Introduction

The field of marriage and family therapy has evolved greatly over its development. From the early days gathering around a table to share ideas and consult about cases to an online gathering of over 7,000 MFTs from nearly every continent, the profession has grown incredibly through the years. And while these past stages have been instrumental in shaping where our profession is today, they did not occur overnight. They were the result of decades of thought evolution and effort on the part of many dedicated systemic thinkers. For example, the process of achieving professional licensure throughout the United States extended from 1963 through 2009 and involved hundreds if not thousands of engaged advocates.

Fast forward to 2020 and, like every facet of our global society, the marriage and family therapy profession was profoundly impacted by the unprecedented COVID-19 pandemic. While other environmental factors like technology, access to education, and the expansion of licensure had quickened shifts in our field in the past, never before had something impacted nearly every marriage and family therapist (MFT) across the globe overnight.

Throughout the pandemic, and in the societal shifts that have resulted since, MFTs have been instrumental in helping to navigate new paths. The need and demand for mental health services has never been greater. Those already in the field are experiencing their highest caseloads and facing challenges related to burnout, shifting business models, and reimbursement rates. And while data indicate the field has grown and will continue to do so with COAMFTE-accredited program student enrollment up 31% over the last five years and growing annually, it may be a very different professional landscape than in past years.

To better understand how these changes have permanently impacted our industry, and how the emerging trends and challenges may continue to do so, AAMFT partnered with McKinley Advisors, an association research and consultancy group, to conduct an industry workforce study. The results of this study are shared throughout this report as well as insights provided by the thousands of MFTs who contributed to the results.

“Throughout the pandemic, and in the societal shifts that have resulted since, MFTs have been instrumental in helping to navigate new paths.”
Research Methodology and Response

The research was conducted in two phases: (1) a set of qualitative interviews with key AAMFT leaders and stakeholders designed to help inform the direction of the larger research and (2) a quantitative survey of both AAMFT members and non-member MFTs as well as those in training.

Phase one involved input from 21 MFTs spanning from early career to late career experience.

Phase two, the electronic survey, was distributed via email to 25,879 contacts provided by AAMFT. McKinley initially launched the survey, and AAMFT followed with subsequent reminder emails. The survey was fielded over 15 days from June 7, 2022 to June 22, 2022. In total, 3,108 respondents completed or partially completed the survey questionnaire for a total response rate of 12%. This is in line with other surveys McKinley Advisors has conducted as well as response rates in the field of market research. For example, Pew Research, which conducts major opinion polls regularly, has historically received response rates between 5% and 15%. In recent years, typical response rates have averaged 6%.
Part 1: Shifting Demographics in the Profession

In 2012, when AAMFT last conducted a research survey examining demographics within the profession, there were several trends that were noted for their potential impact on the profession moving forward. These areas are highlighted throughout the section including new areas for future focus.

**DIVERSITY**

In 2012, diversity within the field was beginning to show signs of growth, particularly within racial and ethnic demographics. While total respondents at the time only indicated 17% population that identified as a person of color, student respondents showed significantly more diversity with nearly 27% identifying as a person of color.

In 2022, the racial and ethnic diversity in the field has continued to grow with over 25% of respondents indicating they identified as a person of color. Growth was particularly notable among those in the field identifying as Black/African American (up from 4.3% of respondents in 2012 to over 11% of respondents in 2022) and Hispanic, Latino or Spanish origin (up from 3.77% in 2012 to 7% in 2022). Within student responses, this growth in diversity was even more prominent. Racial/ethnic diversity among researchers and academics was similar to overall response trends.

Similar to the 2012 survey, the MFT field continues to be predominantly composed of those who identify as women (77%), with 19% responding they identify as male, and 2% as gender non-conforming/binary.

Age and tenure of respondents was evenly distributed among all categories. Over one-third (34%) reported working in the field for 11-20 years, and a fifth (20%) for over 20 years. A quarter (25%) worked in the field for less than 6 years, and a fifth for 6-10 years (20%). About a fifth reported being between the ages of 31-40 (23%), 41-50 (22%), or 51-60 (20%).

