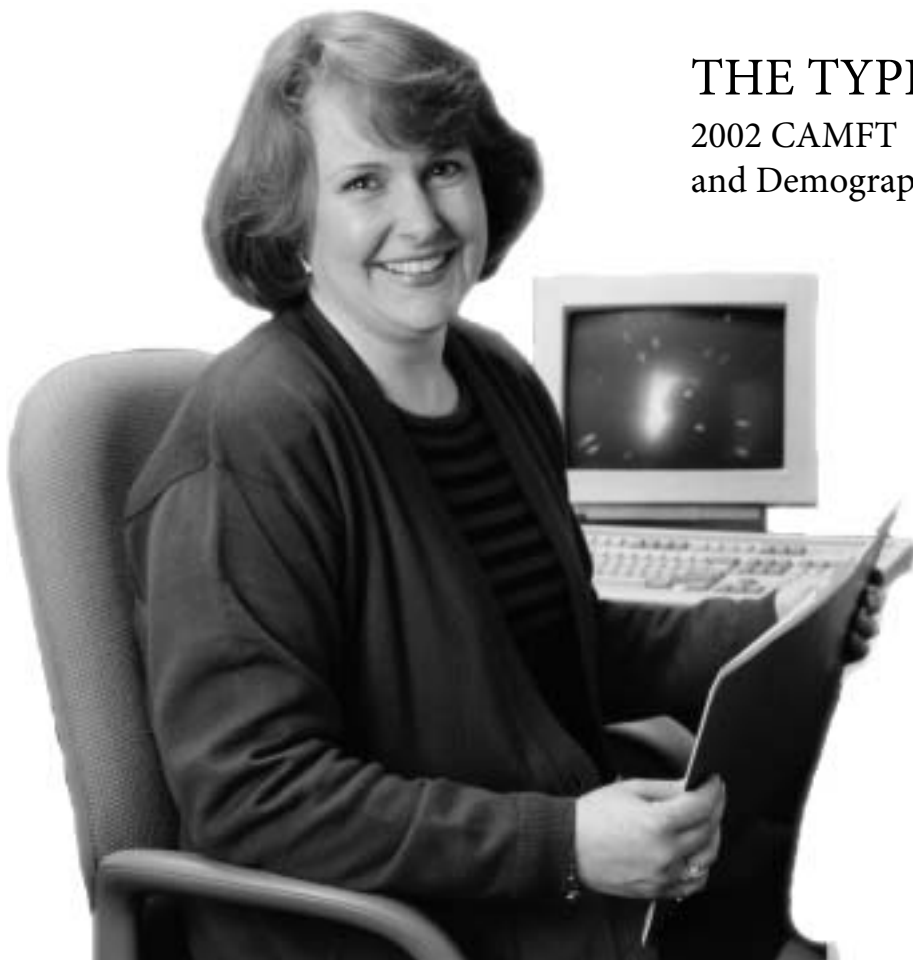


THE TYPICAL CALIFORNIA MFT

2002 CAMFT Member Practice and Demographic Survey

Mary Riemersma
Executive Director



CAMFT has completed the compilation of the data on the recent practice and demographic survey of clinical members. Approximately 3,900 surveys were mailed to a random sample of CAMFT's clinical members. One thousand fifty responses were received, resulting in a representative 27 percent rate of return.

The executive summary of responses is being mailed to all who participated in the survey and who submitted a verifiable request to obtain the data. Additionally, anyone who participated in the survey may also request a complete copy of the results; however, most therapists should find that the executive summary of responses adequately addresses their questions and concerns.

