

AAMFT Report: MFTs in the Military

Abstract: FamilyTherapyResources.net. AAMFT Report: MFTs in the Military. Marriage and family therapists desiring to provide services to military personnel and their families are met with many opportunities and challenges. The Department of Defense (DoD) has myriad health programs for which coverage may vary according to national policy or disparities among the individual services. The AAMFT has had many successes in gaining access for MFTs, but many obstacles remain, so presently the profession is eligible to participate in some programs and excluded from others.
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Marriage and family therapists desiring to provide services to military personnel and their families are met with many opportunities and challenges. The Department of Defense (DoD) has myriad health programs for which coverage may vary according to national policy or disparities among the individual services. The AAMFT has had many successes in gaining access for MFTs, but many obstacles remain, so presently the profession is eligible to participate in some programs and excluded from others.

CHAMPUS/TRICARE (TRICARE) is the health care coverage for uniformed services personnel, retirees and their families. MFTs have been eligible to provide mental health services under TRICARE since the 1960s, and to do so independently since 1990. Recognition through TRICARE allows many MFTs who are in the community health care system to provide mental health services directly to uniformed services and their families.

Although health care delivery to military personnel is possible in the community setting, MFT participation in DoD programs is considerably more difficult. There are many barriers to MFTs being employed to furnish services through DoD health programs or being employed directly by the DoD.

One of the biggest obstacles is the disjointed manner in which the DoD delivers health care and the need to approach programs on a case-by-case basis. For instance, the Navy's Family Service Center program privileges and credentials MFTs to provide services. However, the Army and Air Force equivalent, the Family Advocacy Programs, do not recognize MFTs. MFTs were authorized to be employed as independent contractors under the Army FAP, but in 2000, the Army issued a bid solicitation to limit those positions to clinical social workers. Unfortunately, this decision put several MFTs out of their jobs. The AAMFT fought the decision, and even protested the bid award to the General Accounting Office, but ultimately failed to alter the outcome.

There are also many other programs that offer substance abuse and behavioral health services. The Army has a substance abuse program that the AAMFT has been preliminarily successful in getting to recognize the MFT license. However, the AAMFT does not know the credentials for any similar Navy or Air Force program. Another example is the Army Family Life Chaplain. This is one of the few uniformed positions available to the profession and it employs numerous MFTs. Unfortunately, the Navy and Air Force do not have a similar position.

The greatest barrier to MFT participation is the inability of MFTs to be directly employed within the uniformed services or the DoD civilian corp. There are full divisions of social work within each of the branches that employ many social workers to do counseling and service delivery, but MFTs are not eligible to apply. Moreover, there are countless positions working for the DoD that are only available to the social work or psychology job classifications.

Much of the problem can be linked to the fact that MFTs do not have a federal job classification. The AAMFT has tried for years to obtain a General Schedule (GS) series for MFTs. Such a designation would help MFTs obtain employment with the federal government, and specifically with the DoD or the Veterans Administration (VA). Another approach is to be recognized in the Armed Services section of the U.S. Code as a qualified provider. In 2001, the AAMFT sought an amendment to the federal statutes to recognize MFTs, but was unable to include the language in the Armed Services authorization package.

In the case of the Veterans Administration, the obstacles are similar to those in the DoD. MFTs are not recognized through statute and cannot provide services in hospitals or clinics. However, there are some limited exceptions, one which allows MFT students to provide services in VA facilities affiliated with their

programs. The AAMFT has been advocating for MFT inclusion in the VA for the last two years. The association has prepared a fact sheet on the issue and met with Veterans' Committee staff in the House and Senate, but have been unable to pass legislation.

Providing military families full access to MFTs will require a multi-tiered approach. The AAMFT, our divisions, and our members will need to push federal policymakers to create a federal job classification for marriage and family therapists. Congress will also need to be encouraged to amend the U.S. Code to recognize MFTs as one of the qualified health care providers in the DoD and the VA. Moreover, every health care and substance abuse program in each of the services that presently excludes the profession will need to be approached independently and encouraged to recognize MFTs. Finally, those members who already participate in the military system will need to raise their voices to encourage recognition and acceptance of MFTs from within. When these forces come together and create change, military personnel and their families will be able to truly benefit from the unique training and experience of the marriage and family therapy profession.

Implementing the New MFT Law for Serving the Military

Abstract: Implementing the New MFT Law for Serving the Military Dear AAMFT Member: As you know, AAMFT recently won a legislative victory for MFTs who wish to provide services to the Military. MFTs are now specifically mentioned in federal law as eligible to provide services within their scope of practice at military treatment facilities. This is a Question and Answer fact sheet on implementation of the new law.
Q 1. What change does the new law make about MFTs providing services to the Military? A: Sectio
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Dear AAMFT Member: As you know, AAMFT recently won a legislative victory for MFTs who wish to provide services to the Military. MFTs are now specifically mentioned in federal law as eligible to provide services within their scope of practice at military treatment facilities. This is a Question and Answer fact sheet on implementation of the new law.

Q 1. What change does the new law make about MFTs providing services to the Military?