This data is of note because in 2012, over 35% of AAMFT members were 65 years of age or older and the average age of an AAMFT member was 50 years old. The threat of a retirement bubble burst was one of the key emergent challenges. Today, the percentage of members over 65 years of age has lowered to 20% and the average age is 45.7 years. The average student member age in 2022 is 34.5 years with over 40% under the age of 30.

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Which of the following best describes your race/ethnicity? Please select all that apply.

Base: All respondents by Job Role

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Therapist</th>
<th>Student</th>
<th>Academic/Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>76%</td>
<td>61%</td>
<td>75%</td>
</tr>
<tr>
<td>BLACK OR AFRICAN AMERICAN</td>
<td>10%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>HISPANIC, LATINO OR SPANISH ORIGIN</td>
<td>7%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>PREFER NOT TO ANSWER</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>PREFER TO SELF-DESCRIBE</td>
<td>4%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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EDUCATION
A concern that emerged following the 2012 study was student respondents indicating they planned on pursuing a doctoral degree (<12%), was significantly less than the 33% at the clinical level that indicated at that time that they held a doctoral degree. In 2022, this data point continued to cause concern with only 20% of respondents indicating they held a doctoral degree.

In some ways, this shift is not surprising since financing the cost of education was ranked as a top frustration in becoming an MFT, cited as the number one challenge by over 53% of respondents under 40. However, it does amplify the concern initially identified in 2012; if less of the industry is pursuing doctoral degrees, how does this impact the research and education in marriage and family therapy? Are MFTs leaving the profession open to be defined and grown by other disciplines who may lack their unique training and expertise?

While AAMFT can do little regarding the cost of education, it is taking steps to boost the profession’s ability to conduct research. For example, in 2020 AAMFT launched the Intervention Research in Systemic Family Therapy topical interest network. Since its inception, the Network has held two research conferences.

MFT IDENTITY
In 2012, just over 60% of respondents indicated they were licensed as an MFT. In 2022, this percentage has increased to 77% with another 20% indicating they intend to become licensed as an MFT.

While in 2012, the industry still reflected a substantial amount of dual licensure – particularly within our longer tenured MFTs – today more respondents indicate they exclusively hold an MFT license (72%). Counseling was the second most held license (12%), followed by social work (2.8%), psychology (2.2%), and nursing (1%).

In today’s environment, there are more COAMFTE-accredited MFT training programs than ever and MFT is a professional license available in all U.S. states. Further, MFT is gaining recognition both as a service and profession requiring regulation throughout the world.

This shift towards a more distinct MFT identity is certainly a positive one for the profession. However, it does create pressures on industry organizations like AAMFT to facilitate unity and strategic, impactful voice while representing the smallest of the major mental health professions. More than ever, it is vital that resources and efforts are available to advocate for the protection and expansion of the MFT profession.

Today, the AAMFT Professional membership is about 22% of estimated total licensees. While AAMFT partners with other MFT and mental health organizations, the bulk of the advocacy for the expansion and protection of the profession falls to AAMFT as the only national association representing MFTs. This means that on-going support for these vital efforts is dependent on less than a quarter of the LMFTs in the country.

“MFT is gaining recognition both as a service and profession requiring regulation throughout the world”
Part 1: Shifting Demographics in the Profession

WORKPLACE SETTING
Respondents indicated that the vast majority are still working in individual (46%) and group private practice (16%), similar to 2012.

This correlates with other aspects of the workforce study where nearly half of those licensed as MFTs, or intending to be licensed, identified getting fair private insurance reimbursement (49%) and the growing need to continue services with clients across state lines (48%) as the top impending challenges for the profession.

