



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
of Marriage and Family Therapists

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FAMILY THERAPISTS IN THE SCHOOLS

Issue:

Family therapists should be accessible to children in the schools by being listed as providers of mental health services under the "Elementary and Secondary Education Act" (ESEA).

Why Recognize Family Therapists

- According to the Academy of Child and Adolescent Psychiatry, "The participation of family members in the assessment and treatment of infants, children, and adolescents is integral to positive clinical outcomes. The Practice Parameters for the Psychiatric Assessment of Children and Adolescents (AACAP, 1995) state 'the child's functioning and psychological well-being are highly dependent on the family and school setting in which he or she lives and studies. The child cannot be assessed in isolation. Obtaining a full and accurate diagnostic picture of the child requires gathering information from diverse sources, including the family, school, and other agencies involved with the child.'"
- **Marriage and family therapists (Family Therapists or MFTs) are the *only* mental health professionals required to receive training in family therapy and family systems.**
- MFTs are one of the five core mental health disciplines recognized by the Health Resources and Services Administration (42 CFR Part 5, App. C). They are required to obtain a minimum of a master's degree - over 30% hold doctorates - and at least two years of post-graduate supervised clinical experience. They are licensed to diagnose and treat mental and emotional disorders within the context of family systems.

Current ESEA Law:

Federal law currently omits family therapists from the list of professionals identified in the ESEA as qualified to provide mental health services. This omission causes states to develop laws and regulations that exclude MFTs from positions within the school system.

When the ESEA was enacted in 1965, it defined specific "pupil services personnel" who may provide mental health services to schoolchildren (20 U.S.C. 7801). The definition includes school psychologists, social workers, and counselors, but does not recognize marriage and family therapists. Subsequently, school counseling programs were created – such as the School Counseling Demonstration and the Safe and Drug Free Schools – that recognize only those providers listed in the definition of pupil services personnel.

The consequence of omitting MFTs from the definition of pupil services personnel is that most states have established policies recognizing only those practitioners specifically listed in the ESEA. Thus MFTs are excluded from school systems, and students are denied access to a mental health discipline whose primary treatment method has been proven effective with school children.

Background:

According to the U.S. Surgeon General, at least one in five children and adolescents have a mental health disorder. At least one in ten, or about six million children and adolescents, have a serious emotional disturbance.

Tragically, only one third of this population actually receive mental health care. Public schools are the major providers of mental health services for school-aged children according to the U.S. Substance Abuse and Mental Health Services Administration report entitled "School Mental Health Services in the United States, 2002-2003." The same report indicates that the most commonly reported mental health problems for students in elementary and middle schools are "social, interpersonal, or family problems," and that the need for mental health services is increasing.

The President's New Freedom Commission on Mental Health noted a debilitating shortage of mental health professionals, particularly ones trained to serve children, stating "If the system does not appropriately screen and treat early, these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood." It further stated that "Federal, state, and local governments should ensure that families, substitute families, and other caregivers, as well as youth, are full partners and have substantial involvement in all aspects of service planning and decision making for their children at federal, state and local levels." The Surgeon General expressed similar sentiments, stating that "Families have become essential partners in the delivery of mental health services for children and adolescents." A federal research project funded by DHHS and investigated by Georgetown University developed competencies for professionals treating mental health problems in children, and identified many family-based competencies, including "collaborative family counseling" and "fundamental family assessment skills."

In addition to public and workforce studies demonstrating the need for skilled clinicians with family therapy training to treat school children, many clinical studies also identify family-based interventions as the most effective treatment. A meta-analytic study found that family therapy for conduct disorders and delinquency - including Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Oregon Treatment Foster Care (OTFC) - are proven effective. The models have demonstrated significantly better outcomes for youths (and often times their siblings) involved in treatment *at tremendous cost savings* (\$15,000-30,000/family) when compared to traditional delinquency interventions (e.g., incarceration, bootcamps, probation). In general, the outcomes include reduction in delinquency and antisocial behavior, **improved school attendance and performance**, improved family interactions and involvement, **reduction in substance use and abuse**, reduction in out-of-home placements, and **decreased psychiatric symptoms**.

Family therapy is equally effective in treating behavioral and emotional disorders. Family-based models have been proven effective in reducing the symptoms of both attention deficit and hyperactive disorder (ADHD) and oppositional defiant disorder (ODD). Studies have shown improvements in family functioning and **school performance**; increased parenting skills; **reduced aggression, inattention, noncompliance, conduct problems, and hyperactivity**; reduced parental stress, and increased parental self-esteem. For depression and anxiety disorders in children, family therapy - and particularly cognitive behavioral therapy - decreases symptoms, and is particularly effective with younger children and children whose parents may be experiencing symptoms of anxiety.

AAMFT Position:

Family involvement in the treatment of school children with mental health needs is indisputable. Marriage and family therapists are the only mental health professionals who must obtain training in family therapy. To ensure the best care and development for our children it is critical that the ESEA be amended to include MFTs.

Recommendation:

Remove the barriers to utilization of marriage and family therapists as providers of mental health services in the school system by including MFTs among the professionals listed in ESEA's definitions of "school based mental health services providers" (20 U.S.C. 7161) and "pupil services personnel" (20 U.S.C. 7801). Add MFTs to the list of recognized professionals in school counseling programs (20 U.S.C. 7245).

For More Information:

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