



CAMFT's 2015 DEMOGRAPHIC SURVEY:

A Snapshot of the "Typical" California MFT

Mariam Babayan, JD
Outreach Coordinator

The 2015 demographic survey of the practice and experience of CAMFT members was conducted in the months of January and February. There were 15,464 clinical and 10,930 pre-licensed surveys sent with a 16% composite return rate. The following is a summary of the survey highlights in both categories of membership.

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The primary goal of the survey was to establish a benchmark to compare with past and future surveys that may include significant changes in membership demographics, the economic state of the profession, and other indications that inform the professional and personal makeup of the "typical" California MFT.

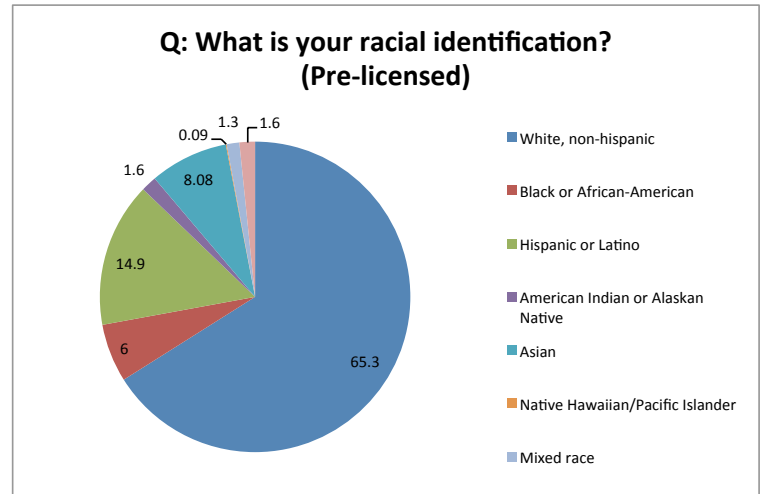
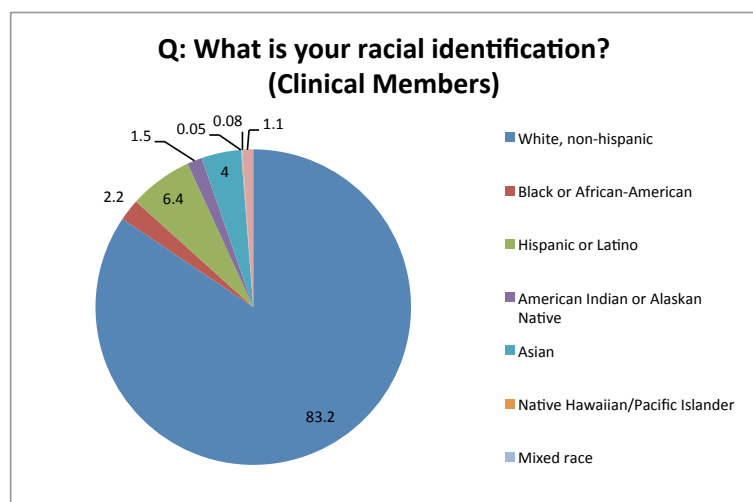
The data are presented in eight overarching summaries:

- General membership snapshot
- Employment and general business practice
- Income
- Third party reimbursement
- Marketing
- Legal, ethical, and advocacy issues
- Supervision issues
- CAMFT's services and products

General membership snapshot

Continuing a trend palpable from the early days of the license, the "typical" MFT is a woman. A staggering 80.7% of LMFTs and 83.2% of pre-licensees identify as female, the highest figures to date.

The age of the typical MFT continues to rise, albeit modestly. The average age of LMFTs is 57.6 years, up from 56 years in 2012, 55.7 years in 2008, and 54.6 in 2004. The average pre-licensee age is 41 years. 61.6% of LMFTs are over the age of 56, unsurprising for a profession accustomed to welcoming many entering it later in life. In fact, 75.8% of LMFTs have had a prior career. Approximately 37.1% hold licenses or credentials other than MFT, slightly down from 44% in 2012. Credentials in teaching, ministry services, professional clinical counseling, nursing, and pupil personnel services are the most common.



Continuing another notable trend, the majority of members in the clinical and pre-licensed categories identify as Caucasian. However, pre-licensees are more racially diverse. Over 34% of the pre-licensed membership identifies as Black, Hispanic, Asian, or multiracial, compared with 16% of the clinical membership.

The pre-licensed membership is also more diverse with respect to languages spoken. Only 25% of LMFTs speak a language other than English, compared to 39% of pre-licensees. Spanish is the most common language other than English spoken across both categories, with 12.5% of LMFTs and 21.2% of pre-licensed members identifying as native or non-native speakers.

