



Santa Clara Valley Chapter  
California Association of Marriage  
and Family Therapists

# SCV-CAMFT NEWS

Serving San Mateo and Santa Clara Counties

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## PRESIDENT'S MESSAGE

*by Jacqui Gerritsen, LMFT, President, SCV-CAMFT*

Greetings from my new home office in the corner of my garage. Here we are, almost three months into a radically transformed world. This is a world comprised of staying at home as much as possible, wearing masks in public, and limiting our contact with anyone outside our immediate household. While we may appreciate some parts of this change (less driving, less pollution, more



time to enjoy family), others within our communities and throughout the world are struggling. And now, on top of the pandemic, the nation is convulsing in response to civil unrest. Uncertainty and fear about the future has created increased anxiety in all of us and those we care for.

To get a better sense of what our members are struggling with, the board recently sent a survey to members about the impacts of COVID-19. We wanted to know what

you are experiencing, what challenges you are facing, and get your ideas on how the chapter can come together to support each other. We were happy to receive 117 responses from members. Your responses are helping us to think of ways we can be stronger together. Thank you so much to all who participated.

In summary, we learned that many of you have successfully transitioned to using telehealth and the various platforms you are using, while others are struggling with the technology. Another big issue for therapists is loss of clients and wanting to find sources of new clients. Based on these survey results, the board is working to create support for members in these areas. Nancy Orr, our chapter coordinator, will discuss what is happening in more detail

in this newsletter. She has been incredibly involved in putting out the survey, in taking advantage of our website capabilities, and in figuring out how to offer more programs online. Thank you, Nancy, for your hard work!

We have a lot to cover in this issue of the newsletter. Several of our articles are longer than is typical. Where that is true, we have included the first page of the article and

*continued on page 2*

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## COVID-19 SURVEY RESULTS AND SCV-CAMFT FORUM GROUPS



Thanks to everyone who participated in this survey. We had 117 members share their experiences with us. We are honored to hear your stories and your struggles. We think reading these results will leave you feeling inspired and more connected to your fellow SCV-CAMFT members!

As the survey results are too extensive to publish in the newsletter, some of the results are shown on the next 3 pages. The online version is more complete and includes summaries of the many comments.

After reading the survey results the board thought about ways to connect members to support each other. We have an active online community, The Chapter Exchange, <https://exchange.scv-camft.org>, and



since we all needed to shelter in place, it seemed natural to extend this existing community to reach further and assist members in the face of these demanding times.

We have added five online forum groups to the Chapter Exchange. These groups are intended to bring members with similar needs and interests together to create community, share resources, and to support each other. We are all having to get used to online communities—whether we want to or not :-). We are here to help if this is a new experience for you, so please reach out.

We had already added the "Pre-Licensed Forum" and are hoping this group will expand to assist all the associates out there unsure of where to go since SIP.

We also added "Connecting During the Pandemic" for the many members who said they wanted to join a group to feel less isolated.

"Getting New Clients" is for members who need to increase their caseload and need help in figuring out how to do this during SIP. If you are someone who knows a lot about how to do this, please join and offer your expertise.

If you need help setting up telehealth or are an expert who wants to assist other members, you can join the forum group "Help with Telehealth."

The last group we added is "Covid-19 Grief Forum" which is a space to share your losses and grief associated with this pandemic.

[Instructions to join these groups can be found on page 3.](#)

## VIEW AND DOWNLOAD THE COMPLETE SURVEY HERE

### *President's Message from page 1*

added a link to allow access to the full article. We wanted to bring you news of how members are coping with these extraordinary times. In this issue you will read an article on how associates are dealing with shelter-in-place while finishing up their licensing process and an article by our colleague Kent Campbell, LMFT on converting his group practice to teletherapy. You will also find Dr. Elaine Brady's summary of her February talk on pornography addiction and an article about internet addiction in the time of COVID-19 by Alex Basche, LMFT. We have revived the Community Focus column, giving you a snapshot of a member of our therapist community.

And we have created a new feature, "Noteworthy," with links to articles or videos that we think you will find of interest. Finally, for fun, we feature a few pictures of your colleagues doing teletherapy or remote work!

Most recently, Dr. Marty Klein presented our first virtual webinar on *Couples Therapy 2020: When Old Problems Require New Solutions* on May 29 and 30 for 6 CEU hours. He addressed the challenges of doing couples therapy via telehealth, which he said he added just for our seminar. The webinar went off without a hitch, and we are hoping to offer more online support groups, trainings and gatherings as the year moves on. We are working hard to meet your needs given the new realities. Please check the SCV-CAMFT website for updates.

Our Pre-Licensed and Newly Licensed Support Groups have been meeting successfully online now for the past 3 months. Thank you to our group leaders Junko Yamauchi, Jim Arjani, Barbara Pannoni, and Della Fernandes for doing a terrific job with transitioning over to online support groups. We hope you will take advantage of these groups—it is easier than ever to participate right now.

Please continue to reach out to us with your concerns and ideas. We hope to connect with each of you in the coming days.

Continue to stay safe and healthy,

*Jacqui*



## HOW TO JOIN AN SCV-CAMFT FORUM GROUP



In response to the Covid-19 Support Survey responses, we have set up several online forum groups through the Chapter Exchange (<https://exchange.scv-camft.org/>)

We invite all members to join these groups to find extra support during this challenging time. Whether you need support or can offer support, please join! The groups are: Connecting During the Pandemic, Getting New Clients, Setting Up

Telehealth, Covid-19 Grief Forum, and Pre-Licensed Forum.

