CAMFT has completed the compilation of the data on the recent practice and demographic survey of clinical members. Approximately 4,146 surveys were mailed to a random sample of CAMFT’s clinical members. Eight hundred sixty-eight responses were received, resulting in a representative 21 percent rate of return.

The executive summary of responses is being mailed to all who participated in the survey and who submitted a verifiable request to obtain the data. Additionally, anyone who participated in the survey may also request a complete copy of the results; however, most therapists should find that the executive summary of responses adequately addresses their questions and concerns.

Note the “boxed” information on page 23, which provides an overview, based upon the survey, of the typical MFT in California. Twenty-six percent of MFTs are in Los Angeles County. The percentage in LA County in 2006 was 25 percent, 2004 was 25 percent, 22 percent in 2002, 25 percent in 1997, 26 percent in 1995, 27 percent in 1992 and 1990, and 33 percent in 1988. Other areas of the state with a large concentration of MFTs continue to be: East Bay (9.3 percent); Orange County (8.3 percent); the Counties of Ventura, Santa Barbara, San Luis Obispo (7.5 percent), Santa Clara County (5 percent); the Counties of Marin, Sonoma, Mendocino, Lake, and Napa (7.7 percent); San Diego County (6.6 percent); San Francisco County (4 percent); and Inland Empire (4 percent).

There has been a downward fluctuation from prior surveys for MFTs with doctoral level degrees. The current survey reveals that approximately 12 percent of those responding to the question have doctoral level degrees. This compares with 15 percent in 2006, 18 percent in 2002, 21 percent in 2000 and 17.5 percent in 1997. Nearly 56 percent of MFTs have, as their highest relevant degree, a degree granted in marriage, family and child counseling/marital and family therapy, compared with 5 percent in 2004, 50 percent in 2000, 46 percent in 2002, 42 percent in 1997 survey. Approximately 80 percent of respondents indicated that they graduated from an accredited institution, compared to 7 percent in 2004, 7 percent in 2000, and 70 percent in the 2000 survey. Nearly 80 percent have as their highest relevant degree, a degree in psychology, clinical psychology, or counseling psychology, which compares to 9 percent in 2006, 9 percent in 2004, 8 percent in 2000 and 4 percent in the 2000 survey. Nearly ten percent indicate they do not know whether or not their schools were accredited or approved. A little over four percent indicate that they are now pursuing another degree, which compares with four percent in the prior
survey. Slightly over three percent indicate that they are pursuing another license, which is up slightly from the prior survey.

The number of respondents who participated in both a written and an oral examination was 72 percent, which is down from 83 percent in 2006, 88 percent in the 2004 survey, and 85 percent in the 2000 survey. Less than two percent of respondents indicate they have taken no exam whatsoever. As an aside, 60 percent of respondents believe an oral exam is necessary or beneficial for the profession, which was 64 percent in the 2006 and the 2004 survey; while over 70 percent of respondents indicated an oral examination was necessary/beneficial for the profession in the 2002 survey. We presume this drop was spurred by the elimination of the oral examination. Approximately 43 percent of respondents indicate that they hold licenses or credentials other than MFT; these include, among others, in order of priority: teacher, pupil personnel services, minister, and nurse. Greater than five percent express an interest in acquiring a license as a professional counselor when it becomes available. Other credentials that are held that do not require a license, in order of priority, are: expressive arts therapists, alcoholism and drug abuse counselors, and employee assistance professionals.