32.1% of LMFTs have been licensed for more than 20 years. 9.4% have been licensed 16-20 years, and 49.5% have held their license for 2-15 years. Only 9.1% have been licensed for less than 2 years.

While more MFTs are graduating from accredited or state approved schools, fewer are obtaining doctoral level degrees. 87.3% of LMFTs in 2015 graduated from an accredited or state approved school, compared to 80% in 2012 and 2010, and 71% in 2004. 10.7% of LMFTs in 2014 hold doctorates, compared to 12% in 2012, 14% in 2010, 15% in 2006, and 21% in 2000. 88.5% of LMFTs hold master's as their highest degree related to psychotherapy.

52.5% of LMFTs have, as their highest relevant degree, a degree granted in marriage, family and child counseling or marital and family therapy. Approximately 43% boast an advanced degree in psychology, clinical psychology, or counseling psychology, continuing an upward trend from 39% in 2012, 34% in 2010, and 30% in 2008.

The vast majority (90%) of LMFTs do not have or do not plan to pursue LPCC licensure. 75% of pre-licensees do not plan to pursue this license.

The majority of MFTs are concentrated in the Los Angeles and greater Bay areas. 53% of LMFTs and 56.6% of pre-licensees live in LA, San Francisco, Marin, Contra Costa, San Mateo, Alameda, Santa Cruz, or Santa Clara county.

The vast majority of MFTs have health insurance for their personal medical care. Only 1.6% of LMFTs and 6% of pre-licenseses do not.

Employment and general business practices

Private practice continues to be the most common employment setting for LMFTs and the least common for pre-licenseses. Approximately 78% of LMFTs are in private practice either full- or part-time, compared to 16.7% of interns. 55.3% of LMFTs work *solely* in private practice, and 66.1% consider private practice to be their primary source of income.

31.8% of LMFTs are employed in a clinical, non-private practice setting either full-time or part-time. Only 13% work solely in a clinical non-private practice setting.

Only 12.5% of LMFTs work in a non-clinical, non-private practice setting either full- or part-time.

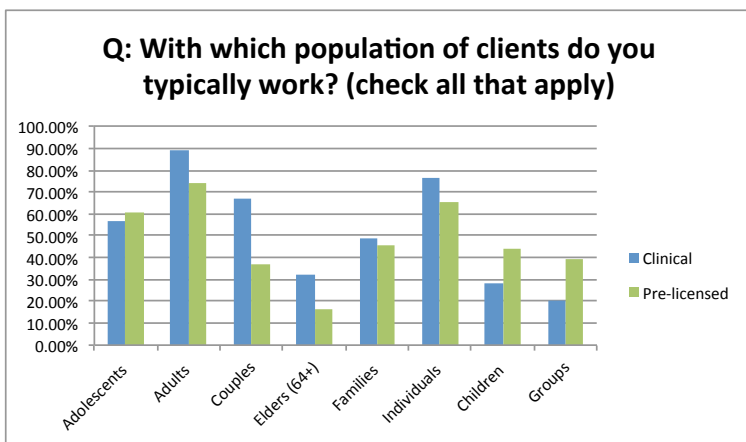
Among pre-licenseses, the most common issues identified were anxiety disorders (60.1%), depressive disorders (50.9%), trauma and stressor related disorders (40%), grief and loss (30%), family relationship issues (39%), and parent-child issues (32%). Pre-licenseses are more likely across the board to work with younger populations like children and adolescents.

There has been a trend in an increasing percentage of non-Caucasian clients treated by both LMFTs and pre-licenseses from comparison of values across the 2012, 2010, 2008, 2006, 2004, 2002, 2000, 1997, and 1995 surveys.

94.3% of LMFTs and 93% of pre-licenseses believe they have sufficient educational training to deal with culturally diverse patients. Despite this overwhelming degree of confidence, 32.1% of LMFTs and 16% of pre-licenseses reveal that training in diversity was *not* part of their formal education. More research would be needed to ascertain whether fewer degree programs are offering courses in cultural diversity training as part of the curriculum than in the past.

Among both LMFTs and pre-licensed respondents, the most commonly employed therapeutic modality among respondents is Cognitive Behavioral Therapy, with 76.5% utilizing it in practice. Crisis intervention, trauma-focused therapy, brief therapy, and play therapy are also among the most highly utilized, the later particularly by pre-licenseses.

In order of priority, patient referrals come to LMFTs primarily from the following sources: colleagues, family/friends/neighbors, other clients, managed care and insurance companies, physicians, and Psychology Today.