### HOW TO JOIN:

1. Go here, <https://exchange.scv-camft.org>
2. Log in (if you are already a member of the Chapter Exchange) OR request to join
3. In the middle of the page you'll see the forum groups listed
4. Click the forum group you wish to join

5. Click 'JOIN'
6. Enter 'join now' for the access code
7. You are now a member of the forum group!

We are looking for forum group moderators and online video conferencing support group leaders, to enhance each group. If you are interested in these roles, please reach out for more information, [mail@scv-camft.org](mailto:mail@scv-camft.org).

## VIEW AND DOWNLOAD THE COMPLETE SURVEY HERE

If your internship/school has been negatively impacted by COVID-19, tell us how.

Choices	Response percent	Response count
I cannot access my supervisor.	0%	0
I cannot access my trainees/associates.	0%	0
I cannot access my coursework.	0%	0
I am concerned about graduating on time.	3.2%	3
N/A	90.3%	84
Other (Please specify)	8.6%	8

### Comments:

Seven members on the road to licensure expressed concern about reduced hours and/or reduced face-to-face hours, delaying graduation and/or licensure, and extending the time before they can begin earning a living wage.

1. A few associates who are near finishing their hours are feeling very frustrated by the BBS 375-hour cap on telehealth hours, which penalizes associates who have been counting their hours under Option 2. The BBS has said that it will not be possible to change the cap on telehealth hours. Associates are frustrated that this will delay their completion of the 3000 hours.
2. There is also extra difficulty getting the paperwork they need, offices being closed, getting supervisor's signatures.
3. Remote learning and counseling has been challenging.
4. Schools have closed, associates are not getting the hours they need, and one member said he/she doesn't feel safe at their site.





## COVID-19 SUPPORT SURVEY RESULTS

**VIEW AND DOWNLOAD** THE COMPLETE SURVEY HERE

**Tell us if you have any of the following needs.**

Choices	Response percent	Response count
I need equipment to work (or take classes) from home (e.g. webcam, laptop, microphone).	1.9%	2
I need help converting my practice to telehealth.	3.9%	4
I need client referrals to refill my caseload.	32.7%	34
I need someone to get me groceries/medicines.	0%	0
I need help with petcare.	1%	1
I need PPE (e.g. gloves, masks).	5.8%	6
I need grief support.	1.9%	2
I need someone to check-in with me.	1%	1
I'm interested in a group to help me feel less isolated & more connected.	17.3%	18
N/A	46.2%	48
Other (Please specify)	10.6%	11

### Comments:

Members indicated various additional needs: training about conducting teletherapy, better equipment, tips on how to engage young clients online, childcare, help getting out of one's lease, professional development/job opportunities (for a trainee graduating soon), more communication from CAMFT providing guidance to associates on their way to licensure.

**If you've been personally affected by COVID-19, please tell us more about your needs, and how SCV-CAMFT might be able to help you.**

### Comments:

Many members mentioned feeling isolated. Many members have seen their income drop due to lost jobs/SIP and feel they need help filling their caseload. Members seeing patients face-to-face feel worried about getting COVID-19 and some members mentioned feeling swamped with dealing with the fallout of the pandemic, including school and daycare closures. Members asked for SCV-CAMFT to provide resources, information, online trainings and ways to stay connected to each other.



## COVID-19 SUPPORT SURVEY RESULTS

If you can support our SCV-CAMFT community, please tell us how.

Choices	Response percent	Response count
I can donate equipment to work from home.	0%	0
I can answer questions about converting a practice to telehealth.	10.8%	11
I can be a resource to members who need ideas to increase their caseload.	2%	2
I can deliver groceries/medicines.	4.9%	5
I can foster/walk/feed a pet.	9.8%	10
I can donate PPE, or have connections who can to donate PPE.	1%	1
I have an extra place for safe quarantine.	1%	1
I can offer grief support.	17.6%	18
I'm able to do check-in calls.	30.4%	31
I can lead a support group.	13.7%	14
I'm not able to provide support at this time.	48%	49
Other (Please specify)	12.7%	13

### Comments:

We received lots of offers to make check-in calls, lead support groups, and answer questions about converting a practice to telehealth. One member offered pro-bono therapy and another member has access to 2 boxes of gloves to donate.

### Final Comments

Many words of thanks for SCV-CAMFT conducting this survey, and more offers to help where they can, when they have time. Generally, gratitude for the connection and community the chapter provides to them. Some members mentioned again the desire for short ongoing/weekly online gatherings. There are also comments regarding feeling the strain of this pandemic (paying rent, more training needed, isolation, grief, and uncertainty about when to return to the office).