On average, MFTs are now acquiring slightly over the minimum prescribed hours of continuing education (20), compared with the 18 hours per year requirement. This number compares to 22 hours per year in 2006, 20.5 per year in 2004, 18 per year in the 2002 and 2000 surveys, which was right on the MCE requirement. Twenty hours, even though it is greater than the minimum required for continuing education, shows a downward trend in continuing education from the early years. While the number in the 1997 survey was below the number required for MCE each year (13 hours—clinicians likely waiting to take courses for the advent of mandatory continuing education), respondents indicated an average of 20 hours in the 1995 survey, 19 hours in the 1992 survey, 48 hours in the 1990 survey, and 51 hours in the 1988 survey. It is likely...
The typical therapist who works in the private sector, on average, spends slightly over 14 hours per week doing counseling/therapy. This number compares to 15.5 hours in the 2006 survey, 15 hours in the 2004 survey, 18 hours in the 2002 survey, 15 hours in the 2000 survey, 16.5 hours in the 1997 and 1995 surveys, 17 hours in the 1992 survey, 22 hours in the 1990 survey, and 21 hours in the 1988 survey. Obviously, a significant number of MFTs also work in settings other than private practice where they also see patients. For those who are employed in the public sector, such persons perform an average of 15.6 hours per week of therapy/counseling.

The typical MFT spends 4.8 hours each week doing treatment planning, report writing, insurance billing, and maintaining progress notes. Sixty-two percent, compared to fifty-eight percent in the 2006 survey, 60 percent in the 2004 survey, 58 percent in the 997 and 995 surveys, 7 hours in the 993 survey, spend one to five hours per week doing treatment planning, report writing, insurance billing and maintaining progress notes; 20 percent spend six to ten hours per week compared to 22 percent in 2006, 23 percent in the 2004 survey, and 24 percent in the 2002 survey. Nearly 72 percent of MFTs are involved in some professional activities each week not related to counseling or therapy, in addition to the work they do as therapists. These activities include such responsibilities as administration, providing education and training, consulting, writing, or public speaking. Sixty-two percent of respondents do no marketing or promotion of their services each week, while nearly 32 percent engage in one to two hours each week of marketing and promoting their practices. Fifty-seven percent do some volunteer or pro bono work each week. About 25 percent regularly get personal psychotherapy each month, while about 52 percent regularly get supervision/consultation each month.

The average annual income (before taxes) from the practice of the profession, including work within both the private and public sector, was $55,890 compared with $54,718.50 in 2006, $50,431.42 in 2004, $51,964 in 2002, $46,954 in 2000, $44,753 in 1997, and $41,905 in 1995. It is interesting to note that about 20 percent of MFTs have gross incomes from the practice of the profession of $80,000 or more, while 18 percent of the profession have incomes under $20,000. It is, of course, impossible to determine if the under $20,000 earners are by design or by happenstance. The higher incomes have grown since the prior survey as have the lower incomes.

Interestingly, when asked about change in the level of income from counseling or therapy in the last two years, approximately 41 percent indicate their practices have increased somewhat or significantly, approximately 33 percent indicate their practices have remained about the same and about 25 percent indicate their practices have declined. These figures are more negative than the prior survey. When asked about overhead, over 75 percent indicate overhead costs are under 30 percent, and nearly 51 percent say overhead is less than 20 percent.

With the exception of a D.Min., persons with doctoral degrees (Ph.D., Psy.D., Ed.D.) generally have higher annual incomes than do MFTs who have masters level degrees. Those with doctorates have an average annual income before taxes of $71,000 compared with $63,315.40 in the 2006 survey, $62,884.93 in 2004, $62,838.76 in 2002, $60,522 in 2000, $57,420 in 1997, and $53,824 in 1995; whereas those with masters degrees have an average annual income before taxes of $53,640, compared with $52,482.43 in the 2006 survey, $48,320.37 in 2004, $47,851.21 in 2002, $43,363 in 2000,
$42,052 in 1997; and $38,040 in 1995. Similarly, men have higher incomes than do women, $64,047 for men and $52,891 for women. This disparity between men and women has actually decreased between the 2006 and the 2008 survey and the 2004 and 2006 survey, however, the 2004 survey showed a widening disparity from the 2002 survey. And, as one might expect, those who have been licensed for a longer period of time have higher incomes and higher hourly fees than those who are more recently licensed.

