists. Each of these professionals focuses on the functioning of the individual whereas a marriage and family therapist focuses on the functioning of relationships. Marriage and Family Therapists are recognized by The National Institute of Mental Health and The Department of Health and Human Services as providers of mental health care along with psychiatrists, psychologists, social workers and psychiatric nurses.

Standards of training for marriage and family therapists are well established and reflect the profession's focus upon relationship systems. Areas of study include foundations in family systems theory, models of assessment and treatment of marital and family systems, courses in human development and family studies, professional ethics, research and supervised clinical practice. The standard curriculum attached to my testimony provides the foundation for credentialing laws in twenty one states. Please note that the supervised clinical experience includes not less than 500 client contact hours and provides for live and videotaped supervision of that work.

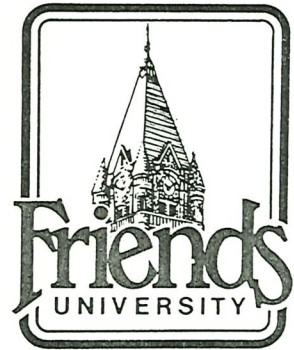
Educational institutions in Kansas are producing a large number of well trained marriage and family therapists. Programs exist at Kansas State, Friends University, Wichita State and the Menninger Foundation. Applications for entrance into these programs increase each year. If Kansas fails to provide for the credentialing of their profession, large numbers of these persons will leave Kansas in favor of employment in one of the growing number of states which do credential marriage and family therapists. Clearly this "brain drain" is harmful to the citizens of Kansas..

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attn #6

## Marital and Family Therapy Standard Curriculum

Areas of Study	Minimum No. Required Courses	Semester Hours	Quarter Hours
I THEORETICAL FOUNDATIONS OF MARITAL AND FAMILY THERAPY	1-3	3-9	4-12
II ASSESSMENT AND TREATMENT IN MARITAL AND FAMILY THERAPY	4-5	12-15	16-20
III HUMAN DEVELOPMENT AND FAMILY STUDIES	2-4	6-12	8-16
IV ETHICS AND PROFESSIONAL STUDIES	1	3	4
V RESEARCH	1	3	4
VI SUPERVISED CLINICAL PRACTICE	12 successive months	9	12
VII ELECTIVE	1	3	4
TOTAL		<u>45</u>	<u>60</u>

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*Attn # 6-2*



2100 University  
Wichita, KS 67213  
(316) 261-5800

TO: Public Health and Welfare  
Legislative Committee  
FROM: Daniel Lord, Ph.D., Coordinator,  
Marriage and Family Graduate Program,  
Friends University, Wichita, KS  
RE: Debate related to Registration  
of Marriage and Family Therapists  
DATE: January 28, 1991

I'm glad to have the opportunity to offer you testimony again in your deliberations regarding this concern. Last October I spoke from my role as Program Coordinator of one of the state's two graduate institutions training persons in the discipline of marriage and family therapy. I also shared my experience as a parish pastor of ten years prior to specialization in full-time clinical work. Today, for the benefit of those new on this committee, I'll review some of this information before moving on to additional topics I hope will be of use in your decision making.

I'm aware, of course, that your central concern is to determine if Kansans may be subject to harm if the current absence of regulation in this professional field continues. I'm also assuming, though, that among you, you may have varying degrees of familiarity with marriage and family therapy as a distinct mental health profession and therefore the relevance of regulation at all. Let me begin with this point, speaking from the vantage point of directing a graduate training program in this field.

By this time, you are likely aware that marriage and family therapy is regarded as one of five mental health core disciplines by the National Institute of Health. It is distinctive from its partner professions by its primary focus on relational interaction rather than individual pathology. This is derived from over five decades of research and clinical intervention within the emotionally significant relationship systems of marriage and family life. The family system is understood to be the central factor contributing to personal difficulty or wellbeing. Therapeutic aide to the family system, then, is understood to be the key to effective and lasting help for persons in specific situations of distress.

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Graduate education in this discipline is quite stringently monitored nationally by the American Association for Marriage and Family Therapy (AAMFT). Working with the Committee on Postsecondary Accreditation (COFA) in the Department of Education, AAMFT has detailed national standards for accredited educational programs at the Master's and Doctorate level. The standards address curriculum, supervised clinical experience, ethics, and a host of other related professional concerns. The accreditation process is thorough and lengthy and has served in a number of states as the basis for regulation of professionals describing themselves as "marriage and family therapists."

