Board of Behavioral Sciences

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MEMORANDUM

DATE	September 8, 2026
TO	Workforce Development Committee
FROM	Rosanne Helms, Legislative Manager
SUBJECT	Discussion and Possible Recommendations Regarding Proposed LMFT Supplemental Coursework Requirements: Content allowed as Continuing Education Courses

The next phase (Step 3) of the MFT education review project focuses on defining the supplemental coursework that should be required for registration and licensure as a marriage and family therapist in California.

Unlike the broad, foundational graduate-level coursework that establishes core MFT principles, supplemental coursework addresses additional practice areas the Board considers essential for competent practice statewide. While some supplemental topics are California-specific, most are selected for their broad relevance to the profession, ensuring a uniform baseline of competency for all licensees. These requirements are measured in hours rather than units and may either be embedded within a degree program or completed after graduation. Post-degree remediation may occur through additional graduate-level instruction or through Board-accepted continuing education providers. Supplemental topics may include areas such as suicide risk assessment and intervention, human sexuality, California child abuse assessment and reporting, and, as discussed by stakeholders, subjects like perinatal mental health and Alzheimer's/dementia/caregiving.

Proposed Coursework

Chart 1 shows the potential proposed supplemental coursework topic areas, hours, and required content. It compares them with current required hours and content requirements. The proposal was developed by staff and the subject matter experts (SMEs).

Of note is that the proposed required number of coursework hours have been adjusted to be more uniform. Previously, there was a wide variety of hours assigned to each course. That has been condensed into three standard coursework lengths: 3 hours for a half-day course, 6 hours for a full-day course, and 12 hours for a 2-day course.

Supplemental coursework proposed in **Chart 1** is as follows:

1. **Suicide Risk Assessment and Intervention (6 hours):** Coursework in suicide risk assessment and intervention.

2. **Telehealth (3 hours):** Provision of mental health services via telehealth, which shall include law and ethics related to telehealth.

3. **Social & Cultural Identities and Experiences in California (Formerly CA Cultures) (12 hours):** Coverage of topics specified in the core content area, with a focus on the social and psychological implications for California cultures. *(Note: this requirement only applies if the required core content of the same name has been completed but did not contain California-specific content.)*

4. **California Specific Child, Elder, and Dependent Adult Abuse and Neglect, Reporting and Treatment (Formerly Child Abuse Assessment, Aging and Long-Term Care) (6 hours):** Identifying, assessing for, reporting, and treating, child, elder and dependent adult abuse and neglect. Must include California's Child Abuse and Neglect Reporting Act (Article 2.5 of Title 1, Chapter 2, Part 4 of the Penal Code) and California's elder abuse reporting requirements (Welfare & Institutions Code Section 15630).

5. **Ethics and Law Specific to California (Formerly CA Law and Ethics) (12 hours):** Coverage of ethics and law specific to California, including, but not limited to, advertising, scope of practice, scope of competence, treatment of minors, informed consent and confidentiality and their limits, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, boundary crossing, disciplinary actions and unprofessional conduct, relevant family law, therapist disclosures to patients, supervision and consultation, nondiscrimination, and licensing law and licensing process. *(Note: this requirement only applies if the required law and ethics core content course has been completed but did not contain California-specific content.)*

6. **Intimate Partner Violence (Formerly Spousal and Partner Abuse Assessment) (6 hours):** Instruction in abuse assessment, detection, and intervention across a wide range of relationships and populations.

7. **Human Sexuality (12 hours):** Examination of human sexuality through a whole-person lens, including physiological, psychological, social, emotional and cultural factors related to gender, gender identity, and romantic and sexual orientations. Instruction covers anatomy, healthy sexual development, sexual health and sexually transmitted infections, prevention, sexual behaviors including but not limited to consensual non-monogamy, polyamory, kink/bondage and sadomasochism, and diverse relationship structures, intimacy, desire, consent, and the assessment and treatment of psychosexual dysfunction, as well as the impacts of trauma and victimization. *(Note: Content shown here includes stakeholder additional content suggestion; see **Attachment A** for their letter.)*

Of note, four topic areas identified in **Chart 1** as have either been removed from the requirements, or moved to core content requirements, as follows:

- Alcoholism and Other Chemical Substance Dependency: This was moved to core master's level requirements and renamed "Addictions."

