



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
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VETERAN'S ACCESS TO FAMILY THERAPISTS

Issue:

Veterans and their families should be able to access mental health services provided by family therapists.

Highlights:

- **Family Therapists may treat active duty military personnel and families, but not our veterans.**
- **Family Therapist interns serve veterans in centers while in school, but cannot continue once they obtain their license. The Veterans Health Administration even recognized the existing role of family therapists by entering into a business agreement with the accrediting body for family therapy students (Commission on Accreditation for Marriage and Family Therapy Education) which complies with HIPAA and allows MFT students to treat veterans.**
- **The Advisory Committee on the Readjustment of Veterans, the Veterans Affairs Special Committee on Post-Traumatic Stress Disorder, and the Secretary of the Veterans Affairs have all endorsed a greater role for family therapists in the VHA.**

Background:

Statutes providing veterans health care through the Veterans Health Administration (VHA) do not currently recognize Family Therapists as eligible providers of mental health services to VHA beneficiaries. Family Therapists are core mental health clinicians trained to treat disorders commonly faced by veterans, including clinical depression, Post-Traumatic Stress Disorder (PTSD), and schizophrenia, among others. Family Therapists have been eligible to provide medically necessary mental health services to active military personnel and their families under the CHAMPUS/TRICARE program for over 30 years. Presently, Family Therapists are the only core mental health profession not listed as eligible providers of behavioral services under the Veterans' Benefits Act (38 U.S.C.A. § 7401, 7402 and 7612).

The Advisory Committee on the Readjustment of Veterans, the Department of Veterans Affairs Special Committee on Post - Traumatic Stress Disorder, and the Secretary of the Veterans Affairs recognize the benefits of increasing family therapist participation in the VA. The Readjustment Committee advised the Secretary in its 2002 and 2003 reports (and is expected to do the same again in the 2004 report) to increase access to family therapists, stating "the Committee recommends that the VHA augment the Vet Center program's capacity to provide family counseling to traumatized veterans by providing additional resources for qualified family therapists." The Veterans Affairs concurred with the Advisory Committee, indicating a strong interest in expanding "the focus of PTSD treatment to include family assessment and treatment." The Department of Veterans Affairs Special Committee on Post - Traumatic Stress Disorder also included this recommendation in its 2004 report to Congress.

Discussion:

It is important that the federal government ensure that veterans have access to all qualified mental health providers. Family Therapists are one such group, as demonstrated by the Health Resources Services Administration's (HRSA) designation of the profession as a "core mental health profession" – along with psychiatry, psychology, social work, and psychiatric nursing (42 CFR 242a). The need for additional qualified practitioners in the Veteran's Administration is clear: "One of the most troubling problems facing the VA today is the near crippling effects of severe staffing shortages in nearly every conceivable staff category" reports the Eastern Paralyzed Veterans Association (EPVA). More specifically, monthly VA staffing surveys provided to the EPVA by the Veteran's Administration indicate significant shortages of mental health professionals (See position paper "Veterans Health Care," October 2002). Furthermore, the problem is compounded by the limits placed on the types of providers. An Office of the Inspector General report on a VA hospital specifically identified understaffing as a problem, as well as: "the downsizing of the number of disciplines that make up the interdisciplinary treatment teams in the mental health programs." (See Office of the Inspector General, Report No. 99-00173-18). The availability and accessibility of a qualified pool of trained professionals is crucial for mental health service delivery to our veterans.

Recognizing Family Therapists under the Veteran's Administration (VA) will address the staffing problem by increasing access to mental health services by adding 50,000 well-trained clinicians. Family Therapists are highly skilled mental health professionals who are uniquely trained to independently provide a full range of mental health services. In fact, Family Therapists (licensed as Marriage and Family Therapists) are the only mental health providers required to be trained in family-based interventions to individuals and families. At a minimum they are master's level mental health practitioners – approximately one-quarter possess doctorates - with at least two years post-graduate supervised clinical experience. Licensed Family Therapists are trained to diagnose and treat mental and emotional disorders in individuals, couples, and families, whether cognitive, affective or behavioral in origin, with the application of psychotherapeutic and family systems theories and techniques (Department of Labor, Standard Occupational Classification, 21-1013 Marriage and Family Therapists).

