POLICY BRIEF

Characterization of Marriage and Family Therapists

Project Team

Maria Gaiser, MPH
Victoria Schoebel, MPH
Jessica Buche, MPH, MA
Cory Page, MPH, MPP
Brittany Jullie
Angela J. Beck, PhD, MPH
Karen Stamm, PhD
Roger Smith, JD
Kyle Grazier, DrPH, MPH, MS

Background

Approximately half of all cases of behavioral health disorders in youth and adults go untreated,[1] a number that is anticipated to increase due to workforce shortages and maldistribution across the United States (U.S.)[2] For individuals and families in remote and underserved communities, this combination of factors result in poor access to care.[3] Previous workforce studies to estimate the supply of practitioners have explored formal subspecializations as indicated by specialty board certifications, yet providers without a specialty credential who primarily treat specific populations may be underrepresented and underestimated in national workforce estimates. Marriage and family therapists (MFTs) are one such occupation licensed to provide holistic diagnosis and treatment of mental health disorders within the context of marriage, couples, and family systems.[4] Since 1970, the MFT workforce has seen a 50-fold increase in the number of practitioners, with MFTs treating approximately 1.8 million persons in the U.S. at any given time.[4] This second year of a two-year study adds to estimates of the MFT workforce holding membership with the American Association for Marriage and Family Therapy (AAMFT).

Methods

The University of Michigan Behavioral Health Workforce Research Center (BHWRC) partnered with investigators at AAMFT to collect primary data from licensed MFTs. AAMFT generated a random, geographically-representative sample of its membership across all 50 states and the District of Columbia in May 2021. The BHWRC disseminated an online Qualtrics survey to 5,000 AAMFT members in May 2021 via email invitation, offering the first 200 respondents who completed the survey a $20 gift card incentive. Survey questions were approved by the University of Michigan IRB, and no personal identifying information was collected in order to protect respondent confidentiality. The survey received 842 submissions from MFTs for a response rate of 16.8%. Two BHWRC researchers cleaned the submission data to identify obvious errors in survey completion (e.g., straight-lining and fast completion). Submissions were dropped from the dataset for respondents who completed less than 85% of survey questions (87 submissions removed), were not providing patient care (55 removed), or did not hold licensure (12 removed) for a final sample size of 688 MFTs.

Key Findings

Respondent Demographics

Respondents were majority female (75%), white (83%), of non-Hispanic/LatinX origin (92%), an average age of 50, and of straight sexual orientation (88%). Eighty one percent of respondents listed a master's degree as their highest earned degree in the MFT field, with 2013 as the modal year that MFTs

earned their most recent degree (range: 1965-2021). Training in primary areas of specialty occurred most often through a graduate program (24%), a postgraduate arrangement (21%), and an internship (15%) in the specialty area. A large percentage of MFTs (39%) reported feeling well-prepared by their graduate program to fulfill their clinical role as an MFT when working with diverse populations.

Client Populations Served

Client populations served with the greatest frequency were adults aged 26-49 (88%), adults aged 18-25 (66%), and adults aged 50-64 (62%). The most common treatment areas in which respondents frequently or very frequently provide services on a weekly basis were anxiety disorders (93%), depressive disorders (84%), and trauma- and stressor-related disorders (79%). A majority of respondents identified as quite or extremely knowledgeable about working with adult clients ages 26-49 (92%), with a smaller majority indicating holding the same knowledge level for working with adults ages 18-25 (89%), adults ages 50-64 (79%), and adolescents ages 12-17 (67%).

Professional Characteristics

A majority (96%) of respondents utilize marriage and family therapy licensure as their primary license for clinical practice, with approximately 83% actively working in a position that requires an MFT license. Seventy-nine percent of respondents held licensure in one U.S. state and 17% in two states, of which California (8%), Washington (6%), and Minnesota (5%) had the highest concentrations of providers who possess MFT licensure. Individual therapy (74%), couples therapy (72%), and family therapy (68%) were the most frequently named therapy specialties.

Practice Characteristics

The activities on which respondents reported spending the highest number of hours each week in their primary practice location were direct client care/health care services (an average of 20.6 hours), administrative management including charting and billing (7.1 hours), and teaching, education, and/or research (6.4 hours). Respondents indicated self-pay (91%), private insurance (68%), and Medicaid (28%) as the most commonly accepted forms of payment for services.

Employment Characteristics

Seventy-seven percent of respondents indicated having full-time employment, with the most common employment settings being independent solo practice (56%), independent group practice (27%), and community mental health center (14%) settings. Approximately 49% reported working more than they did before the pandemic, and 41% reported working the same amount. Common plans for providing direct client care over the next 12 months included continuing as-is (64%) and decreasing hours (20%), with 37% of respondents indicating they plan to seek career advancement and 19% planning to move practice locations within the same state.

Conclusions & Policy Considerations

Addressing the MFT workforce shortage is imperative for broadening access to behavioral health care and addressing unmet needs. Future policy considerations include increasing training opportunities for both MFTs currently in training and licensed providers through internships, fellowships, and continuing education options, as well as increased financial support for training programs that expand these providers' capacity to work with underserved populations.

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