- Aging & Long-Term Care: The aging portion of this coursework should be covered in the Human Development Across the Lifespan core content course. The elder abuse assessment, reporting and treatment component has been paired with child abuse assessment, reporting and treatment as a supplemental coursework requirement.

- HIV/AIDS: Based on guidance from our subject matter experts, staff recommends retiring the dedicated 7-hour HIV/AIDS coursework requirement. Although HIV/AIDS remains an important health consideration, current treatment advances have placed it among other chronic conditions, and the needed competencies - such as reducing stigma and providing culturally responsive care - are effectively addressed within broader, modernized training areas.

- Recovery-Oriented Care: Based on guidance from our subject matter experts, staff also recommends retiring the recovery-oriented care coursework requirement. Although the principles of recovery remain essential, SMEs noted that the underlying concepts are already integrated throughout other coursework areas, and that settings requiring more specialized recovery-oriented training will provide it through their own onboarding and practice-specific instruction.

Requests for Additional Coursework Topics

The current education model is drafted to be intentionally broad: it is designed to ensure general competency as a marriage and family therapist, highlights California-specific legal and cultural requirements, while allowing licensees to pursue additional, population-specific training as needed in accordance with their scope of competence.

However, the Board has received requests from several stakeholder groups to include supplemental coursework, including in perinatal mental health and in Alzheimer's, dementia, and caregiving. These topics reflect areas of practice that significantly affect many Californians, and the Board appreciates the thoughtful and passionate advocacy presented at prior Committee meetings.

In consulting with staff, our subject matter experts emphasized that these are indeed important areas of practice. They also noted that there are large number of potential additional topic areas that impact large portions of the population.

Expanding supplemental coursework each time a specialized topic emerges could set a precedent that leads to an ever-growing list of narrowly tailored requirements and makes flexibility in curriculum difficult. To recognize the wide applicability of caregiving in LMFT practice, the SMEs suggested adding "caregiving" to the Human Development Across the Lifespan core content rather than establishing new stand-alone requirements.

Given these considerations, the Committee should discuss whether to introduce additional supplemental coursework in the requested areas, or whether the existing broad competency-based structure, paired with professional judgment and individual specialization, continues to be the most effective model for ensuring safe and competent practice.

Recommended Next Steps

Conduct an open discussion regarding the potential supplemental coursework topic areas shown in **Chart 1,** as well as proposed additional coursework topic areas suggested by stakeholders.

Attachments

Chart 1: Supplemental Coursework Requirements: Content Allowed as Either Graduate-Level or Continuing Education-Level Courses

Attachment A: Public Comment Email: Incorporating Alternative Relationship Structures and Lifestyles into LMFT, LPCC, and LCSW Curriculum Standards (Amy Ong, LMFT/LPCC Graduate Student, 8/6/2026)

Attachment B: Public Comment Letter: Proposal for Foundational Competency: Women's Reproductive Mental Health Across the Lifespan (Megan Todarello, LMFT/LPCC Graduate Student, September 2026)

Relevant Code Sections: Existing CA Law - BPC §§4980.36, 4980.37, 4980.41, 4980.78, and 4980.81

Chart 1
Supplemental Coursework Requirements: Content Allowed as Either Graduate-Level or Continuing Education-Level Courses