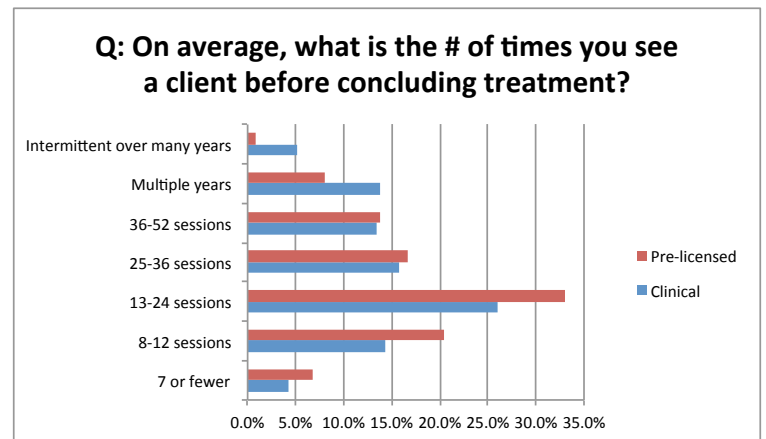


Individuals and adults are the most commonly treated populations among both LMFTs and pre-licenseses, and elders are the least commonly treated. Only 16.8% of pre-licenseses and 32.1% of LMFTs typically work with elders.

LMFTs are almost twice as likely to work with couples. 67% do, as compared with 36.7% of pre-licenseses.

Pre-licenseses however, are more likely to work with groups, adolescents, and young children. While only 20.2% of LMFTs typically work with groups, almost 40% of pre-licenseses do. 44.2% of pre-licenseses work with children, as compared with 28.2% of LMFTs.

When asked to select up to five among a list of over 75 client issues, a majority of LMFTs identified anxiety disorders (66.2% selected) and depressive disorders (62% selected) as the issues they either specialize in or treat most commonly. The next most common selections were grief and loss (44.5%), marital/couple issues (48.6%), and family/relationship issues (43.6%). The *least* common identified issues were elder abuse, child custody and mediation and evaluation, and primary prevention, with less than 3% of LMFTs indicating a specialization or frequency of contact with these issues.



A plurality of both LMFTs (26%) and pre-licenseses (33%) spend between 13-24 sessions on average with a client before concluding treatment.

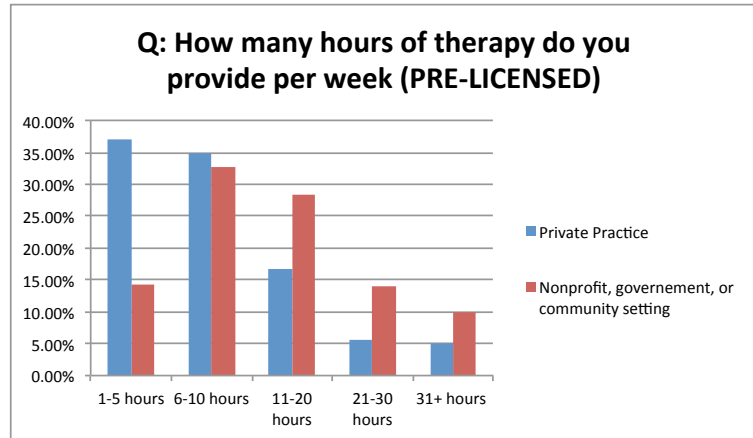
Nearly 14% of LMFTs see clients over a period of multiple years, compared with 8% of pre-licenseses.

86.2% of LMFTs identified 50-60 minutes as the average length of a client session. 9.9% allocate between 30 and 45 minutes per session, while only 2.5% allocate 90 minutes or more.

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69% of LMFTs are required to be HIPAA compliant, and 10% comply despite not being required.

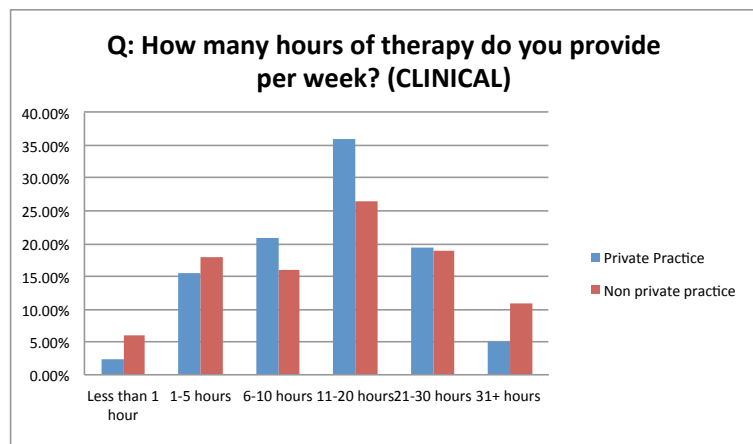
85.1% of LMFTs have a 24-48 hour cancellation policy, the majority of whom exercise discretion in the enforcement of the policy. Only 7.8% maintain a strict policy with no discretion.