## What Are Associates Experiencing in This Time of Coronavirus?

by Rowena Dodson, LMFT

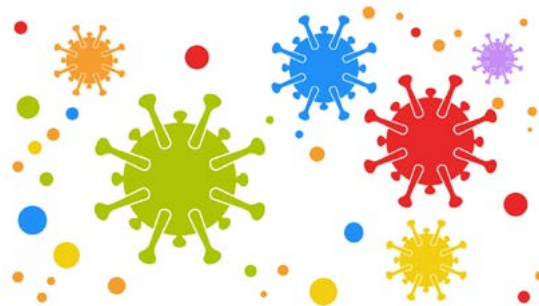
*Rowena Dodson has been a licensed therapist since 2016. She has a private practice in Mountain View and works as a per diem therapist at El Camino Hospital adult outpatient behavioral programs. Her emphasis has been on helping adult clients find their voice and their power to shape the lives they want. She can be reached at director-at-large@scv-camft.org*

Becoming licensed as an MFT in California, and especially in the Bay Area, was already burdensome under pre-COVID circumstances. There are not many options for paid internships in the Bay Area, which means years of working either multiple jobs (i.e. one's unpaid internship as well as a paid job), or being lucky to have someone else earning the living. Some associates go into debt to complete the process. Other frustrations have been the sheer number of 3000 hours; the byzantine rules for the correct number and type of hours required to meet the 3000 hour hurdle; and especially brutal has been the waiting time after submission of hours to the BBS (most recently it has been about 5.5 months, and as long as 9 months several years ago). This adds 6-8 months onto an already years long process before MFTs start to make a living wage. We must also recognize how many people this process keeps out of our field, reducing much needed diversity in our therapist pool.

Now with COVID and shelter-in-

place (SIP) restrictions in the state, an already strained system for licensing MFTs in California is buckling. This is impacting associates and their ability to do this vital work with often the most vulnerable and challenged clients.

For this article, I talked to seven associates and one newly-licensed



MFT between March 31 and April 14, 2020. The account of their experiences reflects the situation during the initial timeframe of shelter in place. We wanted to know how they were coping, what were their challenges, and where they were finding support? Some of what they reported then may have changed by the time you are reading this article. Most of the interviewees agreed to have their name used to speak on the record. [You may view their profiles here.](#) However, because of the sensitivity of some of the issues they opened up about and where they were on their licensure path, three of the participants chose not to be named or to have other identifying information included in this article.

In order to understand fully their challenges now, it is important to

keep in mind the backdrop to this current moment: 1) the unpaid or reduced fee work for years, 2) the most fragile and needy clients, 3) the painfully slow process of navigating the BBS process to licensure, and 4) the lack of official acknowledgement for the vital role associates play in providing mental health care to Californians.

There were many overlapping themes from the therapists' accounts of what was happening before and during SIP. These themes included financial impacts, issues with doing remote therapy, and frustrations with the BBS. They also discussed how these frightening times are affecting them even while they support their clients, and where they are finding support.

### FINANCIAL IMPACTS:

As discussed above, becoming a licensed MFT entails significant financial sacrifices. Several therapists mentioned the financial strain on their families throughout their education and internships. Compounding this now are SIP restrictions, causing postponed exams and difficulty getting the administrative work done to submit hours for approval. Delay in licensure finalization means delay in starting to earn a viable living. Additional financial impacts are rental for an office that cannot be used immediately and the inability to start a private practice because of SIP.

**[CONTINUE READING...](#)**



## SOCIAL DISTANCING IN THE THERAPY OFFICE

by Kent Campbell, LMFT

*Kent received his M.A. in Counseling Psychology from Santa Clara University in 2003. His clinical experience has included private practice, schools, and nonprofits. He completed the 2-year Palo Alto Psychoanalytic Psychotherapy Training Program in 2013, which involves working under the close supervision of senior analysts. In 2018 he founded [Family Matters Counseling Services](#), a center for therapists to work in a facilitated private practice setting to meet the varied needs of the community for counseling services. He can be reached at [kent-campbell@familymatters.expert](mailto:kent-campbell@familymatters.expert).*

**"ALL INDIVIDUALS LIVING IN THE COUNTY [ARE] TO SHELTER AT THEIR PLACE OF RESIDENCE EXCEPT THAT THEY MAY LEAVE TO PROVIDE OR RECEIVE CERTAIN ESSENTIAL SERVICES" Order of the Health Officer of Santa Clara County, March 16, 2020**

In February a creeping tidal wave of news announced that a novel coronavirus was sickening thousands and killing dozens globally. News stories from Asia about limiting travel and increasing fears bubbled up around us. In what seemed an adequate response at the time, my suitemates and I bought hand sanitizer and bleach wipes, and we talked about practicing good cleanliness in the office. By the middle of March, the stock market crashed, citizens were told to shelter in place, and none of my suitemates and I were using our offices at all; everyone had switched to meeting clients through telehealth. Just like that the global

economy, global public health, and our businesses radically changed. As a result, healthcare in our country may never return to the way we used to work.

I have been practicing psychotherapy in my suite since 2004. I remember being the first clinician to advocate for internet service to the office, not that many years after discussions about what kind of an ad to run in the Yellow Pages. While



the world has changed in many ways, much of our business operates in a tried and true fashion—two minds, two hearts sitting in a room together, talking, thinking and feeling our way through life, and practicing healthy relationship patterns. Theories and approaches shift with changes in the field, but the act of two humans (or more) making time to meet face to face defines how most of us have always done our work. I sit in my chair and my patient sits across on my couch—that's how this has always worked. For many of us, social distancing and public health requirements drastically changed all that.