Content Area	Current Hour Requirement	Proposed Hour Requirement	Proposed Course Description	Notes	Current Required Content	
Suicide Risk Assessment/Intervention	6 hours	6 hours	Coursework in suicide risk assessment and intervention.	BPC 4980.396 specifies hours and content.	Coursework or applied experience under supervision in suicide risk assessment and intervention.	
Telehealth	3 hours	3 hours	Provision of mental health services via telehealth, which shall include law and ethics related to telehealth.	BPC 4980.395 specifies hours and content.	Provision of mental health services via telehealth, which shall include law and ethics related to telehealth.	
Social & Cultural Identities & Experiences in CA (Formerly California Cultures)	15 hours	12 hours (if took grad course but it was not CA-specific). Otherwise, full 3 unit CA-specific graduate course)	Coverage of topics specified in the core content area, with a focus on the social and psychological implications for CA cultures.	Currently required for out of state applicants	An understanding of various CA cultures and the social and psychological implications of socioeconomic position.	
CA-specific Child, Elder, and Dependent Adult Abuse and Neglect Assesment, Reporting and Treatment (Formerly Child Abuse Assessment; Aging & Long Term Care)	7 hours	6 hours	Identifying, assessing for, reporting, and treating, child, elder and dependent adult abuse and neglect. Must include CANRA (Article 2.5 of Title 1, Chapter 2, Part 4 of the Penal Code) and California's elder abuse reporting requirements (Welfare & Institutions Code Section 15630).	Required by BPC 4990.26.2. Must include CANRA. Must be at least 7 hours and have specified content. Reg section 1807.2 repeats length.	4990.26.2: Coursework or training in child abuse assessment and reporting including detailed knowledge of CANRA. Must include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out of home care. Also must include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.	
Ethics and Law Specifc to California (Formerly California Law and Ethics)	12 hours	12 hours (if took grad course but it was not CA-specific). Otherwise, full 3 unit CA-specific graduate course)	Coverage of ethics and law specific to California, including, but not limited to, advertising, scope of practice, scope of competence, treatment of minors, informed consent and confidentiality and their limits, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, boundary crossing, disciplinary actions and unprofessional conduct, relevant family law, therapist disclosures to patients, supervision and consultation, nondiscrimination, and licensing law and licensing process.	Various requirements for in and out of state applicants	In State: 4980.36 (i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy. (ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law. (iii) The current legal patterns and trends in the mental health professions. 31 (iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent. (v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and the practitioner's professional behavior and ethics. (vi) The application of legal and ethical standards in different types of work settings. (vii) Licensing law and licensing process.	Out-of-State: 4980.72: A minimum of 12 hours of coursework in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, the application of legal and ethical standards in different types of work settings, and licensing law and the licensing process.
Intimate Partner Violence (Formerly Spousal and Partner Abuse Assessmet)	15 hours	6 hours	Instruction in abuse assessment, detection, and intervention across a wide range of relationships and populations.	For out of state applicants - length and some content set in BPC 4980.81.	Instruction in spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.	1995-2003 coursework also specifies inclusion of knowledge of community resources and cultural factors.
Human Sexuality	10 hours	12 hours	Examination of human sexuality through a whole-person lens, including physiological, psychological, social, emotional and cultural factors related to gender, gender identity, and romantic and sexual orientations. Instruction covers anatomy, healthy sexual development, sexual health and sexually transmitted infections, prevention, sexual behaviors including but not limited to consensual non-monogamy, polyamory, kink/bondage and sadomasochism, and diverse relationship structures, intimacy, desire, consent, and the assessment and treatment of psychosexual dysfunction, as well as the impacts of trauma and victimization.	Mandated by BPC 4990.26.1. Allows board to set content and length. Reg section 1807 sets hours and topic areas.	1807: Include study of psysiological, psychological, and social-cultural variables associated with sexual behavior, sexual dysfunctions, sexual orientation, gender identity, and gender dysphoria.	4980.36 Include study of psychological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

Chart 1
Supplemental Coursework Requirements: Content Allowed as Either Graduate-Level or Continuing Education-Level Courses