The undiscounted usual and customary fee charged for an hour of individual psychotherapy/counseling performed by the typical MFT was $106.70, up from $96.30 in 2006, $93.95 in 2004, $86.79 in 2002, $78.16 in 2000, $73.31 in 1997, $76.31 in 1995, $72.85 in 1992, and $74 in 1990. On the other hand, the average actual fee charged for an hour of individual psychotherapy/counseling performed, which includes discounted fees, was $87.08, up from $79.15 in 2006, $76.87 in 2004, $73.31 in 2002, $66 in 2000, $61 in 1997, and $60.88 in 1995. The lower hourly fees account for fees diminished due to managed care, sliding fee scales, patients’ lessened ability to pay, as well as other competitive and economic factors. Only about 18 percent of MFTs never use a sliding fee scale. Fifty-seven percent of MFTs offering a reduced fee or sliding scale have $50 or above as their lowest fee charged. Sixty-seven percent of the lowest sliding fees used by MFTs are $40 or above. Thirty-nine percent of respondents indicated their lowest fee on the sliding scale is $60 or more. The average for the lowest sliding fee was $46.11, down from $49.70 in 2006, compared with $43.68 in 2004, $42.23 in 2002, $38.41 in 2000, $37.50 in 1997, $36.26 in 1995, and $33 in 1992. Those who use a sliding fee do so, in large part, based upon the client’s stated ability to pay (80 percent), with no verification of income.

Nearly 29 percent of respondents indicated that they are reimbursed by insurance or third party payers most of the time. Sixty percent, however, are reimbursed at least occasionally to most of the time. Forty-one percent of MFTs indicated that most third

The Typical MFT
In California

- Practices in Los Angeles County
- Is female
- Is Caucasian
- Is self-employed in full-time or part-time practice
- Regularly participates in professional activities not related to counseling or therapy
- Is 55.7 years old
- Sees, on average, 14 patients each week
- Has a masters degree granted by an accredited school in marriage, family and child counseling or marital and family therapy
- Has been licensed for 10 or more years
- Participates in 20 hours of continuing education each year
- Carries a professional liability insurance policy with coverage of at least $1,000,000 per occurrence
- Does some pro bono work
- Does not supervise interns or trainees
- Has an annual average income before taxes of $52,891
- Uses a computer for some purposes
- Has access to e-mail
- Uses a fax machine
- Has a usual and customary fee of approximately $107 per hour (in reality, however, collects $87 per hour)
- Provides patients with a written agreement for services/HIPAA Notice of Practices, which patients are required to sign
- Has a 24-hour cancellation policy
- Retains patient records seven or more years beyond termination
- Spends 4.8 hours weekly doing treatment planning, report writing, insurance billing, and maintaining progress notes
- Sees a client somewhere between 13 and 52 times
party payers do not request physician referrals. Additionally, about 20 percent of MFTs who bill for third party reimbursements get referrals from physicians and generally find the referrals easy to obtain. Less than three percent find them difficult to obtain. This number is about the same as the 2004 survey where three percent of MFTs found referrals from physicians difficult to obtain, which was identical to the 2002 survey.

In order of priority, MFTs in California indicate that the following are the theoretical orientations most often used (in order of priority): Cognitive, Systems, Eclectic, Rational Emotive, Behavioral, Humanistic/Existential, Object Relations, Brief/Solution-Focused, Play Therapy/Sand Tray, and Communications. MFTs also indicate that they regularly use the following methods or procedures in their treatment of patients (in order of priority): mental imagery, journaling, guided imagery, dream analysis, play/sand tray, bibliotherapy, meditation, creative arts therapy, EMDR, critical incident debriefing, and hypnosis.