Only 16.7% of pre-licensurees work in the private practice setting, and those who do provide fewer therapy hours per week than those who work in non private practice settings.

Pre-licensurees log an average of 10 therapy hours per week in private practice, with 72% of those logging between 1 and 10 hours per week. Only 10.6% provide 21 or more therapy hours.

In the nonprofit, government, or community settings, pre-licensurees provide an average of 15.5 hours of therapy per week. The majority 52.8%, provide more than 10 hours per week, and 24% provide more than 20 hours per week.



LMFTs in the private practice setting¹ spend an average of 15.2 hours per week on therapy while those in non-private practice settings² spend an average of 18.6 hours.

25% of LMFTs in private practice and 30% in non-private practice spend more than 20 hours per week on average on therapy.

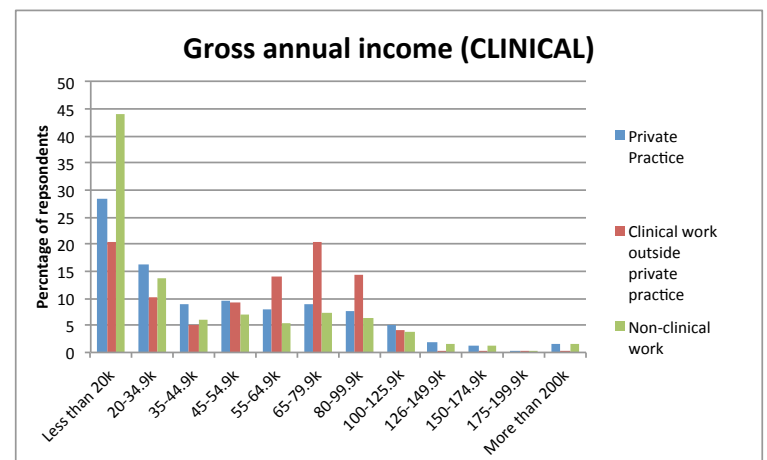
With regard to the breakdown of duties, on average, LMFTs spend 4.5 hours per week on assessment and evaluation, 4.3 hours on treatment planning and team consultation, and 14.5 hours on treatment. Only 5% spend more than 10 hours per week on assessment and evaluation, and only 4% spend more than 10 hours per week on treatment planning and team consultation. Only 6% spend more than 30 hours per week on treatment.

77% of LMFTs devote time to volunteer or pro bono therapy. Only 20% devote more than two hours per week on average.

More LMFTs are beginning to utilize telehealth services (therapy by telephone or over the Internet). While 51.1% do not use telehealth, this is down from 56.4% in 2010 and 58.3% in 2008. Of those who do use telehealth, about 50.7% devote less than one hour per week on it, and only 10.4% are reimbursed.

21.3% of LMFTs are accessible 24 hours-per-day, while 15.3% only take emergency calls after normal business hours. 31.5% 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.

Income



Private practice income appears to be increasing. The average annual income earned solely from private practice (part- or full-time) is \$50,948, up from \$44,482 in 2012 and 46,436 in 2010, \$48,019 in 2008 and \$47,026 in 2006.

28% of LMFTs who reported a private practice income in 2015 earned less than \$20,000, down from 35% in 2012. 17.66% earned more than \$80,000, up from 15.2% in 2012.

74% of LMFTs in private or group practice spend less than 30% of their gross income on overhead costs.

The average annual income earned solely in a non-private practice, clinical setting is \$55,063. While fewer LMFTs earned more than \$125,000 in a clinical setting than in private or non-clinical settings,

clinical income is more evenly distributed overall with a smaller disparity between those who make less than \$20,000 and those who make over \$100,000. 18.49% earned more than \$80,000.

The average annual income earned by LMFTs doing non-clinical work is \$43,496. 44% of those who do non-clinical work earned less than \$20,000. 15% earned more than \$80,000.

Third-party reimbursement

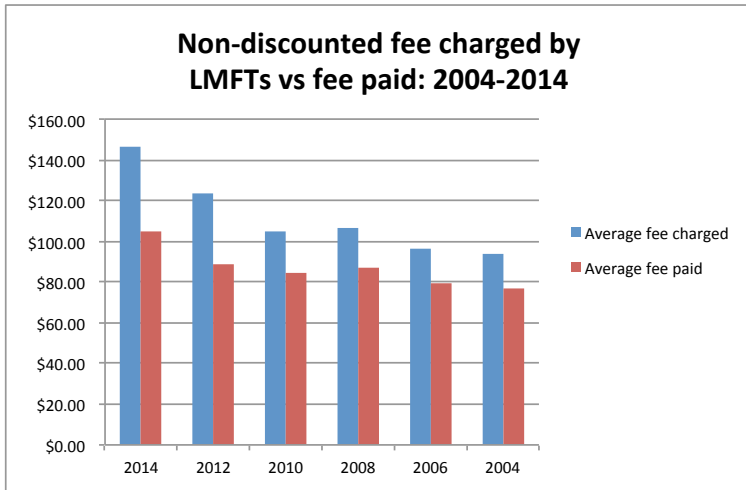
20% of LMFTs are paid for services by a third party.

