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Neena

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**From:** gerald.weeks@unlv.edu  
**Sent:** Wednesday, April 04, 2007 11:26 AM  
**To:** hfoley@ffwpr.com; nlaxalt@msn.com  
**Cc:** gerald.weeks@unlv.edu  
**Subject:** Reject SB 543  
**Attachments:** Comparision-MFT&CED.doc

Dear Senators:

**I strongly urge you to reject SB 543. This bill blurs the distinctions between the trainings and scopes of practice between distinct disciplines, making it nearly impossible for consumers of mental health services to determine the appropriateness of a potential provider. In short, SB 543 makes it difficult for consumers to get the best possible mental health service. Additionally, the bill would have a detrimental effect on the number of qualified mental health practitioners in the state by adversely impacting the training, and hence numbers, of marriage and family therapists. In fact, as written, this bill could kill the appropriate training of marriage and family therapists entirely, thereby reducing the number of qualified mental health providers dramatically.**

I write to you as Chair of the Department of Marriage and Family Therapy which was formerly the Department of Marriage, Family, and Community Counseling. As such, I am an expert in the training of addictions counselors, professional counselors, and marriage and family therapists. I am also thoroughly familiar with the accreditation standards and curriculum required for the appropriate training of these separate disciplines. Last summer, the Department of Marriage, Family, and Community Counseling split into two separate departments. This split was done with the mutual consent and support of the marriage and family therapy faculty and the counseling faculty. Each program realized that offering a combined program diminished the quality of each program. In seeking the best the best training standards and accreditation for marriage and family therapy students and for community counseling students, two separate departments were developed. I urge you to consider UNLV's rationale in the decision to separate out the two distinct but related mental health fields of marriage and family therapy and community counseling in the Senate Bill 543 goal of licensing of professional counselors.

**To begin, SB 543 is inconsistent with practices established in other states regarding regulation of licensed professional counselors. Other states have either created stand alone Boards to regulate professional counselors or have developed Boards that regulate the practice of several types of mental health providers. The states that have chosen to regulate several professions with "combined Boards" have separated these professions in their statues such that each one has separate training, scope of practice, and ethics requirements. SB 543 blurs the professional boundaries assuming that all mental health professionals included in the act have the same basic training, code of ethics, and scope of practice. The fact that other states have not chosen to license professional counselors at the expense of consumers' ability to discern distinctions within related mental health fields, should be considered a best practice and in the best interest of the public. The public is served by having clearly defined professionals, with clearly defined and separate training standards, separate and appropriate accreditations, a defined scope of practice for each, and regulation by each discipline's Code of Ethics. SB 543 clearly deviates from this practice An attachment at the bottom of this email provides a sample of what other states have done.**

Next, SB 543 does not ensure the proper academic preparation of Marriage and Family Therapists, one of the largest groups of mental health clinicians in the state of Nevada. SB 543, section 27 lists the number of semester hours to become licensed and the content areas (educational guidelines) that must be covered to be licensed as a behavioral health counselor. The curriculum required is specific to the training of professional counselors and does not pertain to training in marriage and family therapy. The content specified is consistent with the model curriculum required by CACREP for professional counselors and is highly inconsistent with the COAMFTE curriculum required for marriage and family therapists.

Professional counseling and marriage and family therapy utilize very different training standards. as they deal with

4/5/2007

EXHIBIT G Senate Committee on Commerce/Labor  
 Date: 4/9/07 Page 1 of 7

interests. Bill 543 would be harmful to the public and educationally disruptive to all those students currently in training to become marriage and family therapists. Students who have completed a master's in marriage and family therapy would need to complete most of the course requirements for a second master's in counselor education at UNLV in order to become license-eligible whereas those in counselor education would not. Bill 543 creates an absurd situation that gives a small group of specialized health professionals, professional counselors, an unethically unlimited scope of practice and an injurious monopoly on training.

Members of the Department of Marriage and Family Therapy and I would be happy to become participants in educating the committee regarding the above matters. Please let me know if I can be of any service.

Respectfully,

Gerald R. Weeks, Ph.D.  
Professor and Chair

Attachment: A sheet comparing two programs at UNLV showing the course work required that is consistent with becoming a professional counselor (CACREP program) and a marriage and family therapist (COAMFTE program).