Note the "boxed" information on the adjoining page, which provides an overview, based upon the survey, of the typical MFT in California. Interestingly, 22 percent of MFTs continue to be in Los Angeles County. However, this is 3 points lower than the percentage indicated in the 2000 survey. The percentage in LA County has consistently demonstrated a decline from

earlier surveys as well: 25 percent in 1997, 26 percent in 1995, 27 percent in 1992 and 1990, and 33 percent in 1988. Other areas of the state with a large concentration of MFTs continue to be: East Bay (11 percent); Orange County (8 percent); Santa Clara (8.5 percent); the Counties of Marin, Sonoma, Mendocino, Lake, and Napa (8 percent); San Diego (7 percent); and the Counties of Ventura, Santa Barbara, and San Luis Obispo (7 percent).

The "typical" MFT is female. This survey indicates that 75 percent of those responding are female, compared with 72 percent in 2000, 74 percent in 1997, 72 percent in 1995 and 1992, 68 percent in 1990, and 70 percent in 1988. The variance is likely due to the numbers of persons who, by choice or neglect, do not respond to the survey. The average age of the typical therapist continues to rise. This survey revealed that the average age is now 53, compared to 52 in 2000, 51 in 1997, 49.5 in 1995, 47.5 in 1992, 46 in 1990, and 45.5 in 1988. It is interesting to note that only 3 percent of MFTs who responded to the survey are under the age of 35. In fact, there are a greater number of therapists 65 and older

(7 percent) than there are therapists under 35, which is likely not surprising since therapy is a profession that can be practiced well beyond normal retirement.

While the typical MFT is Caucasian, this survey indicates a slight increase in the percentage of MFTs who are ethnically diverse. Slightly over 7 percent of respondents indicate an ethnic origin other than Caucasian. This number compares with the 2000, 1997, and 1995 surveys that show 6 percent, and the 1992 survey with slightly less than 5 percent of respondents whose ethnic origin is other than Caucasian. Two and a half percent are Latino, less than 1 percent are African American, and greater than 1 percent are Asian/Pacific Islander.

There has been a fluctuation from prior surveys for MFTs with a doctoral level degree. The current survey reveals that approximately 18 percent of those responding to the question have a doctoral level degree. This compares with 21 percent in 2000 and 17.5 percent in 1997. Slightly over 50 percent of MFTs have, as their highest relevant degree, a degree granted in marriage, family and child counseling/marital and family therapy, compared with 46 percent in 2000 and 42 percent in the 1997 survey. Approximately 38 percent have as their highest relevant degree, a degree in psychology, clinical psychology, or counseling psychology, which compares to 41 percent in the prior survey. Approximately 73 percent of respondents indicated that they graduated from an accredited institution, which is up from 70 percent in the prior survey. Less than 6 percent indicated that they are now pursuing another degree, which is consistent with the prior survey. Three percent indicated that they are pursuing another license, which is consistent with the prior survey.

Interestingly, the number of respondents who participated in both a written and an oral examination has climbed to 88 percent in this survey, up from 85 percent in the prior survey. Less than 2 percent of respondents indicated they have taken no exam whatsoever. As an aside, over 70 percent of respondents indicated an oral examination is necessary/beneficial for the profession. Approximately 38 percent of the respondents indicated that they hold licenses or credentials other than MFT; these include, among others, pupil personnel services, teaching, nursing, psychologist, social worker, educational psychologist, etc.

While the typical MFT is Caucasian, this survey indicates a slight increase in the percentage of MFTs who are ethnically diverse.

On average, MFTs are acquiring only the required hours of continuing education each year, which compares with the year 2000 survey. This number has experienced a downward trend over prior years. While the number in the 1997 survey was below the number required for MCE each year (13 hours—clinicians likely waiting to take courses for the advent of mandatory continuing education), respondents indicated an average of 20 hours in the 1995 survey, 19 hours in the 1992 survey, 48 hours in the 1990 survey, and 51 hours in the 1988 survey. The decline in the number of hours of continuing education from several years ago is likely the result of marketplace and economic conditions. As well, it is likely that the continuing education requirements have had a limiting impact on professional development, e.g., many therapists now only do what they are required by law to complete.

