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USNRC

We're here for You!

July 26, 2010

August 11, 2010 (2:44pm)

U.S. Nuclear Regulatory Commission  
Attention: R.W. Borchardt,  
Executive Director for Operations  
Washington, D.C., 20555-0001

OFFICE OF SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

Petition for Rulemaking

*CAMFT is  
dedicated to the  
advancement and  
understanding of  
the profession of  
marriage and  
family therapy as  
both an art  
and a science, to  
maintaining high  
standards of  
professional  
ethics and  
qualifications,  
and to expanding  
the recognition  
and utilization of  
the profession.*

Dear Mr. Borchardt:

On behalf of the California Association of Marriage and Family Therapists, I am providing you with an amended letter dated July 12, 2010. The "original" July 12, 2010 letter refers in the introduction and the conclusion to a March 9, 2010 date for a letter from us to you; however, the actual date of that letter from us to you was March 24, 2010. Hence, the March 9, 2010 date was listed erroneously. The real date of our correspondence to you is March 24, 2010. Please substitute our "amended" July 12, 2010 letter for the one sent previously.

I sincerely apologize for any inconvenience this mix-up in dates may have caused you.

Sincerely,

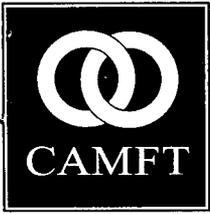
*David G. Jensen*  
David G. Jensen, J.D.

California Association  
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Attention: R.W. Borchardt,  
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Washington, D.C., 20555-0001

Petition for Rulemaking

Dear Mr. Borchardt:

On March 24, 2010, the California Association of Marriage and Family Therapists ("CAMFT") submitted a Petition for Rulemaking requesting that 10 CFR §26.187(b) be amended to add marriage and family therapists (MFTs) to the list of credentialed professionals set forth in subsection (b). We believe MFTs should be included in such list because they are recognized by the Department of Health & Humans Services, along with psychiatry, psychology, clinical social work, and psychiatric nursing, as one of the five core mental health disciplines in the United States, and they are trained to assess and treat substance abuse issues. In a letter to CAMFT, dated May 27, 2010, you advised us that the NRC needs additional information to consider our proposed amendment. Consequently, this letter shall serve as our "supplemental correspondence" to you regarding the issues you identified.

1. The NRC requested information concerning CAMFT's interest in the requested action.

CAMFT's interest in the requested action is simply to pursue changes in law, whether statutory or regulatory, that increase professional opportunities for MFTs, and that treat the profession on par with the other mental health disciplines.

2. The NRC requested information regarding the requirements for becoming an MFT.

Licensing of MFTs in California is conducted by the California Board of Behavioral Sciences ("BBS"), which is an agency of the State of California.

To obtain licensure as an MFT, an applicant must earn a master's or doctor's degree in marriage, family and child counseling; marriage and family therapy; psychology; clinical psychology; counseling psychology; or, counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy. He/she must also complete 3,000 hours of supervised clinical experience, and pass two rigorous written examinations.

The requirements for becoming an MFT parallel those for becoming licensed psychologists and licensed clinical social workers. In fact, many MFTs pursue doctoral degrees in Psychology. Given the overlap of the education, training, and clinical experience of these disciplines, we believe that MFTs should be listed along with these other disciplines in 10 CFR §26.187(b).

We also believe that by virtue of their education, training, and clinical experience, MFTs are well-qualified to be SAEs. They are trained to understand and address substance abuse issues. In fact, some MFTs specialize in alcohol and drug treatment. Regarding such issues, MFTs are required by California law to receive "specific instruction in alcoholism and other chemical substance dependency" as part of their graduate school programs (Exhibit "A"; see California Business & Professions Code § 4980.36(d)(2)(I). This "specific instruction" includes the following:

- a) The definition of substance use disorders, co-occurring disorders, and addiction;
- b) The medical aspects of substance use disorders and co-occurring disorders;
- c) The effects of psychoactive drug use;
- d) Current theories of the etiology of substance abuse and addiction;
- e) The role of persons and systems that support or compound the abuse;
- f) Major treatment approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices;
- g) Legal aspects of substance abuse;
- h) Populations at risk with regard to substance use disorders and co-occurring disorders;
- i) Community resources offering screening, assessment, treatment, and follow-up for affected person and family;
- j) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral; and,
- k) The prevention of substance use disorders and addiction.

Moreover, if an MFT did not get this "specific instruction" in his or her graduate program, the BBS requires the MFT to make up this coursework as part of his or her continuing education requirement (Exhibit "B"; see 16 CCR §1887.3(b)). Consequently, any licensed MFT in California has received "specific instruction" in substance abuse issues as part of their graduate program or as part of their mandated continuing education.