In order of priority, MFTs work with the following client issues: depression; anxiety; self-esteem/personal growth; couples/relationship issues; life transitions including divorce, remarriage, step-parenting; retirement, birth of a child; stress and post-traumatic stress; children/adolescents; grief/loss/death/dying; parenting; families; addictions/co-dependency/ACA; child abuse; affective disorders; job satisfaction; domestic violence; suicide/crisis; gay/lesbian issues; aggression; cultural/social problems; serious emotional disturbances of children; personality disorders; eating disorders; and catastrophic or chronic illness. These responses are quite consistent with the responses from prior surveys.

In order of priority, patient referrals come to MFTs primarily from the following sources: patients/clients; colleagues; managed care companies; family, friends, and neighbors; physicians; EAPs; psychiatrists; schools; other professionals; community agencies; courts/probation; advertising/marketing; and Internet searches/therapist locators.

Nearly 68 percent of MFTs refer to psychiatrists, not primary care physicians, for medications; MFTs rarely refer to psychiatrists for medications and treatment. Five percent of MFTs have hospital privileges at one or more hospitals. This number is the same as the 2006 survey, and down from six percent in 2004, nine percent in 2002, 13 percent in 2000, 19 percent in 1997, and 25 percent in 1995. This decline is likely due to the scaling back by third party payers in authorizing and reimbursing for inpatient work, the diminishing number of hospitals devoted to psychiatric work, and standards that preclude the utilization of MFTs (based upon who is reimbursed by Medicare).

When questioned about what cultures are represented by those MFTs treat, 93 percent indicated they treat Caucasians. Other cultures regularly treated, in order of magnitude, include: Latinos (75 percent), African-Americans (57 percent), Asian/Pacific Islanders (49 percent), multi-racial (48 percent), Middle Easterners (27 percent), and Native Americans (17 percent). These
numbers of cross-cultural clients treated have slightly increased or remained the same from the 2006, 2004, 2002, 2000, 1997, and 1995 surveys. Eighty-eight percent of MFTs indicated that they have had sufficient training to work with culturally diverse patients, even though nearly 40 percent of this number indicated that their training in diversity was not part of their formal education. The perceived competence in working with culturally diverse clients has increased, however.

Twenty-seven percent of MFTs indicate that they are accessible 24 hours per day; similarly nearly 17 percent indicate that they only take emergency calls after normal business hours. Thirty-seven percent 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. This percentage is decreasing. About 87 percent of MFTs maintain a 24-hour or 48-hour cancellation policy, but most exercise discretion in enforcing the policy. Eighty-eight percent of MFTs provide patients with a written disclosure statement, informed consent, or notice of privacy practices pursuant to HIPAA. This number is up from 75 percent in 2006. In fact, 53 percent require such statements to be signed by the patient. Twenty-two percent of MFTs keep patient records for an indefinite period of time. Less than one percent of MFTs claim that they do not keep patient records, which is as low as 2006 and lower than was indicated in the 2004, 2002, and 2000 surveys. The fact that some do not keep records is surprising in light of the legal requirement to keep records.

Approximately 47 percent of MFTs are not affiliated with any PPO, HMO, EAP, or other managed care panel. Forty-six percent of those not affiliated do not affiliate because the therapist chooses to not participate in managed care; six percent indicate that they do not affiliate because the panels are filled—down from seven percent in 2006, and up from five percent in 2004, down from seven percent in 2000, and 11 percent in the 2000 survey. Forty-seven percent indicate that they are affiliated with one or more panels. Twenty-two percent are affiliated with four or more panels. The key problems expressed in dealing with managed care companies include (in order of priority), the reduction in fees from what is normally charged, the burden of increased paperwork, limitations on treatment authorized, delays in reimbursement, confidentiality is compromised, and panels are filled. Over 30 percent of MFTs have experienced a decrease in income as a result of managed care, and at the same time, it has led to many (nearly 30 percent) accepting only clients who are willing to pay out-of-pocket.