As therapists, we hear about the way this disease and its consequences

have impacted our clients as well as our individual families and friends. For example, I work with several parents who are balancing varying degrees of home-schooling their children while being asked to work their same full-time tech jobs from home. Some clients are surprisingly thriving amidst the challenges. One man has seen his depressive symptoms fade as increased responsibilities to care for his children gave him reason to be proud of himself for the first time in years. An anxious woman who feared so many things now feels at ease as she cares for her family and enjoys the slower pace of life. Crisis can indeed be a mix of danger and opportunity. Surely many of you reading this article have your own stories of the tribulations and successes everyday life brings our neighbors and clients these days.

While the risk of exposure to COVID 19 is universal, the effects of sheltering in place and getting sick are not. Many in our community are fairly seamlessly able to work from home, maintaining their salaried income. Others were laid off or asked to take a reduction in pay, or see anticipated income slip away as business decreased. Some of our neighbors lost their ability to work entirely: not everyone can work remotely. Discussions grow about how this illness impacts some communities of color more than Caucasian ones.

**CONTINUE READING...**

## SOCIAL DISTANCING IN THE THERAPY OFFICE



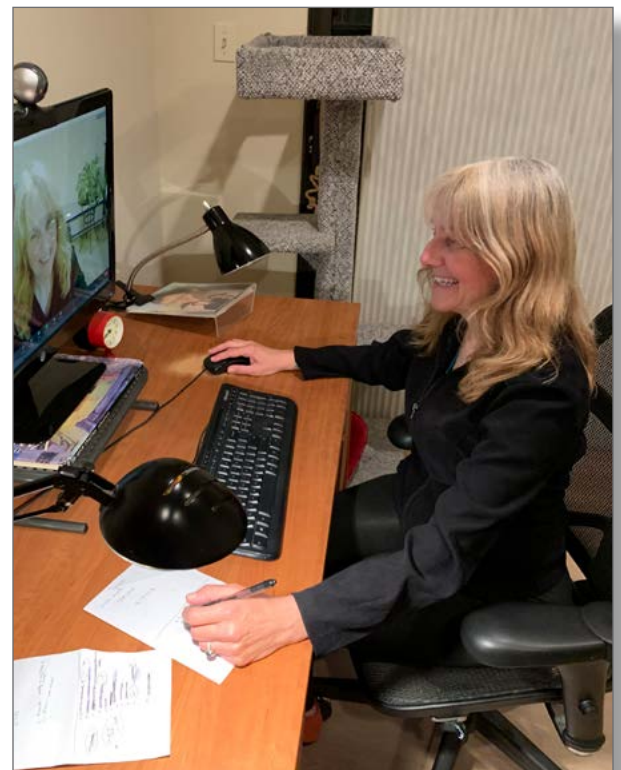
*Carla Turturici for Almaden Valley Counseling Service*



*Evelyn Lomio for Thrive Family Therapy*



*Staff Meeting for Family Tree Wellness: Jamie Van Zanen, Jessica Sorci, Emma, Dani Salzer, Rebecca Geshuri, Gina Campos, and Suzanne MacKenna*



*Edna Wallace: During the pandemic private practice and El Camino Hospital*





## COMMUNITY FOCUS: INTERVIEW WITH KATE BARTENHAGEN, LMFT

*Interviewed by Dominique Yarrity, LMFT*

*This month, we are shining the spotlight on Kate Bartenhagen, LMFT who has been an active member of our chapter since she was an associate. Kate has a diversified and rich practice where her focus is on working with adults. I wanted not only to introduce her work and her approach to therapy but also to explore briefly how she has transitioned her practice from in-person to remote access given shelter-in-place restrictions. In mid-April 2020 I interviewed Kate who was my individual supervisor at [Almaden Valley Counseling Service](#), a community mental health agency located in South San Jose.*

Dominique: Thank you for agreeing to be featured in the newsletter. When did you start practicing and where are you located?

Kate: Well, I was licensed in 2012 and since then, I have been part of the same group practice of like-minded therapists. My office is in a retreat-like setting in downtown Campbell: we want clients to feel safe and welcomed when they come into our lobby, which is warm and inviting. We have a large coffee table where we display a variety of inspirational books and cards and we have some relaxing music playing in the background.

D: What did you do before becoming a therapist or what made you decide to become a therapist?

K: Well, both are kind of tied in. Hmmm. So, one of the things that made me want to become a therapist is that, I think I was always a good listener, and I often got that feedback. People would say “you’re a good listener,” you know. And, I would take my friends’ confidences

and hold them close [pauses]. And the other thing is I was a teacher, originally. So, I got my undergraduate degree in teaching, English education secondary, and I found I couldn’t have the kind of influence on my students I wanted to have because, you’re in a classroom, you’re caught between the administration and the students. And, there’s just too many [of them] to give them individual undivided attention. So, I decided to move into counseling as, you know, a way to work with people on an individual level.

D: Awesome! And, what do you like most about this job?

K: [Sighs]. Ah! I love my clients. I mean I love people, you know. I think they have so much potential, and that most, if not all people, are simply trying to be loved. [They are] trying to have an experience of feeling loved; and sometimes we go about it in ways that aren’t very productive or helpful to ourselves or others. But, if we can see that as people’s underlying intention, then, we can help them [pauses], hopefully, learn to love themselves.

D: That’s beautifully said. Kate, what is the focus of your practice and what is your approach?