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Pg 2 of 7

## Comparison of UNLV's MFT and CED programs

<b>MFT Program: seeking COAMFTE Accreditation</b>	<b>CED (Professional Counselor) Program: CACREP Accreditation</b>
<i>Courses:</i>	<i>Courses:</i>
Ethical & Legal Issues in Marriage & Family Therapy	Ethical & Legal Issues in Counseling
Marriage & Family Therapy Research Seminar	Research Methods
Human Development	Human Growth & Development
Substance Abuse in Marriage & Family Therapy	Substance Abuse Prevention and Treatment
Thesis (2 semesters) or Professional Paper	Thesis (Optional) – 2 semesters
Introduction to Marriage & Family Therapy	Introduction to Counseling
Diagnosis in Marriage & Family Therapy	Counseling Appraisal & Inquiry
Principles & Practices of Marriage & Family Therapy I	Counseling & Consultation Theories
Principles & Practices of Marriage & Family Therapy II	Counseling Process & Procedures
Family Dynamics	Relationships through the Lifespan
Family Systems Theory	Introduction to Community & Mental Health Counseling
Couples Therapy	Social Justice & Advocacy in Counseling
Child Counseling	Counseling with Expressive Arts & Activities
Sexual Issues in Marriage & Family Therapy	Assessment, Treatment, & Case Mgmt in Addictions
Best Practices in Marriage & Family Therapy	Career Theories and Practices
Diversity in Marriage & Family Therapy	Planning, Mgmt, & Evaluation of Addictions Programs
Family Therapy Practicum I – 3 credits each	Group Counseling
Family Therapy Practicum II	Psychological Aspects of Dysfunctional Behavior
Family Therapy Practicum III	Advanced Internship in Mental Health & Addictions Counseling
Family Therapy Internship I – 3 credits each	Counseling Practicum –3 credits
Family Therapy Internship II	Internship in Counseling – 3 semesters at 1 credit each
Source: Graduate Student Handbook	Source: <a href="http://counselored.unlv.edu/communitycoun.htm">http://counselored.unlv.edu/communitycoun.htm</a>

<b>Practicum and Internship Information</b>	
<b>MFT Program: seeking COAMFTE accreditation</b>	<b>CED (Professional Counselor) Program: CACREP Accreditation</b>
<b>Practicum:</b> 150 Client contact hours (minimum): <ul style="list-style-type: none"> <li>• 60 hours (min.) with couples and families</li> <li>• 90 hours with individuals</li> <li>• Administrative Hours (Indirect)</li> </ul>	<b>Practicum:</b> 50 Client contact hours (minimum): <ul style="list-style-type: none"> <li>• Individual counseling (40+ hours)</li> <li>• Group counseling (10+ hours)</li> <li>• 50 indirect hours</li> </ul>
<b>Internship:</b> 350 Client contact hours (minimum): <ul style="list-style-type: none"> <li>• 140 hours (min.) with couples/families</li> <li>• 210 hours with individuals</li> <li>• Administrative Hours (Indirect)</li> </ul>	<b>Internship:</b> 240 Client contact hours: <ul style="list-style-type: none"> <li>• 240 hours of direct client counseling</li> <li>• 360 indirect hours</li> </ul>
Source: Graduate Student Handbook	Source: Graduate Handbook located at: <a href="http://counselored.unlv.edu/">http://counselored.unlv.edu/</a>

Dear Senator,

I am writing to express my concerns about SB 543 related to 1) the dissolving of the marriage and family therapy licensing board and the drug and alcohol counseling board and 2) the creation of a “super board” to license and regulate some—but not all—behavioral health service providers. I appreciate your consideration of the mental health needs of the citizens of Nevada. I, too, am concerned that some of the residents of our state are unable to access needed services. **However, the proposed bill ultimately does not meet the needs of our citizens, nor does it serve the public interest. In fact, for several reasons (which I outline below) it is likely to result in more harm than good. Therefore, I strongly urge you to oppose this bill for the good of the state and its citizens.**

Currently, the mental health needs of our state are not being met. However, the reasons for this are not related to the current state licensing standards for mental health service providers, nor are they related to the numbers of mental health providers in the state. Rather, the struggles of citizens in need relate more to limited access and barriers to currently available therapy providers and the minimal funding for mental health services from both the state and federal levels. **A change in the state laws regarding the licensing of mental health professionals as proposed in SB 543 will not remove the barriers to services or address the current limitations, nor will it address the mental health needs of the state.**

In order to meet the mental health needs of our state, the public has a right to know clearly and with confidence the focus, training, and experience of their health care providers. The proposed bill obscures the distinctions between different mental health providers and will create confusion among potential consumers of therapy/counseling services. **A lack of distinct professional identities among mental health professionals is, therefore, potentially harmful to the public.** Likewise, the bill has serious flaws in terms of educational standards and in defining the scope of practice for the various providers. **Again, these flaws put the public at risk.**