Which of the following best describes your primary work setting?
Base: not retired/unemployed

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Practice</td>
<td>46%</td>
</tr>
<tr>
<td>Group Practice</td>
<td>16%</td>
</tr>
<tr>
<td>Agency/Community Mental Health Center</td>
<td>16%</td>
</tr>
<tr>
<td>School/College/University</td>
<td>10%</td>
</tr>
<tr>
<td>Hospital</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

As outlined more extensively in the trends and challenges section of this report, a vast majority of respondents indicated that they intend to continue both in-person and telehealth services moving forward. While this does create more flexibility in service delivery, and may improve access to care, it does create greater business expenses for the clinician. It also increases the need for strong ethics and best practice training and guidance in emergent service delivery practices.
Part 2: The Path to MFT

Historically, the path to marriage and family therapy has been varied. Influenced by the development curve of the profession, the timing of the evolution of licensure in the U.S., and the growth of training programs, in past years many entered marriage and family therapy as a second career. For some this was after they began careers in other mental health fields, but for many it was after working in unrelated industries.

In the 2022 study, while it remains true that many older respondents indicated they entered MFT as a second career, more early career professionals reported beginning their MFT studies immediately after undergraduate work.

Understanding potential shifts in how people are entering the field, as well as initially discovering marriage and family therapy, allows for stronger growth of the profession long-term – a particular focus because there are no undergraduate feeder programs dedicated to the study.

ENTRY TO THE PROFESSION

More than 2/3rds of licensed MFT respondents (68%) indicated they learned about marriage and family therapy after their undergraduate education. Segmentation revealed that LMFTs under 40 were more likely to learn about MFT before completing college/university (61%) compared to LMFTs over 60 (26%).

The top five professions of respondents who learned about marriage and family therapy after entering a different career path were counselor (20%), teaching/education (14%), ministry/pastoral (12%), arts/entertainment (12%), and business (12%).

About one-third of LMFTs were influenced to pursue marriage and family therapy by professors or teachers (33%) and classes/courses (30%). LMFTs working in a school/college/university setting were more likely than average to be influenced by professors or teachers (51%).

Because the marriage and family therapy field lacks a direct feeder program at the undergraduate level, and more people are starting training directly after receiving their bachelors, targeting those in undergraduate programs with information about the profession will be vital to continue its growth.
Part 2: The Path to MFT

ATTITUDES ABOUT THE PROFESSION
LMFT respondents commonly pursued the field because they agreed with the holistic approach of treating an individual in context with their personal relationship (56%) or they saw it as their calling or purpose (47%). Over a third (35%) also indicated they were drawn to the profession by a desire to make a positive social impact.

A strong majority (84%) of LMFTs reported they would be moderately or very likely to recommend marriage and family therapy as a career to a college student.

For those who indicated they would not recommend marriage and family therapy, the top reasons cited were low pay (41%), other disciplines/licenses more valued (37%), and limited scope and employment options (32%). Segmentation revealed that only 70% of agency LMFTs would recommend becoming an MFT as a career, compared to 94% of LMFTs in a school/college/university setting.

FRUSTRATIONS IN BECOMING AN MFT
The greatest frustrations in the path to becoming a licensed MFT included financing the cost of education (39%) and practicing or getting licensed in multiple states (39%).

LMFTs were asked to identify what changes in the process would make it easier to become a licensed MFT; top responses included portability/reciprocity between states (35%), streamlined standard requirements (21%), financial assistance/less expense (16%), a better understanding of licensing process (12%), national licensing (12%), and more supervision/mentorship (11%).

Considering your path to becoming a licensed MFT, which phase/phase of the process have caused you the greatest frustration? Please select up to three choices.
Base: LMFT, by Age