Roughly 44 percent of the MFTs responding to the survey indicated employment, at least part time, within the public sector in a position related to marriage and family therapy. Such settings include, among others, educational institutions, County

Mental Health, Child Protective Services, EAPs, Social Services, County Probation, Family Court Services, and Correctional Treatment Facilities. Greater than 20 percent indicated employment in the private sector on either a part or full time basis. MFTs who work in the private sector, in addition to private practice, work in the following settings: non-profit and charitable corporations, multidisciplinary groups, educational institutions, managed care companies, hospitals, residential treatment facilities, and outpatient clinics.

The typical therapist who works in the private sector, on average, spends 18 hours per week doing counseling/therapy. This number compares to 15 hours in the 2000 survey, 16.5 hours in the 1997 and 1995 surveys, 17 hours in the 1992 survey, 22 hours in the 1990 survey, and 21 in the 1988 survey. Obviously, a significant number of MFTs also work in settings other than private practice where they also see patients. For those who are employed in the public sector, such persons perform an average of 15 hours per week of therapy/counseling. The therapist in the public sector has duties, which include, among others, counseling/psychotherapy, case management, intakes/referrals, administration, supervision, family counseling/reunification, prevention/education, and social services.

Fifty-eight percent, compared to 65 percent in the prior survey, spend one to five hours per week doing treatment planning, report writing, insurance billing and maintaining progress notes; 24 percent spend six to ten hours per week. Nearly 75 percent of MFTs are involved in some professional activities each week not related to counseling or therapy, in addition to the work they do as therapists. These activities include such responsibilities as providing education and training, administration, consulting, public speaking, and writing. Greater than 60 percent of respondents do no marketing or promotion of services each week, while nearly 32 percent engage in 1 to 2 hours each week of marketing and promoting their practices. Fifty-six percent do some volunteer or pro bono work each week. About 28 percent regularly get personal psychotherapy each month, while about 54 percent regularly get supervision/consultation each month.

The Typical MFT In California

- Is female
- Is Caucasian
- Is self-employed in full-time or part-time practice
- Regularly participates in professional activities not related to counseling or therapy
- Is 53 years old
- Sees 18 patients each week
- Has a masters degree granted by an accredited school in marriage, family and child counseling or marital and family therapy
- Has been licensed for 10 or more years
- Participates in slightly more than 18 hours of continuing education each year
- Carries a professional liability insurance policy with coverage of at least \$1,000,000 per occurrence

(continued on page 23)

The average annual income (before taxes) from the practice of the profession, including work within both the private and public sector, was \$51,964, compared with \$46,954 in 2000, \$44,753 in 1997, and \$41,905 in 1995. It is interesting to note that about 14 percent of MFTs have gross incomes from the practice of the profession of \$80,000 or more, while 17.5 percent of the profession have incomes under \$20,000. It is, of course, impossible to determine if the under \$20,000 earners are by design or by happenstance.

Interestingly, when asked about change in the level of income from counseling or therapy in the last two years, approximately 54 percent indicated their practices have increased somewhat or significantly, approximately 25 percent indicated their practices have remained about the same and about 22 percent indicated their practices have declined. These figures are significantly more positive than the prior survey.

With the exception of a D.Min., persons with doctoral degrees (Ph.D., Psy.D., Ed.D.) generally have higher annual incomes than do MFTs who have masters level degrees. Those with doctorates have an average annual income before taxes of \$62,838.76, compared with \$60,522 in 2000, \$57,420 in 1997, and \$53,824 in 1995; whereas those with masters degrees have an average annual income before taxes of \$47,851.21, compared with \$43,363 in 2000, \$42,052 in 1997; and \$38,040 in 1995. Similarly, men have higher incomes than do women, \$59,055 for men and \$49,569 for women. And, as one might expect, those who have been licensed for a longer period of time have higher incomes and higher hourly fees than those who are more recently licensed.