The impact of mental illness on our veterans is striking. The *Independent Budget's* 2001 report finds that 454,598 veterans have a service-connected disability due to mental illness. A recent study showed significant mental health consequences of the wars in Afghanistan and Iraq (Hoge, C.W., Castro, C.A., Messer S.C., McGurk, D. Cotting, D.I. & Koffman, R.L. (2004). *Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. New England Journal of Medicine, 351, 13–22.*). The study indicated that the estimated risk for posttraumatic stress disorder (PTSD) from service in the Iraq War was 18%, and the estimated risk for PTSD from the Afghanistan mission was 11%.

With the rise in the psychological needs of our veterans, it is critical that they have access to the most appropriate providers, including Family Therapists. Research demonstrates that the application of treatment modalities employed by Family Therapists are highly effective in the treatment of disorders commonly presented by veterans: clinical depression, schizophrenia, and PTSD. A meta-analysis of applicable research found that the use of family psychotherapy has been shown to significantly improve the lives of individuals experiencing clinical depression by addressing the cognitive, behavioral and interpersonal aspects of this debilitating disorder within a systemic context. (Beach, S., M.D. *Marital and Family Therapy for Depression: Empirically Supported Treatments and Implications for Clinical Decision Making*, 2002). Use of these same therapy techniques in the treatment of individuals suffering from PTSD have been equally effective. (Sladana, D. *Family Interventions in the Treatment of Post-traumatic Stress Disorders*, *Journal of Projective Psychology and Mental Health* 9:57-61, 2002). Similarly, more than twenty studies have demonstrated the efficacy of applying family therapy techniques to the treatment of schizophrenia. Overall, these studies show a significant decrease in relapse and rehospitalization rates (20 – 50% over two years) among patients participating in such therapy. (McFarlane, W. M.D. et al, *Family Psychoeducation and Schizophrenia: A Review of the Literature*, 16, 2002).

Hundreds of thousands of military personnel and their family members currently benefit from mental health services provided by Family Therapists under the CHAMPUS/TRICARE program. This program, the largest federal health care program in the nation serving uniformed services personnel and their families, has recognized the value of services provided by family therapists for over three decades. Under CHAMPUS/TRICARE, Family Therapists are accepted as independent extra-medical providers who are qualified to diagnose and treat mental disorders and provide counseling or non-medical therapy deemed medically necessary. (32 CFR 199.6 / TRICARE Standard Provider Handbook). It is an inequity that active military personnel and their families are able to access the services of Family Therapists through the CHAMPUS/TRICARE program, but once they become veterans, they can no longer access these well-trained providers.

Recommendation:

The benefits of incorporating family-based therapies into the treatment of people suffering from cognitive and emotional disorders are well documented. Many of these individuals are disabled as the result of severe emotional disturbance and would benefit from family-based interventions to treat their disorders and help facilitate successful relationships with their families and society. As noted above, many of the currently accessible providers lack sufficient training in these family-focused interventions. Family Therapists possess these skills and more. It is imperative that Congress ensures that veterans have access to the same treatment modalities that other military personnel and their families currently enjoy by including Family Therapists (licensed as Marriage and Family Therapists) as eligible providers of mental health services to veterans under the Veterans' Benefits Act (38 U.S.C.A. § 7401, 7402 and 7612).

38 U.S.C.A. § 7402

- (b) QUALIFICATIONS OF APPOINTEES – Section 7402 of title 38, United States Code, is amended—
 - (1) in subsection (b), by inserting a new section:
 - (10) Marriage and Family Therapist. To be eligible to be appointed to a marriage and family therapist position, a person must - -
 - (A) hold a master's degree in marriage and family therapy, or related degree in mental health, from a college or university approved by the secretary; and
 - (B) be licensed or certified to independently practice marriage and family therapy in a State, except that the Secretary may waive the requirement of licensure or certification for an individual marriage and family therapist for a reasonable period of time recommended by the Under Secretary for Health.