Content Area	Current Hour Requirement	Proposed Hour Requirement	Proposed Course Description	Notes	Current Required Content	
Alcoholism & Other Chemical Substance Dependency	15 hours	**MOVED TO CORE CONTENT AS ADDICTIONS**	N/A	BPC 4990.26.3 encourages certain course topics. Reg section 1807.3 sets length and course topic areas.4990.26.3 suggested content: (1) Historical and contemporary perspectives on alcohol and other drug abuse. (2) Extent of the alcohol and drug abuse epidemic and its effects on the individual, family, and community. (3) Recognizing the symptoms of alcoholism and drug addiction. (4) Making appropriate interpretations, interventions, and referrals. (5) Recognizing and intervening with affected family members. (6) Learning about current programs of recovery, such as 12-step programs, and how therapists can effectively utilize these programs.	4980.36 current degrees: Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following: (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. (ii) Medical aspects of substance use disorders and co-occurring disorders. (iii) The effects of psychoactive drug use. (iv) Current theories of the etiology of substance abuse and addiction. (v) The role of persons and systems that support or compound substance abuse and addiction. (vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices. (vii) Legal aspects of substance abuse. (viii) Populations at risk with regard to substance use disorders and co-occurring disorders. (ix) Community resources offering screening, assessment, treatment, and follow up for the affected person and family. (x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral. (xi) The prevention of substance use disorders and addiction.	1807.3 for older degrees: shall include each of the following areas: (1) The definition of alcoholism, substance abuse, and other chemical dependency, and the evaluation of the client. (2) Medical aspects of alcoholism, substance abuse, and other chemical dependency. (3) Current theories of the etiology of substance abuse. (4) The role of persons and systems that support or compound the abuse. (5) Major treatment approaches to alcoholism, substance abuse, and chemical dependency. (6) Legal aspects of substance abuse. (7) Knowledge of certain populations at risk with regard to substance abuse. (8) Community resources offering assessment, treatment, and follow-up for the client and family. (9) The process of referring affected persons. (10) Prevention of substance abuse.
Aging & Long Term Care	10 hours	**REMOVED**	Elder Abuse component moved to abuse/neglect reporting course above. Other content should be covered in Human Development Across the Lifespan core content course.	Elder Abuse content encouraged by BPC 4990.26.2, but content/length not specified here. BPC section 4980.39 specifies length/topic areas for some applicants.	4980.36 Includes aging and its biological, social, cognitive, and psychological aspects. Must include instruction on assessment and reporting of, and treatment related to, elder and dependent adult abuse and neglect.	**4980.39** May include biological, social and psychological aspects of aging, and shall include assessment and reporting of, and treatment related to, elder and dependent adult abuse and neglect. **4980.81.** Assessment and reporting of, and treatment related to, elder and dependent adult abuse and neglect; aging and its biological, social, cognitive, and psychological aspects; long term care; end of life and grief.
HIV/AIDS	7 hours	**REMOVED**		BPC section 32 encourages. Reg section 1887.3(b) sets course length. Content minimally specified.	Characteristics and methods of assessment and treatment of people living with HIV and AIDS.	
Recovery Oriented Care/Meeting w Consumers/Case Management		**REMOVED**		BPC 4980.78 for out of state - 3 semester units/45 hours	Principles of mental health recovery-oriented care/methods of service delivery incl. structured meetings w/ consumers/family members of consumers of mental health services to enhance understanding of experience of mental illness/ treatment/recovery.	4980.36 for in state does not specify amount but includes similar language re: requirements.

ATTACHMENT A

From: Amy Ong
To: DCA, BBS Info@DCA
Cc: Kitamura, Christina@DCA
Subject: Public Comment: Incorporating Alternative Relationship Structures and Lifestyles into LMFT, LPCC, and LCSW Curriculum Standards
Date: Thursday, August 6, 2026 2:50:16 PM

Dear Executive Officer Sodergren and Members of the Policy & Advocacy Committee,

I am writing to submit public comment regarding the pre-licensure educational requirements for Licensed Marriage and Family Therapists (LMFT), Licensed Professional Clinical Counselors (LPCC), and Licensed Clinical Social Workers (LCSW) under California Business and Professions Code §§ 4980.36 and 4999.32.

As the Board advances its ongoing work to streamline and update core coursework standards, I urge the Committee to explicitly mandate education on **consensual non-monogamy (CNM), polyamory, kink/BDSM, and alternative relationship structures** within required graduate training on human sexuality, family systems, and cultural competency.