K: I specialize in the treatment of substance use disorders and co-occurring mental health issues such as bipolar disorder, depression, and anxiety. I see couples struggling with a variety of issues and often work with infidelity. For my work with clients dealing with addiction, I use a harm-reduction approach which is often misconstrued as excluding abstinence. Harm reduction includes abstinence as a possible goal. Clients come as they are and



*Kate Bartenhagen, LMFT*

I use motivational interviewing to identify goals and move towards a healthier lifestyle and relationship to substances.

D: I believe you also practice a mindfulness and somatic-based approach to therapy, is that right?

K: Yes, I use a Mindfulness Based Relapse Prevention (MBRP) approach to work with clients who seek therapy for substance use and process addictions. When I work somatically, I invite the client to drop into the present moment, notice sensations in the body, thoughts in the mind, and emotions that arise. Mindfulness/awareness allows clients to notice and accept themselves and their world as it is. From there, they can decide what actions to take rather than immediately reacting to an event or situation.

D: In addition to using MBRP

as a somatic practice, you are also certified in EMDR, correct? Have you been practicing EMDR remotely?

K: Yes, I am an EMDR therapist. I attended my training in Southern California through The Institute for Creative Mindfulness. I chose this training because it was developed specifically for the treatment of substance use disorders and mindfulness. However [pauses] although I know it is possible to practice EMDR remotely, I have not done so yet. I am consulting with Kambria Evans, LMFT this summer to become certified and learn more about EMDR with telehealth.

D: Your practice is varied. You are also a clinical supervisor; tell us about this side of your practice and the challenges of conducting supervision remotely.

K: Yes, I currently have 18 supervisees. I see them in triadic supervision and I also conduct group supervision. This is something I really enjoy; I am passionate about it, actually. I like teaching and find that it is a mutual learning. And in fact, after a lot of questions on both sides initially, meeting with my supervisees remotely is not too bad. It has become easier, probably because we already had a good personal connection, which continues via this new platform.

D: How challenging overall is the shelter in place for you and as a therapist?

K: [Chuckles] It is a challenge for me as an extrovert. And I see the same for my extroverted clients: during this lockdown they are going stir-crazy while the introverts seem to be doing better. Because my approach is somatic and reading all of the clients' non-verbal cues, telehealth presents a challenge. In the room, I feel a client's energy and mood more easily. This is a very different time: we, as therapists, are going through the same hurdles and challenges as our clients. We do not

have a blueprint for this, we have not acquired the wisdom by having gone through this before them. So, it is about naming what is happening and acknowledging that we are sharing the experience.

D: That's right, it's a pretty new



*Kate with her dog*

situation for this profession and many of us overall. Now, let's move on to some more personal questions. What are you reading right now?

K: I just finished a couple of books. One is *White Fragility*. It's an excellent book that speaks really to primarily white people who perceive that they're not racist and therefore are guarded about that. So it starts that dialogue of how can we acknowledge where we start from? And that we all have some level of bias.

D: What made you choose this book?

K: I think as social justice and racial issues are extremely important with the client population that we serve in the Bay Area, it's important to continue to educate ourselves.

D: Any other one you've read recently?

K: The other one was *Look me*

in the eye. It's about a guy who has Asperger's. He wrote it himself; his brother is also a writer who wrote *Running with scissors*, that I also read.

D: These are very interesting choices, and so different. What do you usually do for self-care?

K: Some sitting meditation but more mindfulness just in daily life; and nature is hugely comforting to me, so I like to hike [pauses], be outside, walk my dog [laughs].

D: Do you do short or long hikes? Where?

K: Well, you know in my life, we raised our kids hiking all the time, so we've hiked in various states... Rocky Mountains, Hawaii, Utah, all over California. Fairly long hikes. Shorter ones more recently [laughs].

D: What is the most important thing you want to pass on to your supervisees?

K: I think to learn to trust themselves is a really big piece, because often, when trainees or associates start out, there's a perception that there's a right way to do this, or there's one way to do this... so, it's finding their own voice within the context of a theory and [pauses] hmmm... Engaging themselves in the moment in the room with the client.

D: Would you share with us a quote or a saying that is dear to you?

K: Yes, well that's a quote that I use for myself and interns and maybe everybody. That is: In the beginner's mind there are many possibilities, in the expert's mind there are few.

D: That's a quote that you display in your office, right?

K: [Laughs] Yes!

D: And is there a person, a book, or a movie that was influential for you professionally and/or personally?

K: Yes, immediately, the book that comes to mind is *When things fall apart* by Pema Chödrön.

D: She's an amazing individual.

K: Yes, she is. I've seen her and I've studied with her. Yes, I was on a sitting retreat in Berkeley many years





Kate's office exterior



Kate's office lobby



Kate's office interior

back with her.

D: What is it like to be in the same space as Pema Chödrön?

K: She's a lot like Jack Kornfield, someone who is just really centered and present and calm and real... real, yeah. She's beautiful.

D: I have so many more questions to ask you but we are running out of space!

K: [laughs] These are fun questions.

D: Thank you Kate, for your time, and for telling us not only about your practice but also about you and what brought you to the world of psychotherapy.

K: Thank you!

