

This Bill

CAMFT is seeking to modernize and clarify the LMFT scope of practice. The amendments they intend to introduce as a bill proposal this year are shown in **Attachment A**.

CAMFT used the education and experience requirements for LMFT licensure in current statute to determine duties included as part of the new scope of practice. **Attachment B** is a reference matrix provided by CAMFT showing the duties included in the new scope of practice, and the statute they were derived from.

Recommendation

Review the language proposed in **Attachment A** and conduct an open discussion regarding its content. Discuss any changes the Board would like to request, and discuss whether the Committee would like to recommend a position on the language to the Board.

Attachment:

Attachment A: Proposed Language (from CAMFT)

Attachment B: Matrix of Reference Statutes (from CAMFT)

**ATTACHMENT A
CAMFT SCOPE OF PRACTICE BILL
PROPOSED LANGUAGE**

For the purposes of this chapter, the practice of marriage and family therapy shall mean the application of psychotherapeutic and family systems theories, principles, and methods in the delivery of services to that service performed with individuals, couples, or groups in order to assess, evaluate, and treat relational issues, emotional disorders, behavioral problems, mental illness, alcohol and substance use¹, and to modify intrapersonal and interpersonal behaviors, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling.

Marriage and family therapy practice may include, but is not limited to:

a. Assessment, evaluation and prognosis^{2,3,4,5,6}

b. Treatment planning and evaluation^{7,8,9,10}

c. Individual, relationship, family, or group therapeutic interventions^{11,12,13}

d. Relational Therapy^{14,15,16,17}

e. Psychotherapy^{18,19,20,21,22,23,24}

f. Client Education^{25,26,27,28,29,30,31,32}

¹ 4980.36(d)(2)(I)

² 4980.36(d)(1)(B)(iv)(II)

³ 4980.36(d)(2)(A)

⁴ 4980.43.1(b)(2)

⁵ 4980.81(a)(1)

⁶ 4980.36 (d)(2)(B)(ii)

⁷ 4980.36(d)(1)(B)(iv)(III)

⁸ 4980.36(d)(2)(A)

⁹ 4980.43.1(b)(2)

¹⁰ 4980.36(d)(1)(B)(iv)(IV)

¹¹ 4980.02

¹² 4980.36(d)(1)(B)(iv)(III)

¹³ 4980.36(d)(1)(B)(iv)(II)

¹⁴ 4980.02

¹⁵ 4980.36(d)(1)(B)(iv)(III)

¹⁶ 4980.36(d)(1)(B)(iv)(II)

¹⁷ 4980.36(d)(1)(A)

¹⁸ 4980.02

¹⁹ 4980.36(d)(1)(A)

²⁰ 4980.36(d)(1)(B)(iv)(I)

²¹ 4980.36(d)(2)(B)(ii)

²² 4980.36(d)(1)(B)(iv)(II)

²³ 4980.43.1(b)(4)

²⁴ 4980.03.(g)(3)

²⁵ 4980.36(d)(2)(F)

²⁶ 4980.03.(h)

²⁷ 4980.36.(d)(1)(B)(iv)(V)

²⁸ 4980.36.(d)(1)(B)(vi)(I)

²⁹ 4980.36 (d)(2)(B)(iv)

³⁰ 4980.36 (d)(2)(B)(v)

³¹ 4980.36 (d)(2)(B)(vi)

³² 4980.36 (d)(2)(B)(vii)

g. Case Management^{33,34,35,36,37,32,38,39}.

h. Consultation^{40,41,42,43,44,45,46}.

i. Supervision⁴⁷; and

i. The application of marriage and family therapy principles and methods ~~includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.36 , 4980.37 , and 4980.41,~~ **through** as applicable.

Nothing in this section shall be construed to expand or constrict the scope of practice of a person licensed pursuant to the chapter.