A: Section 717 of Public Law 108-375, the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005, amends Title 10 of the US Code (10 USC) as follows (new MFT provisions shown in bold):

10 USC 1091 note, regarding personal service contracts: “The persons with whom the [Department of Defense, DoD] Secretary may enter into a personal services contract under this subsection shall include clinical social workers, psychologists, psychiatrists, **marriage and family therapists certified as such by a certification recognized by the Secretary of Defense**, and other comparable professionals who have advanced degrees in counseling or related academic disciplines and who meet all requirements for State licensure and board certification requirements, if any, within their fields of specialization.”

10 USC 1094(e)(2) concerning employment by the DoD: “The term ‘health-care professional’ means a physician, dentist, clinical psychologist, **marriage and family therapist certified as such by a certification recognized by the Secretary of Defense**, or nurse and any other person providing direct patient care as may be designated by the Secretary of Defense in regulations.”

The “Conference Report” on this law (a further statement of Congressional intent) states: “The conferees clarify that the term ‘marriage and family therapist’ includes masters-level prepared psychologists who are licensed in marriage and family therapy.”

This new law became effective on October 28, 2004. Note that MFTs have long been eligible to be CHAMPUS TRICARE providers and that the new law does not address MFT positions in the Department of Veterans Affairs.

Q 2: What is the practical effect of the new law?

A: Since the 1990s, MFTs technically have been eligible (under the “other comparable professionals” provision cited earlier) to provide behavioral health services to members of the Armed Forces in Military Treatment Facilities and related DoD installations such as clinics. But previous law did not *specifically* list MFTs as eligible, yet it did list psychologists, social workers, and certain other professionals. Because military behavioral-health departments are generally managed by these other non-MFT professionals, they may not recognize that MFTs also are qualified to provide generic behavioral-health services and are particularly skilled at relationship issues. Thus, eligibility for positions such as family counselor or psychotherapist often has been restricted to certain non-MFT professions.

Under the new law, because MFTs are now specifically listed, we expect DoD to include MFTs as among the professionals eligible for a wide range of both employee and contracted behavioral health positions. AAMFT expects DoD to issue regulations (and possibly additional policy guidance) some time in 2005 to implement this new law.

The new law does not address whether a job opening will be filled “in house” by hiring a DoD employee versus contracting with an individual, versus contracting with a firm that in turn hires an individual. Regarding compensation and other personnel policies, DoD employees are covered by a federal schedule of pay, benefits and other personnel rules, while no such system applies to contracted workers.

Q 3: How do I apply for an employee or contracted position with DoD?

A: There is no centralized process for applying. In most cases, a specific military installation will issue a Solicitation, either directly or through a third-party contractor. In other cases, a Service Branch (e.g. Army) or its contractor will issue a Solicitation for positions at multiple installations.

If you are interested in positions at a specific domestic military installation, you should contact the installation’s Human Resources office to submit an application and to be informed of future openings. If you are interested in positions at more than one domestic military installation, you should either contact each installation’s Human Resources office or perform periodic online searches using terms such as DoD, job, behavioral, psychotherapy, (name of installation), and so on. It has been reported that some behavioral health positions at overseas installations are listed on the federal government’s consolidated job website, www.usajobs.opm.gov.

Q 4: What if I am interested in a behavioral-health job opening but the Solicitation bars MFTs (e.g. “eligible persons are limited to those with Social Work degrees”)?

A: It depends on the circumstances. In situations where the position involves generic behavioral-health skills (e.g. Family Counselor; Psychotherapist), AAMFT believes that MFTs should be eligible, so you should apply anyway and provide AAMFT with a copy of such a Solicitation.

In situations where the required skills are more specialized, DoD may have sufficient justification to require additional qualifications. While such a policy is reasonable, MFTs are encouraged to apply to related positions and report policies or decisions that seem to discriminate against the profession.

Q 5: May DoD require specialized credentials or experience beyond MFT licensure (in states where applicable)?

A: It depends on the circumstances. For example, the Army requires that Substance Abuse Counselors be certified as “Substance Abuse Professionals” (SAPs) under a program administered by the federal Department of Transportation (DoT). The AAMFT recently opened this program to MFTs, but the final rules have yet to be adopted.

AAMFT believes professional licensure should be adequate for most behavioral health positions, but acknowledges that specialized *experience* may be reasonable in some instances. Generic requirements, such as background checks and testing for illicit drug use, also may apply.

The new law is designed to put MFTs on an equal footing with other types of mental health professionals. If an MFT applies for a position but a non-MFT is hired, that alone does not prove discrimination against MFTs. Although circumstances in a specific case (e.g. repeated failures to inform an MFT applicant of job interviews) might be seen as discrimination, it is difficult to prove this in a legal sense. It is easier to show discrimination if a Solicitation bars MFTs as a class

Q 6: Does the new law affect promotional opportunities?

A: Because the new law is intended to make MFTs eligible for all appropriate positions, it will expand promotional and lateral job opportunities for MFTs. However, because the new law does not address whether the positions will be filled in-house versus under contract, promotions may require a new employment status such as changing from being a contract worker to a DoD-employed manager.

Q 7: Does the new law affect job terminations?

A: Not directly. Any job may be subject to performance standards. Contract positions may be subject to time periods or to funding availability. DoD employee positions are subject to federal civil-service rules, which may include taking seniority into account in a downsizing. Nevertheless, AAMFT believes it would be inappropriate to discriminate against MFTs as a class in any adverse personnel actions.

For assistance with DoD problems, email lga@aamft.org.