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*Dominique Yarritu is a newly licensed marriage and family therapist who focuses her practice on adults and couples using a psychodynamic and Jungian approach. She is a doctoral candidate at Pacifica Graduate Institute in Depth Psychology with an emphasis in Somatic Studies and is currently training in somatic experiencing. She sees adults and couples in private practice at [Family Matters Counseling Services](#) and she can be reached at [dyarritu@familymatters.expert](mailto:dyarritu@familymatters.expert).*



## Congratulations Jyoti Nadhani, LMFT on Getting Licensed!

I am an Immigrant Tech-Entrepreneur-Turned Psychotherapist. I received an MBA and co-founded a software company in 2004, which was eventually acquired. I then received a Masters in Clinical Counseling. I find it rewarding to support my clients to overcome stress and pain and maintain healthy relationships to live happily. My clients appreciate my gentle and non-judgmental approach, my ability to

understand their struggle and pain, and my capacity to be present with them on a deep level.

My unique strengths as a therapist include: First-hand understanding of working in a fast-paced environment. My ability to help couples and families (including multigenerational families) overcome conflict and distance to become closer and more harmonious.

My philosophy is that all aspects of healing – emotional, physical, and spiritual – are needed to overcome struggles and have a better life. For this reason, I'm a certified yoga teacher and practitioner of

mindfulness meditation. These are two ancient practices that are known for calming the mind, reducing stress, and improving focus and concentration. I also have an interest in Nutritional Psychology which looks at the science of how nutrients affect mood and behavior. A healthy nutrition regime, combined with psychotherapy can do wonders for your mental health.





## Teens and Technology in the Age of COVID

by Alex Basche, LMFT

*Alex uses a strength-based approach to foster genuine self-acceptance and meaning-making. His philosophy centers around strengthening and harnessing connections between the body, emotions, thoughts, and behaviors to create healing and growth. Alex believes in treating the whole person, from improving self-care to school/career counseling to resourcing. While working for Two Chairs as a clinician, he leads a variety of workshops and training related to Technology Addiction, Anxiety, Behavior Modification and group curriculum development. Alex has helped create and lead programs treating technology addiction in teens across the Bay Area. He can be reached at [www.ResetFromTech.com](http://www.ResetFromTech.com)*

*The human spirit must prevail over technology. - Albert Einstein*

### Welcome to the Machine

Technology has become, for better and for worse, an integral part of our lives that often is taken for granted. Consider the smartphone, for example. This pocket-sized device contains a million times more computing power than the Apollo 11 supercomputer. Indeed, it is seemingly impossible to imagine a world without smartphones, let alone the internet, computers or social media. With 79% of Americans actively using at least one social media platform, we are more

connected with one another than in the history of humanity.

There are now multiple generations who have been born into this futuristic era. These digital natives have a seemingly innate ability to navigate a dizzying array of apps, gadgets, programs and other tech that many of us find perplexing (to say the least).



In his Spiderman comics, Stan Lee (1962) once wrote "With great power comes great responsibility." The modern adolescent is expected to balance after-school activities with homework, socialization, family time, and self-care; in addition to managing the overwhelming responsibility of their personal technology use. It is truly no wonder that:

- 1 in 3 adolescents will meet criteria for an anxiety disorder by age 18,
- 1 in 4 adolescents will have vaped nicotine within the past month by 12th grade,
- The rate of adolescents meeting criteria for Major Depressive Disorder increased by 52% between 2005 and 2017 (Coyne

et al., 2020).

COVID-19's resulting shelter in place ordinances have essentially created a perfect storm for technology abuse and addiction. With teens forced to stay home and spend their school day online, a diligent student may spend 5 to 8 hours per day in front of a screen for their studies alone. Including their fun screen time from gaming, social media, YouTube and TV streaming shows (Antos, 2020), they might spend a staggering 7 to 15 hours per day. This sedentary lifestyle, combined with a lack of in-person socialization, is indeed a disturbing pattern.

A process or behavioral addiction to technology often is considered within the context of digital gaming (as opposed to board or card games). As treatment providers, we can extrapolate many aspects of assessment and treatment to other related technology addictions, such as social media. For the purpose of simplicity, however, the remainder of this article will focus on gaming.

The longest study ever completed on adolescents and gaming addiction, published in May of this year, had foreboding results. Tracking 385 teens over 6 years, researchers found that 10% would develop technology addiction by the time they entered adulthood (Coyne et al., 2020).

**CONTINUE READING...**





## LUNCHEON REVIEW: FROM TEEN SEXTING TO REVENGE PORN - WE'RE MANDATED! OH MY!

by Elaine Brady, PhD, LMFT

If you knew that, since 2014, we have been mandated (via AB 1775) to report anyone who looks at child pornography, pat yourself on the back and join the informed few who attended the SCV-CAMFT luncheon on 28 February for my presentation.

However, if you are like the majority of therapists who attended and had no clue as to this mandated responsibility, I would like to share with you why it is important for you to know about it and give you some ideas on how to manage it within your practice.

At this point you may be tempted to stop reading this article, telling yourself that it does not apply to your work. After all, you do not even work with clients who look at pornography, much less child pornography! In fact, what my presentation tried to bring home to members and colleagues is that you very likely work with clients who access pornography but you are not aware of it. Particularly given that:

- Adult entertainment ranks 7th on the list of leading categories utilized online,
- Pornhub, one of the biggest providers of adult material, boasts of 92 million visitors a day,
- 30% of men and 3% of women are daily viewers of pornography,
- 13% of men admitted to a pornography addiction,
- Due to its addictive and habituation forming quality, viewers can be drawn into more shocking and illegal aspects of pornography—such as child

pornography—chasing the high they cannot get from regular pornography anymore.

