Rural Readiness of Behavioral Health Training Programs

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Background

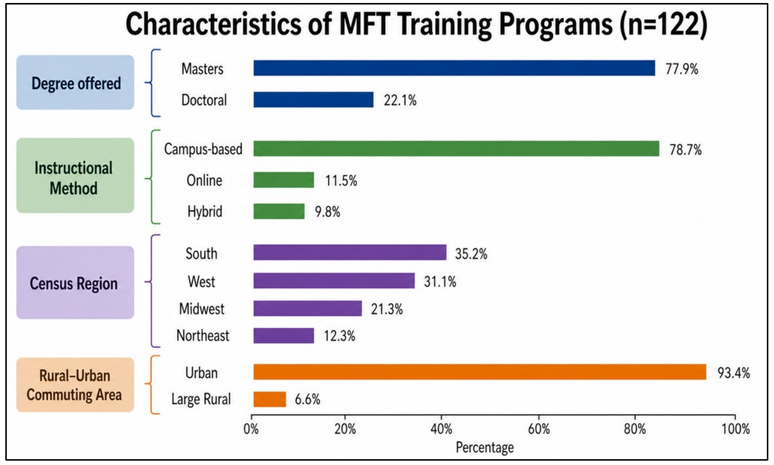
- Rural communities have fewer local options for behavioral health counseling and therapy services.
- Marriage and Family Therapists (MFTs) are a growing part of the behavioral health workforce.
- Examining the educational pipeline and characteristics of MFT educational and training programs is essential for understanding current capacity and future workforce supply.

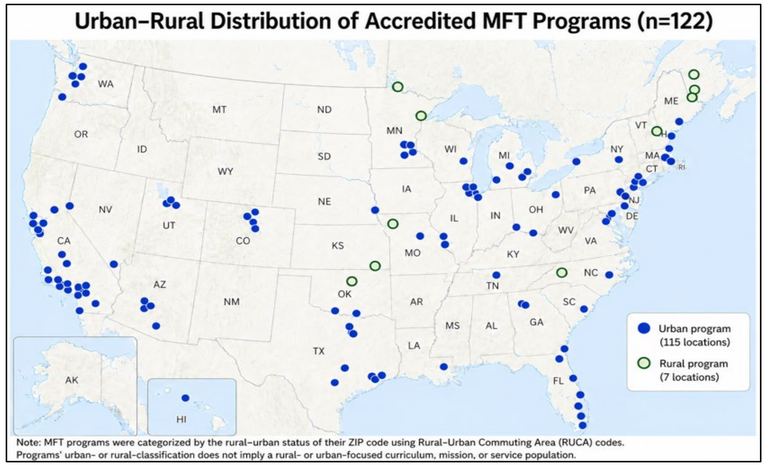
Methods

- Data were abstracted from the Commission on Accreditation for MFT Education (COAMFTE) accreditation directory and MFT program websites.
- Reviewed all 125 COAMFTE-accredited programs (Spring 2026).
- Excluded 3 certificate-only programs. Final analytic sample: 122 programs.
- Rurality classified using 2024 Urban Influence Codes and Rural Urban Commuting Area (RUCA) codes linked to program ZIP Codes.
- Descriptive statistics examined training requirements, geographic distribution, use of rural-focused curricula, clinical rotations, and rural community partnerships.

Findings

Substantial national training infrastructure exists for Marriage and Family Therapy (MFT) programs, yet programs remain unevenly distributed across regions and rurality, with particularly limited presence in rural areas.





Other findings

Future reports will include data on mental health counseling (MHC) programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Preliminary data show patterns similar to those observed among COAMFTE programs: Most CACREP-accredited programs are located in the South (44.7%), followed by the Midwest (23.3%), Northeast (17.2%), and West (14.8%), with limited representation in small rural (1.7%) and micropolitan (13.0%) areas.

Conclusions and Policy Relevance

- Strong national training infrastructure exists for MFTs, but is uneven across regions and rural areas.
- Key policy opportunities: Expand rural training placements, incentivize academic-community partnerships, and align licensure with rural practice.
- Findings can inform workforce planning, target rural training funding, and strengthen accreditation standards for rural behavioral health needs.

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Acknowledgement and Contact

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