Currently, forty-eight (48) states recognize and regulate marriage and family therapists as independent mental health care providers. Marriage and family therapists have successfully practiced and regulated the profession for many years in Nevada, offering tremendous service to the residents of the state. While Nevada is one of only two states that does not license professional counselors, the proposed bill would result in Nevada becoming one of only three states that does not recognize marriage and family therapy as a distinct mental health discipline. **This is clearly a step backward, not forward.**

In addition to state recognition, MFTs are recognized by the federal government as a distinct mental health discipline. The U.S. Health Resources Services Administration and the Public Health Service Act recognizes the field of marriage and family therapy as one of the five core mental health professions (the others are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists). Furthermore, MFTs are recognized by the National Health Service Corps, the Department of

py 4/8/7

Education, and CHAMPUS/TRICARE (the healthcare program for military dependents), among other government agencies. **The proposed bill ignores the standards and practices that other legislative bodies, including the federal government, uphold.**

Due to the hard work of MFTs at the state and national level, many insurance companies have recognized the profession and practice of MFTs as a distinct mental health profession and have approved reimbursement for their services. Thus, those with health insurance are provided access to mental health services through the therapy provided by MFTs. However, the changes proposed in SB 534 may limit the approval for services, as the insurance companies may not recognize a "behavioral health counselors" or the practice of "behavioral health counseling." **Thus, the passage of this bill may limit access to mental health services for Nevada residents. Again, this is not in the best interests of the public.**

Finally, I am aware that the primary motivations of many who support this bill are 1) the expansion of scope of practice of LADCs to include mental health diagnosis and treatment and 2) the approval for an additional mental health professional (i.e., the equivalent of a licensed professional counselor, LPC). Whatever legitimacy these desires may hold, they should be addressed and presented in a straightforward manner, rather than in an indirect, circuitous manner by changing the existing laws and replacing existing licensing boards' regulation of current therapy services. If there is merit in having LADCs diagnosing and treating mental health issues, then let us look at their training and scope of practice within the existing laws governing their own practice. Furthermore, if there is a legitimate need to have professional counselors in our state, then let this group of service providers stand on their own feet and be evaluated by their own merits.

**Again, I urge you to oppose SB 543.**

Respectfully,

Stephen T. Fife, Ph.D.  
Assistant Professor  
Department of Marriage and Family Therapy  
University of Nevada Las Vegas

SB 543  
SENATE COMMERCE AND LABOR COMMITTEE  
MONDAY, APRIL 9, 2007

BY

Gerald R. Weeks, Ph.D. ABPP  
Professor & Chair  
Department of Marriage and Family Therapy

Dear Members of the Senate Commerce and Labor Committee,

Our department sent you a lengthy letter on the 4<sup>th</sup> with many specific details regarding our opposition to SB 543. Our concerns center on 1) public welfare and 2) the integrity of the mental health professions and professionals who serve the public. I will briefly point out some of the major problems with this bill and gladly elaborate on these points if you have any questions:

- This bill does not protect public welfare in multiple respects.
- The bill is inconsistent with that of most other states in structure, organization, format, and content, including specific requirements for training, scope of practice, accreditation, ethics and so on.
- The bill "clumps" selected mental health professions as needing to have taken the same areas of study.
- The areas of study for marriage and family therapists required by the American Association of Marriage and Family Therapists (AAMFT) and Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the areas of study for Professional Counselors required by the American Association of Counseling (ACA) and the Council for Accreditation for Counseling and Related Educations Program (CACREP) are specialized and unique. The differences between them are not recognized in this bill.
- This bill imposes CACREP standards on marriage and family therapy students in COAMFTE programs. Graduating from an accredited program would not ensure that they are license-eligible as they would be in all other states that license MFTs.
- The bill would deter students from entering a COAMFTE program thus reducing the number of marriage and family therapists in the state.
- As written in the bill, licensed professional counselors are allowed to do marriage and family therapy, even though some counselors may have had no academic training or supervision in this special field. A more appropriate bill would stipulate that they must have completed either the CACREP track in marriage and family therapy or a COAMFTE program. For professional

counselors to practice outside their scope of training is a violation of their own profession's Code of Ethics.

- The bill requires that drug and alcohol counselors complete an internship with direct counseling of persons, couples, families or groups. The typical ADC training program does not address couple or family therapy. Thus, the internship requires counselors to practice outside the scope of their training. The bill should clearly state that they are not to perform couple or family therapy without the training mentioned above.
- The bill does not address the issue of whether drug and alcohol counselors can treat mental illness. The bill needs to stipulate that they can only treat mental illness if they have completed a CACREP approved program in mental health.