Apart from child pornography, both therapists and divorce lawyers have reported a significant negative impact of the internet on marital relationships. One poll of lawyers actually broke this down into categories:

- Excessive time on the computer 47% of cases
- Excessive time in chat rooms, which tend to be highly sexualized 33% of cases
- Obsession with pornography sites 56% of cases
- New love met online 68% of cases

Tragically, children are also being swept away by this surge of online sludge, both as viewers and as victims:

- 90% of youth between the ages of 8 and 16 claim to have seen pornography,
- Children under 10 years of age now account for 22% of porn viewers under 18,
- Many children find their parents' favorite pornography websites and pictures,
- 1 in 10 of 12 to 13 year old users fear they may be addicted to pornography,
- Commonly used children's apps like Snapchat, Twitter, and Kik have been saturated with both pornography and pedophiles.

Even sexting among teenagers is



considered child pornography. Given that California has no laws regarding teen sexting, teen offenders can suffer significant repercussions socially, financially, and legally. Hence, if a young teen client mentions she sent a topless picture to her boyfriend, guess what: you are mandated to report her for the production and distribution of child pornography (AB 1775, 2014).

In addition to child pornography, I also covered various other forms of Cybersex Criminal Activities (CCA) (AB 1775, 2014) a client might become involved in, such as:

- Soliciting another person for sex with intent to pay for or sell prostitution,
- Meeting with a minor with sexual intent,
- Revenge porn: posting sexual images of someone without their permission,
- Sextortion: threatening to send sexual images to friends/family,
- Sexual cyberbullying: harassing and/or stalking someone.

Unfortunately, your clients are not likely to disclose their online

pornography habits, their casual or illegal sexting, or their own victimization. Given the personal nature of these activities and the threats accompanying most criminal behaviors (like solicitations of a minor or sextortion), you can expect them to remain stealth addicts and silent victims.

Therefore, as professional caregivers we are morally, ethically, and legally obligated to assess for and address *Problematic Cybersex Activities* (PCA). The first step in beginning this process is to overcome our own denial. Just as we finally recognized the impact of alcoholism on individuals and families thirty years ago and started assessing for it, we must make internet use and abuse assessment a normal part of our intake process.

Even a simple CAGE-like assessment (for alcohol addiction) can be useful in opening a conversation about internet use and possible problems. I have developed a model called PCOC, which addresses the core elements of addiction: Progressive, Compulsive, Obsessive, and Consequences. An example of your questions could be: **P**- Has your use increased over time? **C**- Have you tried to cut back or stop? **O**- Are you preoccupied with thoughts of being online or/and what you have seen? **C**- Have people complained about your use? Have you spent more money than you planned to? Have you gotten into trouble at work/school?

So, what happens if a teenager or an adult client does reveal some form of reportable activity as prescribed by AB 1775? Legally, you are mandated to report your discovery to CPS and/or the police. While failure to do so is only a misdemeanor, extenuating circumstances of a case may result in significant charges, fines, and loss of your license. (For more information

about AB 1775, refer to several resources cited at the end of this article).

Tragically, after my presentation in February, word of COVID-19 and the subsequent order to shelter in place occurred: we all became housebound. Since then, various sources have warned of a significant increase in mental health and substance abuse problems. I would like to add to that a probable increase in individuals becoming addicted to internet-related activities and a rapid progression of already existing problems. Therefore, I sincerely hope that all practitioners will begin to evaluate current and future clients for these underlying internet and pornography addiction problems.

Unfortunately, there are no local treatment facilities for internet-related addiction. As far as I know, there are only a few local therapists who have any training in this area. Of those, I believe I am the only one who also has training in sex-related internet issues. If any of you have such training please let me know so I can add you to my referral list. For further educational resources, please read the following:

- Additional assessment tools are available at: [netaddiction.com](http://netaddiction.com) and [recoveryzone.com](http://recoveryzone.com),
- Resources for addressing PCAs are available through: [netaddiction.com](http://netaddiction.com) and [zurinstitute.com/internet-addiction](http://zurinstitute.com/internet-addiction),
- If you are interested in learning more about AB 1775:

Child abuse and neglect reporting act: Sexual abuse, AB 1775. (2014). Retrieved from <https://leginfo.ca.gov/>

Weiss, R. (2015). Wake up California therapists! Protecting



client confidentiality per proposed California law AB 1775. (9 June 2015). PsychCentral. Retrieved from <http://blogs.psychcentral.com>

If you have concerns about AB 1775, it is currently in the California Supreme Court due to efforts to repeal it. Don Matthews, LMFT, of the Impulse Treatment Center in Walnut Creek, CA, has been fighting the bill for six years and has asked for financial support to continue his efforts. You can refer to his request for financial support page at: <https://www.gofundme.com/f/stopAB1775>.

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*Dr. Elaine Brady, has over thirty-five years of experience working in the addiction field and is a Certified Addiction Specialist as well as a Certified Sex Addiction Therapist. She has published a number of articles, taught at several local colleges, is a frequent presenter at professional conferences, has appeared on television, and has served as an expert witness on numerous court cases. In 2012, Dr. Brady opened Net Worth Recovery, an Internet Addiction treatment center in San Jose, and in 2015, she published her first book, "Forged in Fire," the survival story of a young girl growing up in an abusive home.*



# Noteworthy

Some things the editorial committee thought you might want to know.



Want to know how somatic therapy works online?  
Interested in a video with tools?