<table>
<thead>
<tr>
<th>1.</th>
<th>40 or younger</th>
<th>41-50 years</th>
<th>51-60 years</th>
<th>Over 60 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Financing cost of education 53%</td>
<td>Financing cost of education 51%</td>
<td>Practicing or getting licensed in multiple states 40%</td>
<td>Practicing or getting licensed in multiple states 36%</td>
</tr>
<tr>
<td>2.</td>
<td>Practicing or getting licensed in multiple states 45%</td>
<td>Practicing or getting licensed in multiple states 40%</td>
<td>Financing cost of education 38%</td>
<td>Completing state licensing board application 25%</td>
</tr>
<tr>
<td>3.</td>
<td>Financing cost of acquiring licensure 30%</td>
<td>Meeting experience/supervisory requirement 31%</td>
<td>Completing state licensing board application 30%</td>
<td>Completing licensure exams 24%</td>
</tr>
<tr>
<td>4.</td>
<td>Completing state licensing board application 28%</td>
<td>Financing cost of acquiring licensure 27%</td>
<td>Meeting experience/supervisory requirement 23%</td>
<td>Financing cost of education 22%</td>
</tr>
</tbody>
</table>
Part 3: Trends and Challenges for the Industry

It is evident that many of the changes the field has faced since the start of the COVID-19 pandemic are here to stay: telehealth and increased demands for mental health services chief among those. The paths forward from new and emergent challenges such as migrating clients and clinician burnout will need to be researched and assessed for how to find relief and solutions for the field.

When asked to rate the importance of potential priorities for AAMFT to focus on in the year ahead, over three-fourths of respondents rated portability of licensure to ensure mobility and accessibility (76%) and development of an interstate licensure compact for LMFTs (76%) as top priorities. Nearly half (47%) of respondents identified strengthening advocacy efforts for greater employment opportunities for LMFTs as a top priority. These respondents were most interested in hospital (30%), school (27%), and government (19%) settings.

Below are potential advocacy priorities that AAMFT may choose to focus on in the year ahead. Please rate the priority level of each initiative.

Base: Familiar with AAMFT and licensed or intending to be licensed, Top 5 shown

<table>
<thead>
<tr>
<th>Initiative</th>
<th>% Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strive for portability of licensure to ensure mobility and accessibility for clients/self</td>
<td>76%</td>
</tr>
<tr>
<td>Work to develop an interstate licensure compact for LMFTs</td>
<td>75.5%</td>
</tr>
<tr>
<td>Ensure licensure parity with other mental health professions in my state</td>
<td>65%</td>
</tr>
<tr>
<td>Strive for greater reimbursement by private payors</td>
<td>63%</td>
</tr>
<tr>
<td>Strive for MFTs to be recognized as eligible Medicare provider</td>
<td>63%</td>
</tr>
</tbody>
</table>
EMPLOYMENT
Almost two-thirds (63%) of LMFTs indicated demand for their services has grown as a result of COVID-19, with one third (34%) noting an increase in work hours because of the pandemic. About half (49%) reported working fully or partially remotely due to COVID-19.

Indications are that those currently in the field are at maximum capacity. Therapists reported spending an average of 21.8 hours a week delivering direct client services, just above the average of 20.4 hours they would like to spend delivering these services.

About half (46%) expected that the amount of time they spend delivering direct, clinical/therapeutic services will not change over the next year. Nearly one-third (32%) anticipated the amount of time spent on these services will increase, compared to just 17% of those who expect the amount of time to decrease.

A fifth (21%) of school/college/university LMFTs expected a significant increase in the time they spend delivering services over the next year.

With MFTs from every category reporting average clinical service hours above their desired amount, and most anticipating this situation will not change in the near term, potential burnout is a concern for the industry moving forward. In fact, over one-third (35%) of respondents indicated that burnout/managing a high client load was one of the top challenges facing the profession over the coming years.