The usual and customary fee charged for an hour of individual psychotherapy/counseling performed by the typical MFT was \$86.79, up from \$78.16 in 2000, \$73.31 in 1997, \$76.31 in 1995, \$72.85 in 1992, \$74 in 1990. On the other hand, the average actual fee charged for an hour of individual psychotherapy/counseling performed, which includes discounted fees, was \$73.31, up from \$66 in 2000, \$61 in 1997, \$60.88 in 1995. This lower hourly fee accounts for fees diminished due to managed care, sliding fee scales, patients'

lessened ability to pay, as well as other competitive and economic factors. Only about 14 percent of MFTs never use a sliding fee scale. The lowest fee charged by an MFT using a sliding fee is fairly equally distributed between the amounts of \$20 and \$59. About 70 percent of the lowest sliding fees used by MFTs fall within this range. The average for the lowest sliding fee was \$42.23, compared with \$38.41 in 2000, \$37.50 in 1997, \$36.26 in 1995, and \$33 in 1992. Those who use the sliding fee do so, in large part, based upon the client's

With the exception of a D.Min., persons with doctoral degrees (Ph.D., Psy.D., Ed.D.) generally have higher annual incomes than do MFTs who have masters level degrees.

stated ability to pay, with no verification of income. Twenty-three percent of respondents indicated their lowest fee on the sliding scale is \$60 or more.

Up minimally from the 2000, 1997, 1995, and 1992 surveys, slightly more than 26 percent of respondents indicated that they are reimbursed by insurance most of the time. Greater than 75 percent, however, are reimbursed at least occasionally to most of the time. Over 57 percent of MFTs indicated that most third party payers do not request physician referrals.

Additionally, about 23 percent of MFTs who bill for third party reimbursements get referrals from physicians and generally find the referrals easy to obtain. Six percent of MFTs find them difficult to obtain. This number is up from the 2000 survey where less than four percent of MFTs found referrals from physicians difficult to obtain. In order of priority, MFTs work with the following client issues: depression; anxiety;

self esteem/personal growth; couples/relationship issues; life transitions including divorce, remarriage, step-parenting; stress and post-traumatic stress; children/adolescents/parenting; grief/loss/death/dying; families; addictions/co-dependency/ACA; child abuse; affective disorders; persons who are suicidal or in crisis; domestic violence; personality disorders; job satisfaction; serious emotional disturbances of children; and gay/lesbian issues.

In order of priority, patient referrals come to MFTs primarily from the following sources: patients/clients, colleagues, managed care companies, schools, physicians, families/friends/neighbors, schools, community agencies, EAPs, advertising/marketing, clergy, courts, Victims of Crime Program, and governmental entities.

Generally, 82 percent of MFTs refer to psychiatrists, not primary care physicians, for medications; MFTs rarely refer to psychiatrists for medications and treatment. About 9 percent of MFTs have hospital privileges at one or more hospitals. This is down from 13 percent in 2000, 19 percent in 1997, and 25 percent in 1995. This decline is likely due to the scaling back by third party payers in authorizing and reimbursing for inpatient work and the diminishing number of hospitals devoted to psychiatric work.

When questioned about what cultures MFTs treat, 93 percent indicated they treat Caucasians. Other cultures regularly treated, in order of magnitude, include: Latinos (75 percent), African-Americans (58 percent), multi-racial (37 percent); Asian/Pacific Islanders (49 percent), Middle Easterners (24 percent) and Native Americans (17 percent). These numbers of cross-cultural clients treated have increased from the 2000, 1997, and 1995 surveys. Nearly 85 percent of MFTs indicated that they have had sufficient training to work with culturally diverse patients, even though nearly half of this number indicated that their training was not part of their formal education.