The majority of therapists (81 percent) are paid at the time services are rendered. Generally speaking, reimbursements are often delayed when treating victims of crimes. In about 22 percent of cases, claims are 120 or more days past due when paid. The majority of MFTs (87 percent) do not treat for Workers’ Compensation or CHAMPUS/TriCare. Generally speaking, managed care companies pay MFTs within...
60 days of billing and insurers (not managed care) likewise generally pay within 60 days of billing.

The general feeling (92 percent) with regard to fees paid by managed care companies was that the fees are slightly to significantly lower than the therapists’ usual and customary fees. This percentage is higher than 2006, which was 67 percent, and similar to the 2004 survey where 91 percent so responded. Nearly 28 percent of those responding to this question indicate that the average number of treatment sessions authorized by managed care is six to ten sessions; about 14 percent indicate that the average number of treatment sessions authorized is five or fewer sessions; and 24 percent indicate 17 to 26 sessions. Forty percent of respondents believe that the number authorized is rarely sufficient. There was a mix of responses with regard to the reasonableness of managed care contracts, however, 40 percent indicated they are generally reasonable. Further, most therapists do not attempt to negotiate unreasonable managed care contracts. With regard to advocating on behalf of patients for continued treatment, most (96 percent) respondents do advocate on behalf of their patients when necessary. Only a handful of therapists (under three percent) have filed complaints with the Department of Managed Health Care; and of those who have, 41 percent believed filing the complaint was worthwhile. Approximately 11 percent of respondents indicate that passage of the “parity law” has opened new doors for employment. When asked about HIPAA, 60 percent of respondents indicate that they are covered entities, 23 percent indicate they are not covered entities, and five percent don’t know if they are covered entities pursuant to HIPAA. The number of MFTs who indicated that they “did not know” was 23 percent in the 2006 survey. Interestingly, over 12 percent comply with HIPAA even though they are not required to comply.

Most MFTs carry professional liability insurance; only about four percent do not. Seventy-two percent of MFTs are insured with the CAMFT endorsed program, CPH and Associates. Approximately 12 percent are insured through the American Professional Agency. About seven percent have insurance provided by their employers. Ninety-four percent select a policy with coverage limits in the amount of $1,000,000 per occurrence/$3,000,000 aggregate, $1,000,000 per occurrence/$5,000,000 aggregate, or $2,000,000 per occurrence/$4,000,000 aggregate.

It appears that the number of therapists who are willing to supervise interns and trainees is declining slightly. Approximately 76 percent of MFTs do not supervise interns or trainees. This number was 75 percent in the 2006 survey, 72 percent in the 2004 survey, and 76 percent in the 2002 survey. Approximately nine percent of MFTs provide supervision for non-profit and charitable corporations, and greater than five percent supervise interns in private practice. In 44 percent of the situations where interns and trainees are being supervised, no fees are charged to clients for the services of the interns.
Approximately 15 percent of interns are paid based upon a percentage of the fees they generate, down from 18 percent in the 2006 survey. Only 18 percent of interns make over $25 per hour for the hours worked, up from 14 percent in the 2006 survey. This number compares with the most frequently charged fees for the interns’ or trainees’ services, when they are paid, which is somewhat equally spread between no fees to over $81 per patient hour.

Most often, no third party is billed for the services provided by interns or trainees. Nearly 20 percent, however, indicate that third party payers are billed for interns’ services and that third party payers generally reimburse. In 71 percent of the cases where MFTs are providing supervision to interns and/or trainees, supervisors believe they would benefit from additional training in supervision. This percentage is up from 44 percent in the 2006 survey. About 26 percent believe that they have had sufficient training to provide supervision, down from 28 percent in the 2006 survey and 34 percent in the 2004 survey.