Approximately 47% of LMFTs are not affiliated with any PPO, HMO, EAP, or other managed care panel. Of those who are unaffiliated, only 4.6% indicate that they would like to serve on a panel, but are dissuaded by the lack of available slots. 24.7% are affiliated with at least one panel, and 27% are affiliated with four or more panels.

40.7% of LMFTs find managed care contracts generally reasonable. The majority (61.8%) have never attempted to negotiate an increase in reimbursement. Of those who have negotiated, 42% received a higher reimbursement rate.

54.4% of LMFTs are either always or frequently satisfied with the number of treatment sessions authorized by managed care companies. 24.6% report being rarely or never satisfied, down from recent years. 34.6% frequently advocate for continued treatment for their patients, while 39% do so on an occasional basis. Only 4.4% never advocate for additional treatment, while 22% advocate rarely or only when a significant argument can be made for medical necessity.

The key problems encountered when dealing with managed care companies (in order of priority) are the reduction of an LMFT's usual and customary fee, delays in reimbursements, the burden of increased paperwork, the overly restrictive limitations on the amount of treatment authorized, and the difficulty of getting on a panel.



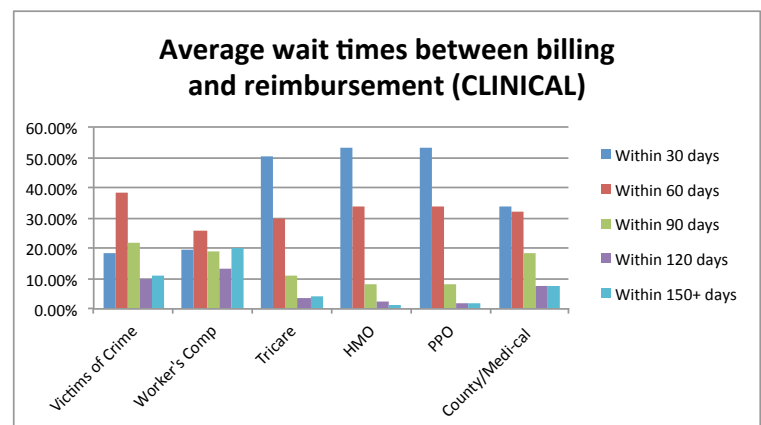
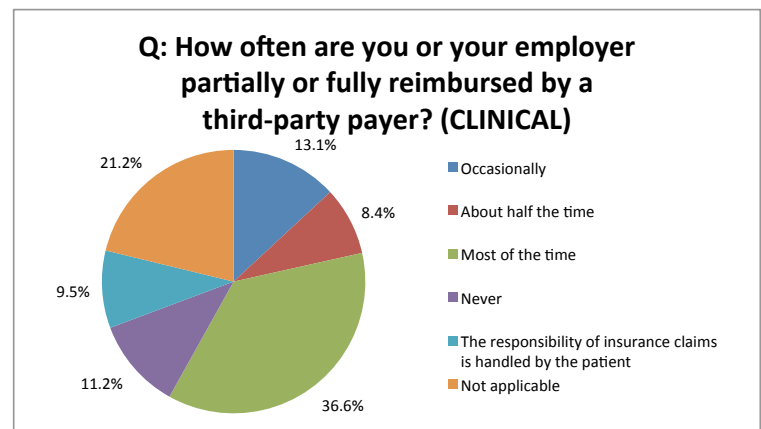
There appears to be an upward trend in the average usual and customary fee charged by LMFTs in the last 10 years. This amount was \$146.86 in 2015, up from \$123.62 in 2012 and \$104.81 in 2010, \$106.70 in 2008, \$96.30 in 2006, \$93.95 in 2004.