Thirty percent of MFTs indicated that they are accessible 24 hours per day; similarly nearly 30 percent indicated that they only take emergency calls after normal business hours. A growing percentage, 42 percent,

up from 34 percent, indicated that they are only available during normal business hours, during certain specified hours, or that calls are diverted to a service after normal hours. About 89 percent of MFTs maintain a 24-hour or 48-hour cancellation policy, but most exercise discretion in enforcing the policy. Seventy-seven percent of MFTs provide patients with a written disclosure statement. In fact, 67 percent require the disclosure statement to be signed by the patient. Thirty-five percent of MFTs keep patient records for an indefinite period of time. Less than 2 percent of MFTs claim that they do not keep patient records, which is the same as the 2000 survey. The fact that some do not keep records is surprising in light of the legal requirement to keep records.

Approximately 53 percent of MFTs are not affiliated with any PPO, HMO, EAP, or other managed care panel. Forty-six percent of those not affiliated do not affiliate because the therapist chooses to not participate in managed care; 7 percent indicated that they do not affiliate because the panels are filled, down from 11 percent in the 2000 survey. In fact, nearly 80 percent of respondents indicated that they are paid out of pocket at the time of treatment. Forty-eight percent indicated that they are on one or more panels. Over 18 percent are affiliated with four or more panels. The problems expressed in dealing with managed care companies include (in order of priority), the burden of increased paperwork, the reduction in fees, limitations on treatment authorized, confidentiality is compromised, delays in reimbursement, and panels are filled.

The general feeling (91 percent) with regard to fees paid by managed care companies was that the fees are slightly to significantly lower than the therapists' usual and customary fees. Nearly 45 percent indicated that the average number of treatment sessions authorized by managed care is six to ten sessions; about 18 percent indicated that the average number of treatment sessions authorized is five or fewer sessions. Half of the respondents believed that the number authorized is rarely sufficient. There was a mix of responses with regard to the reasonableness of managed care contracts. Further, most therapists do not attempt to negotiate unreasonable managed

care contracts. With regard to advocating on behalf of patients for continued treatment, most respondents do advocate on behalf of their patients. Approximately 13 percent of respondents indicated that passage of the "parity law" has opened new doors for employment.

Most MFTs carry professional liability insurance; only about 4 percent do not. Sixty-one percent of MFTs are insured with the CAMFT endorsed program with CPH and Associates or its predecessor, NPG. Approximately 25 percent are insured through the American Professional Agency. About 10 percent either get insurance provided by their employers or are covered by a plan not related to CAMFT or APA. Over 86 percent select a policy with coverage limits in the amount of a \$1,000,000 per occurrence/\$3,000,000 aggregate, \$1,000,000 per occurrence/\$5,000,000 aggregate, or \$2,000,000 pre occurrence/\$4,000,000 aggregate.

Over 76 percent of MFTs do not supervise interns or trainees. Ten percent of MFTs provide supervision for a non-profit and charitable corporation, and 6 percent supervise interns in private practice, down from 9 percent in the 2000 survey. In 37 percent of the situations where interns and trainees are being supervised, no fees are charged to clients for the services of the interns or trainees. Approximately 20 percent of interns are paid based upon a percentage of the fees they generate. Only 9 percent of interns make over \$25 per hour for the hours worked. This compares with the most frequently charged fees for the interns' or trainees' services, when they are paid, which commonly range between \$21 and \$50 per patient hour.

Most often, no third party is billed for the services provided by interns or trainees. Approximately 17 percent, however, indicated that third party payers are billed for interns' services and that third party payers generally reimburse. In 70 percent of the cases where MFTs are providing supervision to interns and/or trainees, supervisors believe they would benefit from additional training in supervision. About 30 percent believe that they have had sufficient training to provide supervision. Some (7 percent) believe, however, that they have insufficient time to acquire the needed training.

(continued from page 21)

- Does some pro bono work
- Does not supervise interns or trainees
- Has an annual average income before taxes of \$52,000
- Use a computer for some purposes
- Has access to e-mail
- Uses a fax machine
- Has a usual and customary fee of approximately \$87 per hour (in reality, however, only collects \$73 per hour)
- Provides patients with a written, informed consent/disclosure statement they are required to sign
- Has a 24-hour cancellation policy
- Retains patient records 7 or more years beyond termination

Domestic Violence

The Court Mandated Perpetrator Assessment & Treatment Book

by Daniel Sonkin, Ph.D.