The Master's of Science in Family Therapy at Friends University began four years ago and is now entering its second year in this accreditation process. We average approximately 25 students per year. These persons are mature individuals coming from other professions such as nursing, education, ministry, law, and business. Through our clinical training arm, called the Center on Family Living, our therapists-in-training provide over 400 hours of therapy per month to couples, families with children, and individuals in the Wichita area. We have earned the confidence of the domestic court, of area physicians, clergy, and lawyers, as well as that of the public in general.

In this regard, the experience of our training program points to a primary concern regarding the continuing absence of regulation in the field. The persons seeking our services are asking for help with problematic relationships. They are not asking for an individualized psychiatric diagnosis. They are not asking for medical treatment. They are not asking for psychological testing. They are asking for help with those relationships that have the greatest effect on their daily lives and wellbeing both now and in the future. When medication or psychometrics are indicated, we are prompt to refer. Otherwise, we do not break up couples, parents, and children to "therapize" them separately but work instead to assist them to deal with problems and the need for change together.

While this respect for the relationship system makes for more lasting change in most situations, it also requires a great deal of specialized knowledge and skill. Unfortunately, today, anyone may claim to be a practitioner of marriage and family therapy regardless of training or credentials. With the public becoming more open to seeking help for marriage and family problems, i.e. help that is nonpsychiatric oriented, the need for public protection against unqualified practitioners will only continue to mount.

Research as well as our experience also suggest that requests for help with marriage and family problems will only continue

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to increase. Social factors of our era will continue to exert tremendous pressure on these basic units of our society. Statistically, divorce has become normative causing the single parent home, joint custody parenting, the remarried family, and the two career family also to become predominant. Family life has greatly increased in its complexity and is certain to generate increasing pleas for help in navigating new and unfamiliar waters. As with past experience in other professions, the public must again be given protection that persons claiming specialization in a needed professional discipline have in fact met primary qualifying standards.

The perspective I'm outlining for you has one additional issue that is crucial to address. It's one that is highly charged these days and may not appear at first to be directly related to the "protection from harm" focus of this bill. However, I believe that it is. In fact, I believe that it is an ethical issue we must all address whenever any item related to health care is debated. It is simply the issue of money.

It is no secret that our nation's health care system has become the most expensive system in the world. In Kansas, we are all too familiar with the rising numbers of our citizens no longer able to afford suitable health care coverage. What is not so well known is that mental health care has become the primary culprit in driving up overall insurance coverage costs over the past five to seven years. More specifically, utilization of inpatient psychiatric hospitalization has accounted for as much as a tenfold increase in mental health costs by some estimates. Treatment of addictions and child and adolescent problems are primarily responsible for this along with possible exploitation by private, for-profit corporate enterprises.

This information was a primary focus at the AAMFT national meeting in Washington, D.C. this past October. I attended numerous briefings examining these statistics and heard repeated calls for innovation to assist solutions. Early this month, this same information was outlined in a concise article appearing in the Wichita Eagle. Even in the hearings conducted here last October regarding the registration bill, I heard the concern for potential increases to insurance cost to be beneath staff members' objections. The logic implied was that registration of marriage and family therapists would lead to licensure and then to requests for third party reimbursement thereby raising insurance costs.

Out of an ethical concern for affordable health care, I urge you to consider this issue more carefully. It is my conviction that encouragement of marriage and family therapy as a profession trusted by the public would lower health care costs rather than raise them. This is so for three basic

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reasons. First, the expertise of this discipline is focused upon helping persons in their present life contexts rather than inpatient treatment. Secondly, by working with relationship systems, i.e, couples, families, extended families, this discipline facilitates a broader circle of change than traditional individually focused treatment. And thirdly, by accepting a primary focus on commonplace yet valued relationships such as marriage and family, this discipline avoids the stigma associated with psychiatric treatment. This promotes the seeking of help earlier when distress occurs, facilitating problem resolution in shorter timeframes and lessening the emotional after-effects capable of creating distress at a later time.

These are the concerns we address in our graduate program at Friends University. They are similar to the concerns of marriage and family therapy graduate training institutions across the country. Marriage and family therapy is a distinct discipline from its sister mental health professions and, as such, has a valued contribution to make to our current social situation. Licensure in 21 other states has confirmed this role, facilitating a burgeoning of innovative professional services to families proving to be more effective and less costly than traditional models now dependent on bureaucratically bound third party reimbursement systems.

I am a native to this state. I've lived much of my life in our rural communities. I've accepted my present position at Friends University because I believe well educated, well trained marriage and family therapists represent the professional discipline best equipped to offer innovative and approachable help for couples and families across our state. I urge you to promote registration of marriage and family therapists as a step of encouragement as well as protection for our public.

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