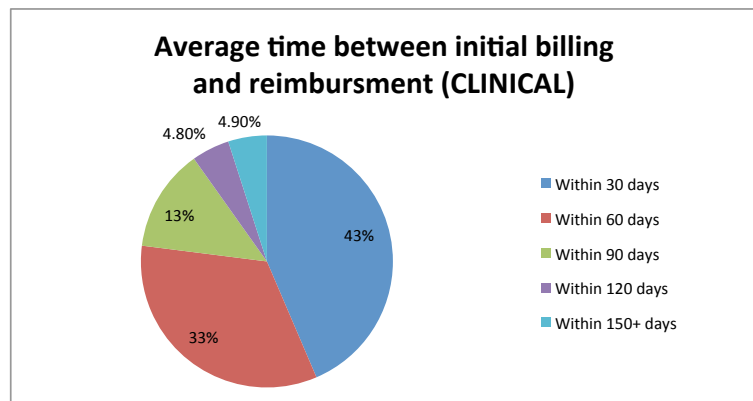
The average fee paid also seems to be increasing. In 2015 this amount was \$108.05 taking into account discounted fees or sliding fee scales, and \$101.81 taking into account managed care and reimbursement rates. These are significantly up from an average of \$88.50 paid after discounts in 2012, \$85.00 in 2010, \$87.08 in 2008, \$79.15 in 2006, and \$76.87 in 2004.

Only 12.3% of LMFTs do not offer a reduced fee or sliding scale. 62.7% of those who offer a reduced fee or sliding scale have \$50 or above as their lowest fee charged, up from 45% in 2012 and 58% in 2010. 83.5% determine their reduced/sliding fee scale solely by client's stated ability to pay, with no verification, up from 60% in 2012 and 81% in 2010.

The average lowest fee charged on the sliding scale was \$53.00, up from \$44.80 in 2012, \$46.93 in 2010, \$46.11 in 2008, \$49.70 in 2006, \$43.68 in 2004, \$42.23 in 2002, \$38.41 in 2000, \$37.50 in 1997, \$36.26 in 1995, and \$33 in 1992.

The overall results indicate the profession is slowly beginning to recover from the recession; 38.8% of LMFTs report that within the last two years, the percentage of their income received from psychotherapy services has increased, up from 32% in 2012 and 24% in 2010. 24.5% report a decrease in income, down from 31% in 2012 and 40% in 2010. 28% report that their income has more or less remained the same as it was two years ago.





When asked about average length of time following initial billing before being reimbursed, LMFTs reported the longest delays with Victims of Crime and Worker's Compensation. The shortest wait times were experienced with Tricare, HMO, and PPO; slightly over half of all LMFTs who use these payers generally experience a wait time of less than 30 days.

Over 85% of the time, HMO, PPO, and Tricare bills are paid within 60 days of billing, compared to 66.7% of the time for Medical/ County bills, 56% of the time for Victims of Crime, and 46% of the time for Worker's Compensation bills.

In about 23% of all cases involving third-party reimbursement, claims are 90 or more days past due when paid.

In about 8% of all cases involving third-party reimbursement, claims are 120 or more days past due when paid.

89.7% of LMFTs do not treat for Workers' Compensation, slightly down from 91% in 2012 and 93% in 2010.

73.7% of LMFTs do not treat Tricare, down from 84% in 2012 and 83% in 2010.

Most of the time, no third parties are billed for the services provided by interns. Only 26.3% of LMFTs report that third parties are billed for the intern or trainee's services, compared to 24% in 2012, 31% in 2010 and 30% in 2008. The vast majority (81.5%) of this group reports that the third party generally does reimburse for the service.

Marketing

Over 82.8% of LMFTs and 73.3% of pre-licenses use professional or client referrals as their primary marketing tool.

The majority of LMFTs (57.1%) spend less than one hour per week marketing/promoting their services.

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Highlights of Member Benefits:

- Legal, Ethical, and Licensure Consultation by Phone with the CAMFT Legal Team
- Unparalleled Representation & Advocacy
- Bi-monthly Publication — *The Therapist*
- Professional Liability Insurance Discounts
- Informative Website — www.camft.org
- Clinical & Prelicensee Resources
- Educational & Professional Development Programs
- Consumer Resource Listing — www.CounselingCalifornia.com
- CAMFT Specialty Certification

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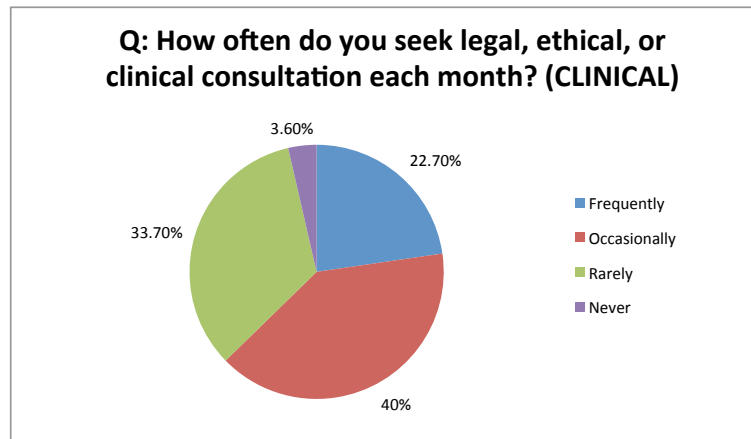


75.2% of interns and trainees do not advertise their professional services at all. Those who do are nearly twice as likely to employ social media; 44.5% of pre-licensurees who advertise utilize social media like Facebook and Twitter, compared to 22% of LMFTs.

