



2006 Demographic Survey



The Typical California MFT

California Association of Marriage
and Family Therapists

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CAMFT has completed the compilation of the data on the recent practice and demographic survey of clinical members. Approximately 4,030 surveys were mailed to a random sample of CAMFT's clinical members. Nine hundred twelve responses were received, resulting in a representative 23 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 page 27, which provides an overview, based upon the survey, of the typical MFT in California. Twenty-five percent of MFTs are in Los Angeles County. The percentage in LA County in 2004 was 25 percent, 22 percent in 2002, 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 (8.5 percent); Orange County (8 percent); the Counties of Ventura, Santa Barbara, San Luis Obispo (7 percent), Santa Clara (6.5 percent); the Counties of Marin, Sonoma, Mendocino, Lake, and Napa (6.25 percent); San Diego (5 percent); San Francisco (4 percent); and Inland Empire (4 percent).

The "typical" MFT is female. This survey indicates that 78 percent of those responding are female, compared with 79.8 percent in 2004, 75 percent in 2002, 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 55.6, compared to 54.6 in 2004, 53 in 2002, 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 three percent of MFTs who responded to the survey are under the age of 35. In fact, there is a substantially greater number of therapists 65 and older (18 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 ten percent of respondents indicate an ethnic origin other than Caucasian. This number compares with the 2004 and 2002 survey with seven percent, the 2000, 1997, and 1995 surveys that show six percent, and the 1992 survey with slightly less than five percent of respondents whose ethnic origin is other than Caucasian. Over three percent are Latino, greater than one percent are African American, and over two percent are Asian/Pacific Islander. Slightly greater than one percent of respondents indicate multiracial/multiethnic origin.

There has been a fluctuation from prior surveys for MFTs with a doctoral level degree. The current survey reveals that approximately 15 percent of those responding to the question have a doctoral level degree. This compares with 18 percent in 2002, 21 percent in 2000 and 17.5 percent in 1997. Nearly 56 percent of MFTs have, as their highest relevant degree, a degree granted in marriage, family and child counseling/marital and family therapy, compared with 51 percent in 2004, 50 percent in 2002, 46 percent in 2000 and 42 percent in the 1997 survey. Approximately 39 percent have as their highest relevant degree, a degree in psychology, clinical psychology, or counseling psychology, which compares to 39 percent in 2004, 38 percent in 2002 and 41 percent in the 2000. Over 80 percent of respondents indicated that they graduated from an accredited institution, compared to 71 percent in 2004, 73 percent in 2002 and 70 percent in 2000 survey. Eight percent indicate they do not know whether or not their schools were accredited or approved. Less than four percent indicate that they are now pursuing another degree, which compares with four percent in the prior survey. Less than three percent indicate that they are pursuing another license, which is up slightly from the prior survey.

The number of respondents who participated in both a written and an oral examination was 83 percent, which is down from 88 percent in the 2004 survey, and was 85 percent in the 2000 survey. Less than two percent of respondents indicate they have taken no exam whatsoever. As an aside, 64 percent of respondents believe an oral exam is necessary or beneficial for the profession, which is the same percentage as in the 2004 survey; while over 70 percent of respondents indicated an oral examination was necessary/beneficial for the profession in the 2002 survey.

We presume this drop was spurred by the elimination of the oral examination. Approximately 42 percent of the respondents indicate that they hold licenses or credentials other than MFT; these include, among others, teaching, pupil personnel services, nursing, psychology, minister, etc.

On average, MFTs are now acquiring slightly over the minimum prescribed hours of continuing education, which is up to 22 hours per year. This number compares to 20.5 per year in 2004, 18 per year in the 2002 and 2000 surveys, which was right on the MCE requirement. This number, even though now increasing, experienced a downward trend from 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. 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, or slightly more.

Roughly 31 percent of the MFTs responding to the survey indicate employment in the public sector, at least part time, within a position related to marriage and family therapy. This number is down from the 2004 survey where the percentage was 38 percent. This decline may be due to budgetary circumstances. Such settings include, among others, County Mental Health, Educational Institutions, Correctional Treatment Facilities, Social Services, Child Protective Services, EAPs, County Probation, Family Court Services, and Department of Health Services. Greater than 35 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, among others: 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 15.5 hours per week doing counseling/therapy. This number compares to 15 hours in the 2004 survey, 18 hours in the 2002 survey, 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 15.7 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, family counseling/reunification, supervision, social services, and community prevention/education.

Fifty-eight percent, compared to 60 percent in the 2004 survey, 58 percent in the 2002 survey, and 65 percent in the 2000 survey, spend one to five hours per week doing treatment planning, report writing, insurance billing and maintaining progress notes; 22 percent spend six to ten hours per week compared to 23 percent in the 2004 survey, and 24 percent in the 2002 survey. Nearly 72 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 administration, providing education and training, consulting, writing, public speaking, or as a student. Sixty-one percent of respondents do no marketing or promotion of services each week, while nearly 30 percent engage in one to two hours each week of marketing and promoting their practices. Fifty-two percent do some volunteer or pro bono work each week. About 26 percent regularly get personal psychotherapy each month, while about 51 percent regularly get supervision/consultation each month.