The majority of MFTs working in private practice do not hire any support staff (62 percent). Twelve percent use a bookkeeping or billing service, and less than six percent have a receptionist/secretary. These percentages are very similar to the 2006 and 2004 surveys. Nearly 72 percent of MFTs utilize a computer in the practice of the profession. Computers are generally used for desktop publishing, correspondence/word processing, billing/bookkeeping/accounting, development of forms, and reports; and on a lesser scale, for maintenance of patient records, electronic claims, treatment planning, marketing, faxing, and scheduling, among other things. Over 70 percent of respondents are using the Internet for at least e-mail. Less than nine percent indicated they do not use the Internet. This number dropped from 13 percent in the 2006 survey and 18 percent in the 2004 survey. Approximately three percent of respondents indicate that they do some therapy/counseling over the Internet, yet approximately 42 percent do some counseling by telephone or over the Internet. Approximately 90 percent of MFTs are using fax machines. Members also indicate they are using the Internet for other purposes including: 31 percent to be on an Internet directory, 25 percent have their own websites, 30 percent do research, 32 percent are on TherapistFinder, 10 percent market online, and 10 percent participate on a listserv/blog/chatroom.

Forty-one percent of MFTs indicate they purchase their own health insurance coverage, 26 percent have coverage provided by employers, and 28 percent are covered under a spouse or significant other’s policy.

Nearly 54 percent indicate that they are NOT members of CAMFT chapters; and over 33 percent, even though they are members, are not involved in chapters. Seventy-six
percent of those who choose to not be members of chapters give these reasons: “not worthwhile,” “no time,” and “no interest.” Twenty percent of respondents indicate they are also members of AAMFT.

Over 58 percent of respondents indicate that they regularly read and save The Therapist as a reference. Eighty-five percent of members believe they benefit greatly from CAMFT membership or believe CAMFT services are very good or at least adequate.

Eighty percent of members are aware of TherapistFinder. The reasons given by members who are not on TherapistFinder are: 21 percent have a full practice, 24 percent are not in private practice, 22 percent are not aware of TherapistFinder, and six percent found it to be ineffective. For those who are on TherapistFinder, about 97 percent do not update their profile at all or do it only once each year. Ninety-two percent of those who are a part of TherapistFinder have received one to five patients as a result. Thirty-three percent of TherapistFinder participants would like to see advertising opportunities be made available.

When asked about what members believe is most needed to successfully market the profession in California, close to 50 percent believe greater marketing and public relations efforts by CAMFT would be beneficial. Thirty percent believe that there needs to be more data to show the effectiveness of MFT services. Therapists indicate that either patients understand what MFTs do (0 percent) or they understand when it is explained to them what MFTs do (68 percent). When asked what is most needed to benefit the profession, over 6 percent believe inclusion in Medicare is necessary. Other details and comparisons from this survey will be shared in future issues of The Therapist. The purpose of the survey, of course, is to provide more comprehensive, up-to-date data on the practice and demographics of the profession. We believe that the prior surveys were useful for members, the Association, and the profession, as we have sought to open new avenues for increased utilization of MFTs.
These results will assist our future endeavors to expand the recognition and utilization of MFTs in the mental health care industry. As well, we hope that you find this data informative and useful as you compare where you are currently with others in your chosen profession. Finally, if you study the survey, you will note that there are MFTs who work in areas where it is often assumed that MFTs are not utilized. Thus, for those with determination and perseverance, it is possible to use some of this information to achieve positions, which may, on the surface, seem unattainable. We trust that you will put this information to work for you as well.

Anyone who did not participate in the survey may obtain a copy of the results for a fee of $40 for members or $80 for non-members, plus postage and handling. If you wish to purchase the written compilation of the results, send your written request with check or credit card information to CAMFT, 7901 Raytheon Road, San Diego, CA 92111, or fax with credit card information to 858-292-2666. Be sure to request “CAMFT Demographic Survey—2008.” It is also possible to get breakdowns of particular geographic areas for $75 per area. Additionally, if you are interested in a comparison of data that is part of this survey, but not included in the summary of responses, please call CAMFT for an estimate of charges to calculate the data—(888) 892-2638.

Mary Riemersma, CAE, is CAMFT’s Executive Director. She is available to answer member calls regarding business, legal, and ethical issues.