[Check out this video by SCV-CAMFT member Brandy Vanderheiden.](#)

[www.brandyvanderheiden.com](http://www.brandyvanderheiden.com)

[Brandy@brandyvanderheiden.com](mailto:Brandy@brandyvanderheiden.com)

1580 W El Camino Real, Ste 2

Mountain View, CA 94040



Insights into why your mood may be turning sour after so many weeks of shelter in place.

<https://forge.medium.com/why-youre-so-irritated-by-everything-ae8ead4ad63e>



A 4-week series of webinars offered by world-renowned couples therapist Esther Perel on how to deal with the challenges of lockdown. Beautiful accent, lots of tips and common sense, filled with humor, and resources.

[The Art of Us: Love, Loss, Loneliness, and a Pinch of Humor Under Lockdown.](#)



Maybe the only place to find quiet and privacy after all is... the toilet! A fun piece by Lori Gottlieb.

<https://www.nytimes.com/2020/04/30/opinion/psychotherapy-remote-covid.html>

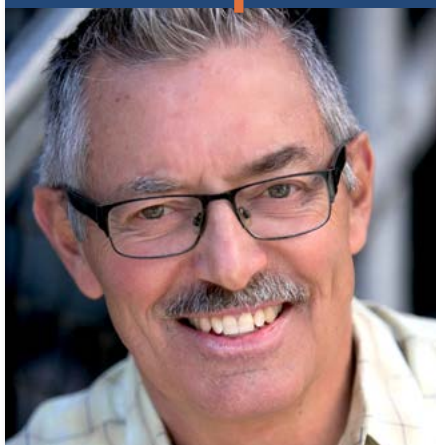


An article from Howard Scott Warshaw: Reflections on the challenges of living in a liminal space: adapting to this time of transition without knowing what the consequences will be.

<https://www.linkedin.com/pulse/quarantine-lifestyle-quest-ok-howard-scott-warshaw/>



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2 Month Ad - \$150

**Newsletter Ad**  
Quarter Page - \$150  
Half Page - \$250  
Full Page - \$400

**Email Blast**  
One Email - \$150

If you have questions you can contact the chapter coordinator at [mail@scv-camft.org](mailto:mail@scv-camft.org).

## Get Published!

Now is your chance to get published and share your thoughts with your fellow therapists. You all have a unique experience that could become an article, a movie or book review, or a review of an SCV-CAMFT event.

The editorial committee is available to discuss your ideas, offer article suggestions, answer questions, and provide support through the process. Write to [editor@scv-camft.org](mailto:editor@scv-camft.org) for more information. And look out for a Call for Papers to be posted in your email for the theme to be explored in the fall newsletter.



## CALENDAR OF EVENTS

### JUNE 20

20 Newly Licensed Support Group Guest Speaker! - *Running Your Private Business (FREE, ONLINE)*

### JULY

10 Newly Licensed Support Group - ONLINE

11 Pre-Licensed Support Group - ONLINE

18 Newly Licensed Support Group - ONLINE

### AUGUST

7 Pre-Licensed Support Group - ONLINE

8 Pre-Licensed Support Group - ONLINE

14 Newly Licensed Support Group - ONLINE

15 Newly Licensed Support Group - ONLINE

**ALL support groups will take place online through August 2020.**  
Each facilitator will decide when they are comfortable going back to in-person meetings.  
Check our website events page for the latest information.

### Newly Licensed Support Groups

are designed to meet the needs of those just licensed, and up to three years after licensure. You will find support and great ideas, and develop relationships with your peers. Be sure to take advantage of this valuable group and resource as you begin your journey as a licensed therapist.

## ONLINE! NEWLY LICENSED SUPPORT GROUPS

### Newly Licensed Support Group - North Region

This group typically meets the third Saturday of the month from 1PM - 3PM

Upcoming dates: June 20, July 18, August 15

Facilitator: Della Fernandes, LMFT

Location: ONLINE

RSVP and contact: [dellamft@gmail.com](mailto:dellamft@gmail.com)

### Newly Licensed Support Group - South Region

This group meets the second Friday of the month from 11AM - 1PM

Upcoming dates: July 10, August 14

Facilitator: Barbara Pannoni, LMFT

Location: ONLINE

RSVP and contact: [jungmuse@gmail.com](mailto:jungmuse@gmail.com) or 408-373-8611

## ONLINE! PRE-LICENSED SUPPORT GROUPS

### Pre-Licensed Support Group - North Region

This group typically meets the first Saturday of the month from 11AM - 1PM

Upcoming July 11, August 1

Facilitator: Jim Arjani, LMFT

Location: ONLINE

RSVP and contact: [jimarjani@yahoo.com](mailto:jimarjani@yahoo.com), 650-540-0102

### Pre-Licensed Support Group - South Region

This group typically meets the first Friday of the month from 11AM - 1PM

Upcoming dates: no mtg in July, August 7

Facilitator: Junko Yamauchi, LMFT

Location: ONLINE

RSVP and contact: [junkoyamauchilmft@gmail.com](mailto:junkoyamauchilmft@gmail.com), voice mail 408-647-6814

### Pre-Licensed Support Groups

are designed to support interns. These groups will help you find encouragement and advice from those who have already walked in your shoes on the road to licensure. Be sure to take advantage of this valuable group and resource as you begin your journey towards becoming a licensed therapist.

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