Standard clinical textbooks and graduate programs historically treat monogamy and traditional nuclear family structures as the sole baseline for healthy relational functioning. However, recent empirical research underscores a pressing public protection issue:

- **Evolving Demographic Prevalence:** National research reveals that over 10% of adults have participated in polyamorous relationships, with nearly 17% expressing a desire for non-monogamous dynamics (Moors et al., 2021a). Furthermore, at least 5% of the population is actively practicing consensual non-monogamy at any given time (Heath & Thomas, 2022). Relationship diversity is a broad demographic reality rather than a niche phenomenon.

- **Professional Competency & Clinical Guidelines:** Peer-reviewed clinical guidelines emphasize that mental health professionals often lack formal preparation to work with kink and alternative relationship structures, leading well-meaning clinicians to express bias or misapply diagnostic concepts without specialized graduate instruction (Sprott et al., 2023).

- **Preventing Therapeutic Harm & Microaggressions:** Without formal coursework, graduate programs leave future clinicians prone to mono-normative bias. Research documents widespread clinical harm and microaggressions experienced by non-monogamous clients, including therapists pathologizing healthy relationship choices or requiring clients to spend session time educating their providers (Schechinger et al., 2018).

- **Alleviating Stigma & Supporting Mental Health:** Pervasive societal stigma and

internalized negativity regarding non-traditional relationships directly affect client psychological well-being and relationship quality (Moors et al., 2021b). Clinicians must be equipped with affirmative, non-pathologizing frameworks during foundational graduate education rather than relying on optional post-graduate training.

Updating state educational standards to include alternative relationship structures ensures that California mental health professionals meet the ethical standard of care for all clients.

Thank you for your time, leadership, and dedication to public protection. I respectfully request that this letter be included as written public comment for the next meeting of the Policy & Advocacy Committee.

Sincerely,

Amy Ong *(she/her)*

LMFT/LPCC Graduate Student | Palo Alto University
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References

Heath, M. A., & Thomas, R. (2022). What do we know about consensual non-monogamy? *Current Opinion in Psychology*, *48*, Article 101468. https://doi.org/10.1016/j.copsyc.2022.101468

Moors, A. C., Gesselman, A. N., & Garcia, J. R. (2021a). Desire, familiarity, and engagement in polyamory: Results from a national sample of single adults in the United States. *Frontiers in Psychology*, *12*, Article 619640. https://doi.org/10.3389/fpsyg.2021.619640

Moors, A. C., Schechinger, H. A., Balzarini, R., & Flicker, S. (2021b). Internalized consensual non-monogamy negativity and relationship quality among people engaged in polyamory, swinging, and open relationships. *Archives of Sexual Behavior*, *50*(4), 1389–1400. https://doi.org/10.1007/s10508-020-01885-7

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ATTACHMENT B

Women's Reproductive Mental Health Across the Lifespan

Proposal for Foundational Competency in California Behavioral Health Graduate Education

Submitted for consideration by the California Board of Behavioral Sciences Policy & Advocacy Committee

September 2026

To the Members of the California Board of Behavioral Sciences Policy & Advocacy Committee:

California entrusts behavioral health professionals with understanding people across the lifespan. Graduate education prepares future clinicians to recognize psychopathology, understand human development, work within family and relational systems, address trauma and sexuality, and appreciate the biological, psychological, social, cultural, and developmental forces that shape mental health. This breadth of preparation reflects a fundamental principle of our profession: psychological experience cannot be adequately understood without considering the context in which it occurs. Yet one significant developmental and clinical continuum remains underrepresented within that preparation: women's reproductive mental health across the lifespan.

Across decades of a woman's life, reproductive and hormonal transitions can intersect with nearly every domain behavioral health professionals are trained to understand. Menstruation and cyclical hormonal changes, fertility and infertility, pregnancy, reproductive loss, childbirth, postpartum adjustment, lactation and weaning, perimenopause, and menopause can affect psychological functioning, identity, sexuality, trauma, relationships, and family systems. These experiences are not confined to specialty reproductive mental health practices. They occur in the lives of the women, couples, and families clinicians serve every day. Yet clinicians may complete graduate education without receiving comparable foundational preparation concerning reproductive and hormonal experiences that can accompany women through decades of adulthood. If we say that clinicians are prepared to understand women across the lifespan, then their education should include significant reproductive and hormonal experiences occurring across that lifespan.

