

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 723 **VERSION:** INTRODUCED FEBRUARY 16, 2021

AUTHOR: LOW **SPONSOR:** CALIFORNIA ASSOCIATION OF
MARRIAGE AND FAMILY THERAPISTS
(CAMFT)

RECOMMENDED POSITION: SUPPORT

SUBJECT: MARRIAGE AND FAMILY THERAPY: SCOPE OF PRACTICE

Summary:

This bill would modernize and clarify the scope of practice for marriage and family therapists (LMFTs).

Existing Law:

The current scope of practice for LMFTs is found in Business and Professions Code (BPC) §4980.02. It states the following:

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 premarriage counseling.

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, as applicable.

This section was last amended in 2010, and only minor technical changes were made at that time. The next most recent amendment was made in 2004 via AB 2552 (Chapter 204, Statutes of 2004). The amendment made at that time was to include the use, application, and integration of the coursework and training required in the degree into the LMFT scope of practice.

This Bill:

The exact changes that this bill is making to the existing scope of practice can be found in AB 723, which is 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.

Comments:

- 1) **Author’s Intent.** In its fact sheet for the bill, the California Association of Marriage and Family Therapists (CAMFT) states that they are pursuing a change to the LMFT scope of practice because the existing scope no longer reflects the diverse education, therapeutic terms, modalities utilized, or diverse conditions and disorders that LMFTs currently treat. CAMFT also indicates the development of the proposed language has been a lengthy and carefully considered process, as follows:

“In anticipation of our 2021 effort, CAMFT established a SOP Task Force of clinicians who evaluated the scope of practice of California MFTs, for other behavioral health professionals in California, and the MFT Scope in other states like Colorado, Hawaii, Washington, and New Hampshire. The SOP Task Force conducted a robust evaluation, holistic review, and several discussions over numerous years to develop a modernized MFT scope of practice to reflect the education, skill set, and treatment modalities that MFTs currently provide.”

Policy and Advocacy Committee Recommendation:

At its February 5, 2021 meeting, the Policy and Advocacy Committee reviewed and discussed a draft version of this bill. (At the time, the bill had not been formally drafted by Legislative Counsel or introduced.) The Committee recommended that the Board consider taking a “support” position on the bill.

The bill has now been formally drafted by Legislative Counsel and introduced. A few minor wording changes were made since the draft version to the list of activities in the scope (BPC §4980.02(b)(1) through (10)). Therefore, the Board should make sure to review the activities listed in the scope.

2) **Support and Opposition**

Support: None at this time.

Opposition: None at this time.

3) **History**

02/17/21 From printer. May be heard in committee March 19.

02/16/21 Read first time. To print.

4) **Attachments**

Attachment A: AB 723 (Low) Text

Attachment B: Matrix of Reference Statutes (from CAMFT)

ATTACHMENT A

california legislature—2021–22 regular session

ASSEMBLY BILL

No. 723

Introduced by Assembly Member Low

February 16, 2021

An act to amend Section 4980.02 of the Business and Professions Code, relating to healing arts.

legislative counsel's digest

AB 723, as introduced, Low. Marriage and family therapy: scope of practice.

Existing law, the Licensed Marriage and Family Therapist Act, provides for the regulation of the practice of marriage and family therapy by the Board of Behavioral Sciences. A violation of the act is a crime.

Existing law defines the practice of marriage and family therapy as 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, including relationship and premarriage counseling. Existing law also specifies how marriage and family therapy principles may be applied, including, among others, psychotherapeutic techniques and the use, application, and integration of coursework and training required for licensed marriage and family therapists.

This bill would recast those provisions to include within this scope of practice the application of psychotherapeutic and family systems and theories, principles, and methods in the delivery of services to individuals, couples, or groups in order to assess evaluate, and treat relational issues, emotional disorders, behavioral problems, mental illness, alcohol and substance use, and to modify intrapersonal and interpersonal behaviors. The bill would make conforming changes

relating to the various ways in which marriage and family therapy principles may be applied.

By expanding the scope of practice for marriage and family therapists and thus expanding the application and breadth of the related crimes, this bill would impose a state-mandated local program.

This bill would declare that these provisions are declaratory of existing law and would also declare the intent of the Legislature that this bill not be construed to expand or constrict the scope of practice of a licensed marriage and family therapist.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4980.02 of the Business and Professions
2 Code is amended to read:

3 4980.02. (a) For the purposes of this chapter, the practice of
4 marriage and family therapy shall mean ~~that service performed~~
5 ~~with the application of psychotherapeutic and family systems~~
6 ~~theories, principles, and methods in the delivery of services to~~
7 ~~individuals, couples, or groups wherein interpersonal relationships~~
8 ~~are examined for the purpose of achieving more adequate,~~
9 ~~satisfying, and productive marriage and family adjustments. This~~
10 ~~practice includes relationship and premarriage counseling. in order~~
11 ~~to assess, evaluate, and treat relational issues, emotional disorders,~~
12 ~~behavioral problems, mental illness, alcohol and substance use,~~
13 ~~and to modify intrapersonal and interpersonal behaviors.~~

14 ~~The~~
15 (b) The application of marriage and family therapy principles
16 and methods includes, but is not limited to, ~~the use of applied~~
17 ~~psychotherapeutic techniques, to enable individuals to mature and~~
18 ~~grow within marriage and the family, the provision of explanations~~
19 ~~and interpretations of the psychosexual and psychosocial aspects~~
20 ~~of relationships, and the use, application, and integration of the~~

1 ~~coursework and training required by Sections 4980.36, 4980.37,~~
2 ~~and 4980.41, as applicable. all of the following:~~
3 (1) *Assessment, evaluation, and prognosis.*
4 (2) *Treatment, planning, and evaluation.*
5 (3) *Individual, relationship, family, or group therapeutic*
6 *interventions.*
7 (4) *Relational therapy.*
8 (5) *Psychotherapy.*
9 (6) *Client education.*
10 (7) *Clinical case management.*
11 (8) *Consultation.*
12 (9) *Supervision.*
13 (10) *Use, application, and integration of the coursework and*
14 *training required by Sections 4980.36, 4980.37, and 4980.41, as*
15 *applicable.*

16 SEC. 2. The amendments to Section 4980.02 of the Business
17 and Professions Code made by this act do not constitute a change
18 in, but are declaratory of, existing law. It is the intent of the
19 Legislature that this act shall not be construed to expand or
20 constrict the existing scope of practice of a person licensed pursuant
21 to Chapter 13 (commencing with Section 4980) of Division 2 of
22 the Business and Professions Code.

23 SEC. 3. No reimbursement is required by this act pursuant to
24 Section 6 of Article XIII B of the California Constitution because
25 the only costs that may be incurred by a local agency or school
26 district will be incurred because this act creates a new crime or
27 infraction, eliminates a crime or infraction, or changes the penalty
28 for a crime or infraction, within the meaning of Section 17556 of
29 the Government Code, or changes the definition of a crime within
30 the meaning of Section 6 of Article XIII B of the California
31 Constitution.

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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>

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	<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>

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	<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>

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	<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>

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	<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>

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	<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>

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	<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>

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	<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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<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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