53.5% of LMFTs and 76% of pre-licensurees use Psychology Today to promote their services.

Only 27% LMFTs and 5.8% of pre-licensurees utilize CounselingCalifornia.com. In fact, 70% of pre-licensed intern respondents were not aware of their eligibility to advertise on CounselingCalifornia.com.

Legal, Ethical, and Advocacy Issues



77.8% of LMFTs receive legal consultation from CAMFT, and 76.2% consult with colleagues or a supervisor.

39.7% of LMFTs have been subpoenaed. Of these, only 6.1% have been subpoenaed more than five times. 72% were a patient treating witness, while 17% served as expert witnesses.

95% of LMFTs provide patients with a written disclosure statement, informed consent, or notice of privacy practices pursuant to HIPAA. This number is up from 91% in 2012 and 2010, 88 percent in 2008 and 75% in 2006. 69.8% require such statements to be signed by the patient, up from 65% in 2012 and 53% in 2010.

Only 1.4% of LMFTs do not carry any form of professional liability insurance. 83.4% carry a plan with CPH & Associates (CAMFT endorsed plan). 15.8% of pre-licensed respondents do not have liability insurance.

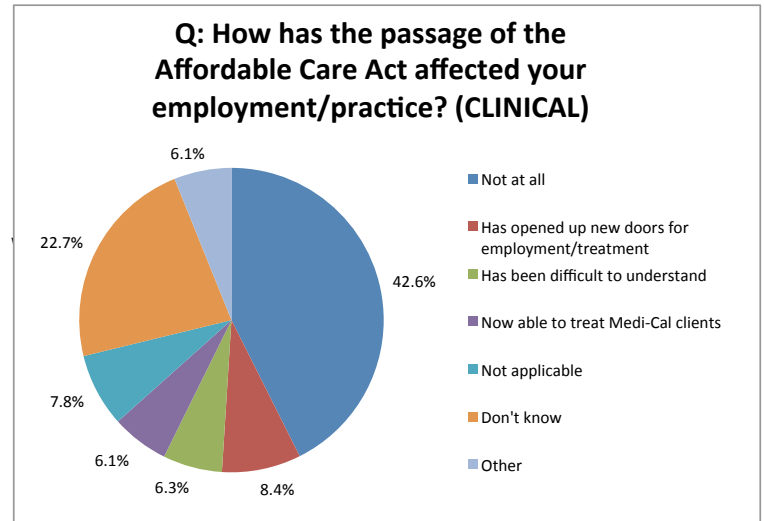
95.8% of LMFTs have never had to file an incident report with malpractice insurance.

73.4% of LMFTs do not have a professional will in place.

53% of LMFTs would opt to bill Medicare if they could. 66.4% of pre-licensurees would opt to work with Medicare clients if they could.

41.4% of LMFTs would consider working at a federally qualified health center.

41.8% of LMFTs have experienced no change in their employment or practice with the passage of the parity law, while 42.6% have experienced no change since the passage of the Affordable Care Act.

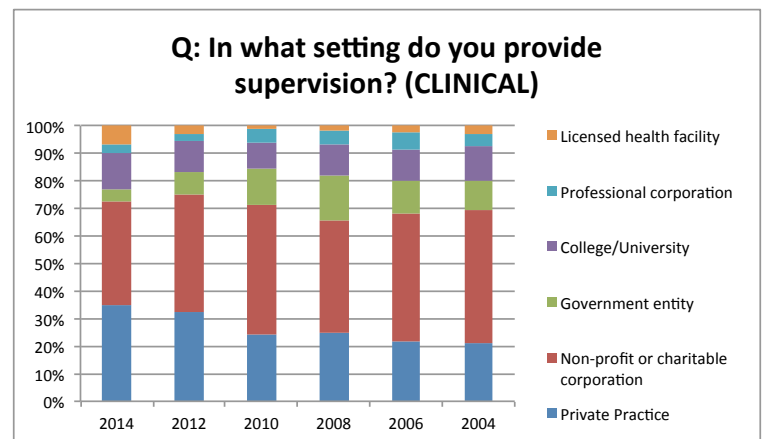


Supervision Issues

More LMFTs are providing supervision services. While 70.3% do not supervise interns or trainees, this is down from 72% in 2012, 74% in 2010, and 76% in 2008.

94.3% of interns/trainees obtain between 1-5 hours of supervision per week. The average number of hours of supervision obtained is 2.85.

41.8% of LMFTs who supervise provide this service at a non-profit or charitable organization, while a close 39.1% provide supervision in private practice. A combined 19.1% supervise at a licensed health facility, university, government entity, or professional corporation.