This question exists within a much larger history of women being underrepresented in research and in systems designed around human health and safety. Although substantial progress has been made, women continue to experience the consequences of gaps in representation. Automotive safety provides a striking example. For decades, vehicle safety testing was built predominantly around the male body. Smaller crash test dummies intended to represent women were eventually introduced, but the female dummy used in federal testing was largely a scaled down version of a male dummy rather than a model developed around female anatomy and physiology. As recently as 2023, the U.S. Government Accountability Office reported that the Hybrid III 5th percentile female dummy did not reflect most general physiological differences between females and males, including differences in muscle mass, center of gravity, and hip proportions.[1] NHTSA's newer THOR 05F represents an effort to provide a more biofidelic female model; in its 2024 NCAP roadmap, NHTSA stated that the THOR 05F was still under evaluation and refinement and planned its future incorporation into frontal crash testing.[2] Well into the twenty first century, researchers were still working to correct a basic problem: systems designed to protect human beings had not adequately represented half of them.

The significance of that history extends beyond automotive safety. It demonstrates what can happen when one population becomes the default from which everyone else is understood. When women are inadequately represented in the research, education, and evidence used to build a system, that system can become less capable of recognizing differences that matter to women, even when those differences have consequences for health and safety. Healthcare has confronted the same problem. The NIH Revitalization Act of 1993 established requirements concerning the inclusion of women in NIH supported clinical research,[3] yet more than thirty years later significant gaps remain. In 2024, the National Academies concluded that research remains lacking in female specific conditions and in understanding women's experiences of many chronic

conditions, hindering diagnosis, treatment, and prevention.[4] Behavioral health has an opportunity to do something different. Our profession does not have to wait another generation to recognize that experiences unique to women deserve representation within the knowledge we consider foundational.

My interest in this issue began long before I understood it as an educational policy question. I came to reproductive mental health through my own experience with postpartum OCD, and I experienced firsthand how frightening it can be to have thoughts and symptoms that I did not understand while relying on healthcare and mental health professionals to provide the language, context, and guidance necessary to make sense of what was happening. After I began sharing my experience, other parents began sharing theirs with me. I have been struck by how many mothers have described similar experiences and how many fathers have described watching their wives or partners struggle through symptoms they did not understand at the time. Some recognized what had happened only after hearing another person describe it, while others had carried those memories for months or years without realizing that what they or their partners experienced was a recognized postpartum mental health condition.

Many described not knowing that treatment or support options were available, and some had never disclosed what they were experiencing to anyone. Their reasons for remaining silent were strikingly consistent: fear of judgment, fear of being viewed as an unfit parent, fear that disclosing intrusive or frightening thoughts could result in their children being taken away, fear of involuntary psychiatric hospitalization, and fear of how partners, family members, friends, or healthcare professionals might respond. For a mother experiencing frightening thoughts without understanding their clinical context, those fears can create a powerful barrier to disclosure. When someone does not have language for what is happening in her own mind and simultaneously fears the consequences of telling someone, remaining silent may feel safer than asking for help. A clinician with foundational knowledge of reproductive mental health is better prepared to recognize relevant presentations, provide context, ask informed questions, and create conditions in which a patient can speak openly about experiences she may otherwise be afraid to disclose.

When I entered graduate behavioral health education, I encountered the issue from another perspective and began questioning whether the gaps I had experienced and heard described might be connected, at least in part, to what future behavioral health professionals are and are not consistently taught before entering practice. In many ways, I experienced the knowledge gap before I had the language to call it a knowledge gap. Graduate education gave me that language, but it also left me with a question that has become increasingly difficult to ignore: How many women must struggle in silence before reproductive mental health is treated not as a specialty interest, but as foundational knowledge for the professionals entrusted with their care?