“Indications are that those currently in the field are at maximum capacity.”
Part 3: Trends and Challenges for the Industry Today and Into the Future

CLIENT GENERATION
While most respondents indicated they are at full employment, almost two-thirds of therapists responded, when necessary, they acquired clients from referrals from other mental health providers (64%) and existing clients (63%). Nearly half (46%) acquired clients from online directories. **Segmentation revealed that therapists with less than six years of experience relied more heavily on online directories (53%) than those with over 20 years of tenure (40%), who were more likely to acquire clients from existing client referrals (67%) compared to those with less than six years of experience (54%).**

### How do you typically acquire clients? Please select all that apply.

**Base: LMFT and Therapist by Tenure**

<table>
<thead>
<tr>
<th></th>
<th>Less than 6 years</th>
<th>6-10 years</th>
<th>11-20 years</th>
<th>Over 20 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral from other therapists/counselors</td>
<td>68%</td>
<td>66%</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td>Referral from existing client</td>
<td>54%</td>
<td>63%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Online directory</td>
<td>53%</td>
<td>51%</td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td>Search engine</td>
<td>31%</td>
<td></td>
<td>35%</td>
<td>39%</td>
</tr>
<tr>
<td>Referral from physician</td>
<td>28%</td>
<td></td>
<td>34%</td>
<td>39%</td>
</tr>
</tbody>
</table>

1. Referral from other therapists/counselors
2. Referral from existing client
3. Online directory
4. Search engine
5. Referral from physician
6. Insurance provider website
Part 3: Trends and Challenges for the Industry Today and Into the Future

TELEHEALTH

The widespread use of telehealth is perhaps the largest shift in the profession coming out of the COVID-19 pandemic. Pre-pandemic, telehealth was practiced by a very limited number of therapists. Many considered telehealth as “second rate” or lacking substance.

A 2020 survey conducted by AAMFT indicated pre-pandemic, 58% of respondents were not using telehealth at all in their practices and only 4% were using it moderately or exclusively in their work.

In the 2022 workforce survey, nearly half (47%) of LMFTs reported seeing patients primarily (entirely or mostly) through telehealth. Over the next three years, a smaller percentage of LMFTs (39%) anticipate using telehealth as their primary format; however, nearly all (96%) plan to continue telehealth in some capacity.

This shift has some major implications for the industry. While most MFTs are now well-versed in its use, the rapid nature of the telehealth roll-out and the extensive use of now expired emergency orders as the guiding legal standards, indicate there is likely a need for all to develop a greater understanding of the laws, ethics, and best practices related to the method. AAMFT is currently updating its telehealth best practice guidelines (anticipated publication date in 2023) as well as engaging in the preliminary stages of revising the AAMFT Code of Ethics.

There are also business implications for individual MFTs. Operating a hybrid practice of both in-person and telehealth clients while likely increasing access to care, requires the therapist to maintain business expenses related to both a physical office and a HIPAA-compliant telehealth platform. With younger professionals citing the financial burdens of low starting salaries and high student loan debt, it will be vital that cost effective ways are found to navigate this expanded business model.

How do you currently see patients/intend to see patients over the next 3 years?

<table>
<thead>
<tr>
<th>CURRENT</th>
<th>INTENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entirely through telehealth</td>
<td>29%</td>
</tr>
<tr>
<td>Majority through telehealth, some in-person</td>
<td>18%</td>
</tr>
<tr>
<td>Fairly even spread between telehealth and in-person</td>
<td>19%</td>
</tr>
<tr>
<td>Majority in-person, some through telehealth visits</td>
<td>29%</td>
</tr>
<tr>
<td>Entirely in-person</td>
<td>5%</td>
</tr>
</tbody>
</table>
SPECIALIZATIONS
In their article “The Big Idea: The Age of Hyperspecialization” for the Harvard Business Review, Thomas W. Malone, Robert Laubacher, and Tammy Johns (2011) identified the labor market was entering into a new and not yet widely understood era of hyperspecialization.

The 2022 study reflected this era of labor evolution has in fact taken hold within the MFT field. Forty percent of respondents indicated they currently held a specialized credential with another 30% indicating they intended to pursue one. With those intending to pursue, the topic areas of greatest interest were Trauma/PTSD (53%) and Couples (43%).

Recognizing this emergent evolution, in 2017 AAMFT expanded its structure to offer mechanisms for hyperspecialization development via topical interest networks. Topics such as research, trauma, military, school and healthcare settings, and working with diverse client populations are currently included in the offerings, amongst other topics. All current offerings can be viewed at aamft.org/engage.