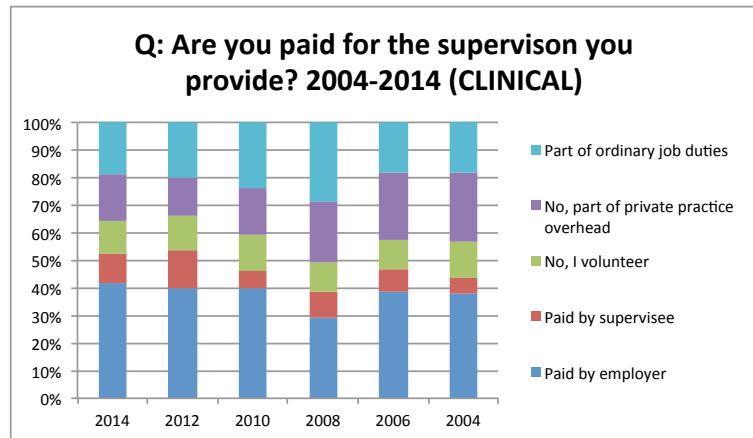


While non-profit and charitable organizations have consistently been the most common supervision sites, a growing number of LMFTs in private practice are providing supervision. 39.1% of supervisors provided

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services in private practice in 2014, up from 31% in 2012, 23.8% in 2010, 24% in 2008, and 21% in 2006 and 2004.

Government entities, schools, professional corporations, and licensed health facilities like hospitals continue to be the least common supervision sites.



The percentage of LMFTs who are compensated directly³ for supervision services is also slowly trending upwards. 52.6% in 2015 were compensated directly for supervision services, slightly down from 54% in 2012, but consistently up from 45% in 2010, a decade low of 38% at the start of the recession in 2008, 46.5% in 2006, and 37.6% in 2004.

The largest percentage of all supervisors has consistently been those who are directly compensated by their employers for supervision services. 41.6% were paid by employers in 2014, up from a decade low of 29% at the start of the recession in 2008 and 37% in 2004. Only 11% of supervisors were paid by their intern or trainee in 2015.

41.7% of supervisors do not charge the client a fee for the services of the intern or trainee. 22.4% reported that interns/trainees are paid based upon a percentage of the fees they generate, up from 21% in 2012, 19% in 2010, and 15% in 2008. The overwhelming majority of LMFTs (81%) indicated their clients are charged a usual and customary fee of over \$36 for the services provided by an intern or trainee. 24.8% indicate that the client is charged \$80 or more.

55% of pre-licenseses have paid internships. Of this paid group, about half receive \$16-25 per hour for their services. 23% make less than \$15 per hour. The overall average hourly wage is \$21.50.

35.9% of supervisors believe they have had sufficient training and experience, compared to 31% in 2012, 29% in 2010, and 26% in 2008.

While 61.9% of this group believe they would benefit from more training, 96.8% of pre-licenseses believe their supervisor has sufficient training and education to provide adequate supervision. 72.8% of pre-licenseses verify their supervisor's qualifications before entering into a supervisory relationship.

CAMFT services and products

Only 16.7% of LMFTs or their employer are BBS-approved continuing education providers.

45.8% of LMFTs fulfill their continuing education requirements through a combination of live events and independent study. 70.3% of LMFTs obtain up to a quarter of their required CE credits per renewal cycle through CAMFT educational opportunities. 35% percent of MFTs have attended CAMFT's annual conference or fall/winter workshop series.

The majority (66.2%) of LMFTs are not members of another professional association.

Extent of member involvement in local chapters has remained fairly consistent over the last 10 years. 50% of LMFTs and 45% of pre-licenseses are members of at least one chapter, though only 16% of LMFTs and 14.5% of pre-licenseses are active, involved members. The majority of LMFTs (54.6%) cite a lack of time as the reason for not being involved with a chapter. This is down from 76% of respondents who responded this way in 2010. About 49.3% of pre-licensed members cite lack of time.

In order of popularity, legal consultation, professional liability insurance, *The Therapist* magazine, and CAMFT advocacy efforts were indicated as the most beneficial member benefits by both clinical and pre-licensed members. Pre-licenseses were almost twice as likely to cite the CAMFT Community as a valuable member benefit: 32% of pre-licenseses did, compared to only 18% of LMFTs.

To access the clinical or pre-licensed survey data, visit www.camft.org/demosurvey.



Mariam Babayan, JD, is the Outreach Coordinator at CAMFT and the liaison between CAMFT and our 28 chapters.

Endnotes

¹ Either full-time or part-time.

² Either full-time or part-time.

³ Excludes LMFTs for whom supervision is a part of ordinary job duties.

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