- Assessment-based treatment model
- Includes risk assessment software
- Violence inventory, stalking checklist, social history form and many other assessment & treatment forms
- Receive self-study CEUs online

www.daniel-sonkin.com
or call (415) 332-6703

OFFERING

Mature Therapy/Counseling Practice (Solo)

Located in a fast-growing scenic area of Northern California
Must be Licensed and Panded
• Lease in historic Tudor •

Please respond to:
Practice
1211 Magnolia Ave. Redding, CA 96001



The majority of MFTs do not hire any support staff. Eleven percent use a bookkeeping or billing service, and 6.5 percent have a receptionist/secretary. Seventy-three percent of MFTs utilize a computer in the practice of the profession, which is the same as the prior survey. Computers are generally used for correspondence, billing, development of forms, reports, maintenance of patient records, marketing, publishing, faxing, scheduling, and treatment planning, among other things. At least 73 percent of respondents are using the Internet for at least e-mail, up from 60 percent from the 2000 survey. However, only 14.5 percent indicated they do not use the Internet. Thirty-eight percent of respondents indicated that they do some therapy/counseling by telephone or over the Internet. Approximately 90 percent of MFTs are using fax machines.

Thirty-nine percent of MFTs indicated they purchase their own health insurance coverage. Nearly half of the respondents indicated that they are not members of CAMFT chapters. Nearly 50 percent indicated that they are members of chapters; but 36 percent, even though members, are not involved. Eighty percent of respondents

indicated they are not members of AAMFT—over 50 percent indicated they don't see value to membership in AAMFT.

Nearly 70 percent of respondents indicated that they regularly read and save *The Therapist* as a reference. Other details and comparisons from this survey will be shared in future issues of *The Therapist*. The purpose of the survey, of course, is to provide more comprehensive, up-to-date data on the practice and demographics of the profession. We believe that the prior surveys were useful for members, the Association and the profession, as we have sought to open new avenues for increased utilization of MFTs. These results will assist our future endeavors to expand the recognition and utilization of MFTs in the mental health care industry. As well, we hope that you find this data informative and useful as you compare where you are currently with others in your chosen profession. Finally, if you study the survey, you will note that there are MFTs who work in areas where it is often assumed that MFTs are not utilized. Thus, for those with determination and perseverance, it is possible to use some of this information to achieve positions, which may, on the surface, seem unattainable. We trust that you will put this information to work for you as well.

Anyone who did not participate in the survey may obtain a copy of the results for a fee of \$40 for members or \$80 for non-members, plus postage and handling. If you wish to purchase the written compilation of the results, send your written request with check or credit card information to CAMFT, 7901 Raytheon Road, San Diego, CA 92111, or fax with credit card information to 858-292-2666. Be sure to request "CAMFT Demographic Survey—2002." It is also possible to get breakdowns of particular geographic areas for \$15 per area. Additionally, if you are interested in a comparison of data that is part of this survey, but not included in the summary of responses, please call CAMFT for an estimate of charges to calculate the data—858-292-2638. ☉

Professor Plume of SCU

APPROVED CONTINUING EDUCATION WITH THE PERSONAL TOUCH

- Small Interactive Classes
- Topical Courses
- Beautiful, Relaxed Campus
- Prestigious Faculty
- Courses Tailored to Contemporary Practice
- Convenient Schedule

Classes include:

- Psychoanalytically-Oriented Psychotherapy—July 17
- Obsessive Compulsive Disorder—July 27
- Spirituality & Mental Health—August 3
- Psychotherapy Supervision—August 17

Plan your CE Hours through December 2002
Visit www.scu.edu/cpd or call Bob 408-551-1981 for details or to register

Santa Clara University
www.scu.edu/cpd

001-00002