REIMBURSEMENT
Nearly half of all respondents (49%) identified getting fair private insurance reimbursement was a key challenge facing the profession.

Segmentation of responses revealed the following differences:
Membership: Former AAMFT members were more likely to rate private payor reimbursement as a top priority (69%) than current members (61%).
Job role: MFTs listing therapist as their primary role were also more likely to consider private payor reimbursement (65%) a top priority compared to students (56%) and academic researchers (47%). Students were also more likely to rate MFTs being recognized as eligible Medicare providers as a top priority (75%) compared to academic/researchers (69%) and therapists (59%).
Work setting: Agency LMFTs were more likely than those from other work settings to prioritize focus on striving for MFTs to be recognized as eligible Medicare and Medicaid providers (79%).

“Recognizing this emergent evolution, in 2017 AAMFT expanded its structure to offer mechanisms for hyperspecialization development via topical interest networks.”
Part 3: Trends and Challenges for the Industry Today and Into the Future

**MULTI-STATE LICENSURE**
A growing need to service clients over state lines was another top challenge identified by 48% of respondents. Similarly, a vast majority of respondents (71%) indicated interest in multi-state licensure.

Within the respondents, 31% indicated they currently practice in more than one state.

83% of LMFTs with less than 6 years of experience were interested in being licensed in more states, compared to just 61% of respondents with over 20 years of tenure. Those with less than 6 years of experience were also less likely to already hold a second license (22%) compared to their counterparts (32-34%).

Less tenured LMFTs are likely still building their career and client portfolio and may thus be more interested in practicing in additional states as well. More tenured LMFTs have had time to pursue additional state licenses, and thus may be more satisfied with the number of licenses currently held.

Respondents most commonly indicated they currently held a second license in California (11%), Florida (8%), Washington (5%), and New York (5%).

Florida (22%), California (21%), and New York (18%) were also the top three cited states where respondents were interested in obtaining a second license.

With few exceptions, interest in multi-state licensure generally appears to be for bordering states.

When asked about a preference in method for easing the process of obtaining licensure in other states, respondents showed a preference for greater portability (44%) over the development of an interstate licensure compact (38%).

These data points are rather interesting when viewed alongside the responses that most LMFTs indicated they were at full-employment and were averaging more clinical client hours than they desired. Through interviews and focus groups as part of this and another project, the driving factor for having multiple state licenses was not financial. Rather, clinicians cited that they wanted to maintain current client relationships (continuity of care). While such reasoning makes sense given the current post-pandemic context, it does beg the question, “Will therapists maintain this perspective as they reduce their client hours to a more manageable state?” Further, if financial reasons are not the driving force, then will therapists want to keep paying for a second license, learning separate state regulations, and all the nuances that accompany practice across state lines?

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Are you currently licensed or practicing in multiple states?
Base: LMFT by Tenure

<table>
<thead>
<tr>
<th>LICENSED IN MULTIPLE STATES</th>
<th>INTERESTED IN MORE STATE LICENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 years</td>
<td>83%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>74%</td>
</tr>
<tr>
<td>11-20 years</td>
<td>75%</td>
</tr>
<tr>
<td>Over 20 years</td>
<td>61%</td>
</tr>
</tbody>
</table>

Are you currently licensed or practicing in multiple states?
Base: LMFT

- Yes, and I am NOT interested in more states 8%
- Yes, and interested in more states 23%
- No, but interested in more states 48%
- No, and NOT interested in more states 21%
Conclusion

While many of the trends identified in this study are indicative of those facing other industries, there are some unique aspects facing the profession in the coming years. Maximizing resources to address these challenges will be instrumental to the strength and growth of the MFT profession.

To help support these vital efforts, please consider making a donation to AAMFT’s Practice Protection Fund (PPF). The PPF is used exclusively for major threats, emergent opportunities, and on-going work towards foundational advocacy goals annually such as parity, portability, and reimbursement.