The average annual income (before taxes) from the practice of the profession, including work within both the private and public sector, was \$54,718.50, compared with \$50,431.42 in 2004, \$51,964 in 2002, \$46,954 in 2000, \$44,753 in 1997, and \$41,905 in 1995. It is interesting to note that about 18 percent of MFTs have gross incomes from the practice of the profession of \$80,000 or more, while 16 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. The higher incomes have grown since the prior survey and the lower incomes have diminished.

Interestingly, when asked about change in the level of income from counseling or therapy in the last two years, approximately 41 percent indicate their practices have increased somewhat or significantly, approximately 30 percent indicate their practices have remained about the same, and about 19 percent indicate their practices have declined. These figures are significantly more negative than the prior survey. When asked about overhead, over 59 percent indicate overhead costs are under 30 percent, and nearly 40 percent say overhead is under 20 percent.

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 \$66,315.40 compared with \$62,884.93 in the 2004 survey, \$62,838.76 in the 2002 survey, \$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 \$52,482.43, compared with \$48,320.37 in 2004, \$47,851.21 in the 2002 survey, \$43,363 in 2000, \$42,052 in 1997; and \$38,040 in 1995. Similarly, men have higher incomes than do women, \$63,159 for men and \$52,302 for women. This disparity between men and women has actually decreased between the 2004 and the 2006 survey, however, the 2004 survey showed a widening disparity from the 2002 survey. 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 undiscounted usual and customary fee charged for an hour of individual psychotherapy/ counseling performed by the typical MFT was \$96.30, up from \$93.95 in 2004, \$86.79 in 2002, \$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 \$79.15, up from \$76.87 in 2004, \$73.31 in 2002, \$66 in 2000, \$61 in 1997, and \$60.88 in 1995. The lower hourly fees account 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. Forty-six percent of MFTs offering a reduced fee or sliding scale have \$50 or above as their lowest fee charged. Nearly 59 percent of the lowest sliding fees used by MFTs are \$40 or above. Twenty-seven percent of respondents indicated their lowest fee on the sliding scale is \$60 or more. The average for the lowest sliding fee was \$49.70, compared with \$43.68 in 2004, \$42.23 in 2002, \$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 stated ability to pay, with no verification of income.

Down from the 2004, 2002, 2000, 1997, 1995, and 1992 surveys, more than 25 percent of respondents indicated that they are reimbursed by insurance most of the time. Sixty-four percent, however, are reimbursed at least occasionally to most of the time. Thirty-four percent of MFTs indicated that most third party payers do not request physician referrals. These percentages are lower than the 2004 and 2002 survey results. Additionally, about 25 percent of MFTs who bill for third party reimbursements get referrals from physicians and generally find the referrals easy to obtain. Greater than six percent of MFTs find them difficult to obtain. This number is doubled from the 2004 survey where three percent of MFTs found referrals from physicians difficult to obtain, which was identical to the 2002 survey.

In order of priority, MFTs work with the following client issues: depression, anxiety, self esteem/personal growth, couples/relationship issues, stress/post-traumatic stress, life transitions, children/adolescents/parenting, families, child abuse, domestic violence, job satisfaction, affective disorders, personality disorders, suicide/crisis, gay/lesbian issues, cultural/social problems, serious emotional disturbances of children, aggression, catastrophic/chronic illness, and eating disorders.

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

Nearly 68 percent of MFTs refer to psychiatrists, not primary care physicians, for medications; MFTs rarely refer to psychiatrists for medications and treatment. Under five percent of MFTs have hospital privileges at one or more hospitals. This number is down from six percent in 2004, nine percent in 2002, 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 (56 percent), multi-racial (45 percent); Asian/Pacific Islanders (56 percent), Middle Easterners (29 percent) and Native Americans (16 percent). These numbers of cross-cultural clients treated have slightly increased or remained the same from the 2004, 2002, 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 close to half of this number indicated that their training was not part of their formal education. The perceived competence in working with culturally diverse clients has increased, however.

Nearly 26 percent of MFTs indicate that they are accessible 24 hours per day; similarly, nearly 24 percent indicate that they only take emergency calls after normal business hours. Forty-five percent, indicate that they are only available during normal business hours, during certain specified hours, or that calls are diverted to a service after normal hours. This percentage is gradually increasing. About 80 percent of MFTs maintain a 24-hour or 48-hour cancellation policy, but most exercise discretion in enforcing the policy. Seventy-five percent of MFTs provide patients with a written disclosure statement or notice of privacy practices pursuant to HIPAA. In fact, 54 percent require such statements to be signed by the patient. Twenty-two percent of MFTs keep patient records for an indefinite period of time. Less than one percent of MFTs claim that they do not keep patient records, which is lower than the 2004, 2002, and 2000 surveys. The fact that some do not keep records is surprising in light of the legal requirement to keep records.