³³ 4980.36(e)

³⁴ 4980.36(d)(1)(B)(iv)(V)

³⁵ 4980.36(d)(1)(B)(iv)(IV)

³⁶ 4980.36 (d)(2)(B)(iv)

³⁷ 4980.36 (d)(2)(B)(v)

³⁸ 4980.36 (d)(2)(B)(vi)

³⁹ 4980.36 (d)(2)(B)(vii)

⁴⁰ 4980.36(e)

⁴¹ 4980.43.1(b)

⁴² 4980.03 (h)

⁴³ 4980.41 (a)(1)(A)

⁴⁴ 4980.41 (a)(1)(B)

⁴⁵ 4980.41 (a)(1)(C)

⁴⁶ 4980.41 (a)(1)(D)

⁴⁷ 4980.43.2

ATTACHMENT B MATRIX OF REFERENCE STATUTES

CAMFT Language	Current Statute
<p><i>Substance Use Disorder</i></p>	<p>4980.36(d)(2)(I)</p> <p>(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:</p> <p>(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.</p> <p>(ii) Medical aspects of substance use disorders and co-occurring disorders.</p> <p>(iii) The effects of psychoactive drug use.</p> <p>(iv) Current theories of the etiology of substance abuse and addiction.</p> <p>(v) The role of persons and systems that support or compound substance abuse and addiction.</p> <p>(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.</p> <p>(vii) Legal aspects of substance abuse.</p> <p>(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.</p> <p>(ix) Community resources offering screening, assessment, treatment, and follow-up for the affected person and family.</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.</p> <p>(xi) The prevention of substance use disorders and addiction.</p>
<p><u><i>a. Assessment, evaluation and prognosis</i></u></p>	<p>4980.36(d)(1)(B)(iv)(II) Assessment, diagnosis, and treatment planning.</p> <p>In 2019: 4980.36(d)(1)(B)(iv)(II) Assessment, diagnosis, and prognosis.</p> <p>4980.36(d)(2)(A) Diagnosis, assessment, treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer-reviewed literature.</p> <p>4980.43.1(b)(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.</p> <p>4980.81(a)(1) A minimum of two semester units of instruction in the diagnosis, assessment, treatment planning, and treatment of mental disorders, including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer-reviewed literature.</p> <p>4980.36(d)(2)(B)(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.</p>
<p><u><i>b. Treatment planning and evaluation:</i></u></p>	<p>4980.36(d)(1)(B)(iv)(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.</p> <p>4980.36(d)(2)(A) ...theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.</p> <p>4980.43.1(b)(2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.</p> <p>4980.36(d)(1)(B)(iv)(IV) Professional writing, including documentation of services, treatment plans, and progress notes.</p>
<p><u>c. Therapeutic individual, relationship, family group, or organizational interventions:</u></p>	<p>4980.02 For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling....</p> <p>4980.36(d)(1)(B)(iv)(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.</p> <p>4980.36(d)(1)(B)(iv)(II) Face-to-face experience counseling individuals, couples, families, or groups.</p>
<p><u>d. Relational Therapy</u></p>	<p>4980.02 For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and pre-marriage counseling.</p> <p>4980.36(d)(1)(B)(iv)(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>4980.36(d)(1)(B)(iv)(II) Face-to-face experience counseling individuals, couples, families, or groups.</p> <p>4980.36(d)(1)(A) theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.</p>
<p><u>e. Psychotherapy</u></p>	<p>4980.02 the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships,</p> <p>4980.36(d)(1)(A) theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.</p> <p>4980.36(d)(1)(B)(iv)(I) Applied use of theory and psychotherapeutic techniques.</p> <p>4980.36(d)(2)(B)(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.</p> <p>4980.36(d)(1)(B)(iv)(II) Assessment, diagnosis, and treatment planning.</p> <p>4980.43.1(b)(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.</p> <p>4980.03.(g)(3) For at least two years within the five-year period immediately preceding any supervision, has practiced psychotherapy, provided psychological counseling pursuant to subdivision (e) of Section 4989.14, or provided direct clinical supervision of</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>psychotherapy performed by marriage and family therapist trainees, associate marriage and family therapists, associate professional clinical counselors, or associate clinical social workers. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.</p>
<p><u>f. Client Education</u></p>	<p>4980.36(d)(2)(F) The effects of socioeconomic status on treatment and available resources.</p> <p>4980.03.(h) “Client centered advocacy,” as used in this chapter, includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.</p> <p>4980.36.(d)(1)(B)(iv)(V) How to connect people with resources that deliver the quality of services and support needed in the community.</p> <p>4980.36.(d)(1)(B)(vi)(I) Client centered advocacy, as defined in Section 4980.03.</p> <p>4980.36(d)(2)(B)(iv) A variety of cultural understandings of human development.</p> <p>4980.36(d)(2)(B)(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.</p> <p>4980.36(d)(2)(B)(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.</p> <p>4980.36(d)(2)(B)(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.</p>
<p><u>g. Case Management</u></p>	<p>4980.36(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.</p> <p>4980.36 (d)(1)(B)(iv)(V) How to connect people with resources that deliver the quality of services and support needed in the community.</p> <p>4980.36. (d)(1)(B)(iv)(IV) Professional writing, including documentation of services, treatment plans, and progress notes.</p> <p>4980.36 (d)(2)(B)(iv) A variety of cultural understandings of human development.</p> <p>4980.36 (d)(2)(B)(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.</p> <p>4980.36 (d)(2)(B)(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.</p> <p>4980.36 (d)(2)(B)(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.</p>
<p><u>h. Consultation</u></p>	<p>4980.36 (e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.</p> <p>4980.43.1(b) As used in this chapter, the term “supervision” means responsibility for, and</p>