A clinician does not need to specialize in perinatal mental health to encounter postpartum depression, anxiety, OCD, or trauma. A couples therapist may work with partners navigating infertility, reproductive loss, changes in intimacy following childbirth, or the transition into parenthood. A trauma clinician may encounter a woman processing a traumatic birth, while a clinician working with an adult woman may encounter psychological symptoms alongside perimenopause or menopause. These experiences arise throughout ordinary individual, couples, family, and trauma work, which is precisely why foundational familiarity with them should not depend upon a clinician later choosing reproductive mental health as a specialty.

This concern is also timely within California's regulatory conversation. The Board of Behavioral Sciences has been reviewing graduate education requirements, and the January 2026 Workforce Development Committee minutes state that graduate level coursework will emphasize broad foundational MFT principles. Those same minutes document discussion of maternal, perinatal, and menopausal mental health terminology.[5] The question, then, is not whether these experiences are relevant to behavioral health practice. The question is where in professional formation this knowledge belongs. If these experiences occur throughout ordinary clinical practice, foundational preparation should begin before a clinician encounters the patient who needs it. Continuing education and specialization can deepen that knowledge, but they should not be the first point at which a clinician is introduced to an entire dimension of women's mental health.

I respectfully ask the Policy & Advocacy Committee to consider this issue for a future agenda and to support further Board review of women's reproductive mental health as a foundational prelicensure

competency within applicable California behavioral health graduate education pathways. The competency should provide substantive preparation concerning reproductive and hormonal transitions relevant to mental health; menstrual and cyclical changes where clinically relevant; fertility and infertility; pregnancy and prenatal mental health; pregnancy loss; childbirth and birth trauma; perinatal and postpartum mental health conditions, including depression, anxiety, obsessive compulsive disorder, and psychosis; lactation and weaning where clinically relevant; perimenopause and menopause; relational and family system implications; cultural and socioeconomic considerations; differential clinical considerations; interdisciplinary collaboration; and appropriate referral.

Programs should retain reasonable flexibility in determining how this competency is incorporated into their curricula. Some may integrate the material into existing courses, others may develop dedicated instructional units or distribute the competency across several appropriate courses, and programs may ultimately determine that the breadth of the subject warrants standalone instruction. The purpose is not to prescribe a single curricular model, but to establish a common expectation that graduates entering behavioral health practice possess foundational knowledge of women's reproductive mental health. This proposal does not ask the Board to determine today whether an entire standalone course should be required. The breadth of the subject may ultimately justify that conversation, but the more immediate policy question is whether the knowledge itself should be considered foundational. The method can remain flexible; the competency should not be optional.

Behavioral health cannot rewrite the history of women's underrepresentation in research, healthcare, or other systems intended to understand and protect people, but our profession can decide what it does with that history. We can determine whether reproductive mental health remains knowledge clinicians encounter primarily through specialization or independent study, or whether understanding women across the reproductive lifespan becomes part of the foundational preparation expected of professionals who will serve women, couples, and families. Women should not have to hope that the professional sitting across from them happened to independently study the reproductive transition affecting their mental health. If we expect clinicians to understand women across the lifespan, our educational standards should prepare them to understand the experiences occurring across that lifespan. My request is that we give future clinicians the foundational knowledge that too many women and families have had to discover only after they needed it.

Respectfully,
Megan Todarello
UMass Global | MFT/LPCC Program
Megdelzell@gmail.com

Endnotes

1. U.S. Government Accountability Office. Crash Test Dummies: NHTSA Should Take Additional Steps to Better Assess the Safety of Female and Other Occupants. GAO-23-105595 (2023). Source
2. National Highway Traffic Safety Administration. New Car Assessment Program Final Decision: Advanced Driver Assistance Systems and Roadmap (2024), discussing continued evaluation/refinement and planned future incorporation of the THOR-05F advanced 5th-percentile female frontal-impact dummy. Source
3. National Institutes of Health. NIH Revitalization Act of 1993, Pub. L. No. 103-43, provisions concerning inclusion of women in clinical research. Source
4. National Academies of Sciences, Engineering, and Medicine. Advancing Research on Chronic Conditions in Women (2024), Highlights. Source
5. California Board of Behavioral Sciences. Workforce Development Committee Minutes, January 15, 2026. Source