In fact, the instruction that MFTs receive in substance abuse issues is probably greater than the instruction received by many physicians in medical school. Why? The standard medical school curriculum does not contain mandated coursework in substance abuse issues; such coursework is usually an elective course, not a required one. In this respect, Yale Medical School's curriculum is

representative (Exhibit "C"; see Yale School of Medicine Bulletin, pages 171 and 173).

Given the above, it is possible for a licensed physician to not have had any coursework in substance abuse issues in medical school; whereas, an MFT has to have such instruction to get or maintain one's license. It seems paradoxical that a licensed physician possesses the requisite credentials for becoming an SAE, although such physician may not have had any coursework in substance abuse issues in medical school, but an MFT who had to have such coursework cannot meet such credentials. We believe this distinction does not reflect the reality of the crucial role MFTs play in the mental health milieu, and that MFTs should be listed in 10 CFR §26.187(b), along with licensed physicians.

Moreover, in California, MFTs receive the same amount of required instruction in substance abuse issues that psychologists receive (Exhibit "D"; see California Business & Professions Code §§ 29 and 2914(e) and 16 CCR § 1382.3). MFTs also receive the same amount of required instruction that licensed clinical social workers receive (Exhibit "E"; see California Business & Professions Code § 4996.2(e)). Yet, despite these similarities, licensed psychologists and licensed clinical social workers are included in the list of credentialed professionals set forth in 10 CFR §26.187(b), but MFTs are not.

We also believe that attaining a graduate degree in a core mental health discipline makes MFTs especially valuable candidates for the position of SAE. A graduate degree says a lot about an individual and it evidences a degree of clinical skill and training that distinguishes an MFT from certified employee assistance professionals and certified drug abuse counselors. Why? Because one does not even have to possess a bachelor's degree to be certified as a National Certified Addiction Counselor I, or a master's degree to be certified as a National Certified Addiction Counselor II (Exhibit "F"; see NAADAC Guide to Certification, pages 2 and 3). Furthermore, one does not have to possess a master's degree to be certified as an employee assistance professional (Exhibit "G"; Employee Assistance Professionals Association, "How to Become a CEAP").

Hence, although the educational and clinical components for becoming an MFT are much more rigorous than the components for becoming a certified drug abuse counselor or an employee assistance professional, both of these professions are listed in 10 CFR §26.187(b) and MFTs are not.

We would also direct your attention to page 12 of NAADAC's Guide to Certification, which lists the application requirements for becoming a Substance Abuse Professional ("SAP"). As indicated, a SAP evaluates workers who have violated the Department of Transportation's drug and alcohol regulations and then the SAP makes recommendations concerning education, treatment, follow-up treatment and aftercare, which is work similar to what the NRC requires for its

SAEs. The list of credentials for this qualification as a SAP includes MFTs. We believe the SAP model is the appropriate model for the NRC to follow.

3. The NRC requested information "regarding MFTs on a national scale."

The licensing and regulation of MFTs is done by all fifty states; it is not done on a national scale. However, although licensing is conducted by individual states, the vast majority of states require candidates to pass the National MFT examination, which is administered by The Association of Marital and Family Therapy Regulatory Boards ("AMFTRB").

The National MFT examination tests prospective MFTs on their knowledge of substance abuse issues and treatment (Exhibit "H"; see AMFTRB Examination Materials). In terms of substance abuse issues, AMFTRB tests prospective MFTs on their knowledge of how substance abuse and dependency affect the individual and the functioning of his or her family (Knowledge Statement 42); the effects of addictive behavior on the individual and the family system (Knowledge Statement 43); and, addiction treatment modalities (Knowledge Statement 44).

4. The NRC requested the source for "Industry Comment 2" and the NRC's response to that comment.

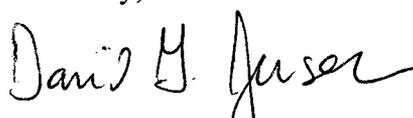
The "such as" language CAMFT referred to in our March 9, 2010 letter can be found on page 80 of a publication titled NUCLEUR REGULATORY COMMISSION, 10 CFR Part 26, RIN 3150-AF12, Fitness for Duty Programs.

For the reasons set forth above, and in our letter dated March 24, 2010, CAMFT believes that MFTs should be included in the list of credentialed professionals set forth in 10 CFR §26.187(b). We realize the importance of the role SAEs play in safeguarding the United States and its citizens, and we believe those of our members who are qualified to be SAEs would be a credit to the NRC. Thank you for your consideration of our Petition for Rulemaking. Should you need any additional information, please do not hesitate to contact us directly.

Sincerely,

  
Mary R. Riemersma, M.B.A

Sincerely,

  
David G. Jensen, J.D.