Approximately 50 percent of MFTs are not affiliated with any PPO, HMO, EAP, or other managed care panel. Forty-three percent of those not affiliated do not affiliate because the therapist chooses to not participate in managed care; seven percent indicate that they do not affiliate because the panels are filled—up from five percent in 2004, down from seven percent in 2002, and 11 percent in the 2000 survey. Forty-two percent indicate that they are on one or more panels. Twenty-one percent are affiliated with four or more panels. The key problems expressed in dealing with managed care companies include (in order of priority), reduction in fees, burden of increased paperwork, limitations on treatment authorized, confidentiality being compromised, and delays in reimbursement.

The general feeling (67 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. This percentage is lower than the 2004 survey where 91 percent so responded. Nearly 40 percent of those responding to this question indicate that the average number of treatment sessions authorized by managed care is six to ten sessions; about 14 percent indicate that the average number of treatment sessions authorized is five or fewer sessions; 25 percent indicate 17 to 26 sessions. Forty percent of the respondents believe that the number authorized is rarely sufficient. There was a mix of responses with regard to the reasonableness of managed care contracts, however, 40 percent indicate they are generally reasonable.

Further, most therapists do not attempt to negotiate unreasonable managed care contracts. With regard to advocating on behalf of patients for continued treatment, most (97 percent) respondents do advocate on behalf of their patients when necessary. Only a handful of therapists (3.5 percent) have filed complaints with the Department of Managed Health Care; and of those who have, 35 percent believed filing the complaint was worthwhile. Approximately eight percent of respondents indicate that passage of the "parity law" has opened new doors for employment. When asked about HIPAA, 40 percent of respondents indicate that they are covered entities, 31 percent indicate they are not covered entities, and 23 percent don't know if they are covered entities pursuant to HIPAA. Most MFTs carry professional liability insurance; only about four percent do not. Sixty-nine percent of MFTs are insured with the CAMFT endorsed programs, CPH and Associates or its predecessor, NPG. Approximately 12 percent are insured through the American Professional Agency. About six percent get insurance provided by their employers. Ninety-three 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 per occurrence/\$ 4,000,000 aggregate.

Approximately 75 percent of MFTs do not supervise interns or trainees. This number was 72 percent in the 2004 survey and 76 percent in the 2002 survey. Approximately 12 percent of MFTs provide supervision for a non-profit and charitable corporation, and greater than five percent supervise interns in private practice. In 40 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 18 percent of interns are paid based upon a percentage of the fees they generate. Only 14 percent of interns make over \$25 per hour for the hours worked. This number compares with the most frequently charged fees for the interns' or trainees' services, when they are paid, which is somewhat equally spread between pro bono to over \$66 per patient hour.

Most often, no third party is billed for the services provided by interns or trainees. Eighteen percent, however, indicate that third party payers are billed for interns' services and that third party payers generally reimburse. In 44 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 28 percent believe that they have had sufficient training to provide supervision, down from 34 percent in the 2004 survey.

The majority of MFTs working in private practice do not hire any support staff. Twelve percent use a bookkeeping or billing service, and six percent have a receptionist/secretary. These percentages are identical to the 2004 survey. Nearly 70 percent of MFTs utilize a computer in the practice of the profession. Computers are generally used for correspondence, development of forms, billing/bookkeeping/accounting, and reports; and on a lesser scale, for maintenance of patient records, faxing, marketing, treatment planning, desktop publishing, scheduling, among other things. Nearly 70 percent of respondents are using the Internet for at least e-mail. However, only 13 percent indicated they do not use the Internet. This number dropped from 18 percent in the 2004 survey. Approximately four percent of respondents indicate that they do some therapy/counseling over the Internet. Approximately 90 percent of MFTs are using fax machines.

Forty-one percent of MFTs indicate they purchase their own health insurance coverage. Over half of the respondents indicate that they are not members of CAMFT chapters. Nearly 50 percent indicate that they are members of chapters; but over 30 percent, even though members, are not involved. Twenty percent of respondents indicate they are also members of AAMFT.

Over 62 percent of respondents indicate that they regularly read and save *The Therapist* as a reference. Sixty-six percent of members believe they benefit greatly from CAMFT membership.

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—2006." 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 Jennifer at CAMFT for an estimate of charges to calculate the data—(888) 892-2638. Mary Riemersma, C.A.E., is CAMFT's Executive Director. She is available to answer member calls regarding business, legal, and ethical issues.