**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

	<p>control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience.</p> <p>4980.03 (h) "Client centered advocacy," as used in this chapter, includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.</p> <p>4980.41 (a)(1)(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.</p> <p>4980.41 (a)(1)(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.</p> <p>4980.41 (a)(1)(C) The current legal patterns and trends in the mental health profession.</p> <p>4980.41 (a)(1)(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.</p>
<p><u>i. Supervision</u></p>	<p>4980.43.2. (a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (9) of subdivision (a) of Section 4980.43, direct supervisor contact shall occur as follows:</p> <p>(1) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.</p> <p>(2) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of direct clinical counseling performed each week in each setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.</p> <p>(3) An associate gaining experience who performs more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct</p>

ATTACHMENT B MATRIX OF REFERENCE STATUTES

	<p>supervisor contact for that setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.</p> <p>(4) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision, or a combination of both.</p> <p>(b) For purposes of this chapter, “one hour of direct supervisor contact” means any of the following:</p> <p>(1) Individual supervision, which means one hour of face-to-face contact between one supervisor and one supervisee.</p> <p>(2) Triadic supervision, which means one hour of face-to-face contact between one supervisor and two supervisees.</p> <p>(3) Group supervision, which means two hours of face-to-face contact between one supervisor and no more than eight supervisees. Segments of group supervision may be split into no less than one continuous hour. A supervisor shall ensure that the amount and degree of supervision is appropriate for each supervisee.</p> <p>(c) Direct supervisor contact shall occur within the same week as the hours claimed.</p> <p>(d) Notwithstanding subdivision (b), an associate working in a governmental entity, school, college, university, or an institution that is nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring compliance with federal and state laws relating to confidentiality of patient health information.</p> <p>(e) Notwithstanding any other law, once the required number of experience hours are gained, associates and applicants for licensure shall receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice, as defined in paragraph (9) of subdivision (a) of Section 4980.43, shall be at the supervisor’s discretion.</p>
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**ATTACHMENT B
MATRIX OF REFERENCE STATUTES**

<p><u>Nothing in this section shall be construed to expand or constrict the scope of practice of a person licensed pursuant to the chapter.</u></p>	<p>4982 The board may deny a license or registration or may suspend or revoke the license or registration of a licensee or registrant if the licensee or registrant has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:</p> <p>4982 (s) Performing or holding oneself out as being able to perform mental health services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.</p>
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