

Dear Head of CAMFT Government Affairs, Catherine Atkins and CAMFT Associates,

I am writing about the BBS Committee Meeting scheduled for this Friday, June 3 at the Department of Consumer Affairs Lou Galiano Hearing Room, 1625 N. Market Blvd. #S-102 in Sacramento. I hope to be there via Webcast if I'm able to get time away from work. I spoke to a representative from CAMFT by phone who communicated that CAMFT representatives would be attending the meeting and would speak on behalf of CAMFT trainee members in relation to the following discussion topic:

VII. Discussion and Possible Recommendation Regarding Telehealth Clarifications for Trainee Practicum (Business and Professions Code §§4980.36, 4980.37, 4980.78, 4999.32, 4999.33, and 4999.62)

I am an MFT/PCC master's graduate student in practicum at the John F. Kennedy School of Psychology at National University. I have been attending school while working nearly full time for the past five years. It is my and my supervisors' understanding that BBS is in discussion regarding the possibility of removing the option of telehealth for our clients if they are to receive therapy from counselor trainees. I am writing here on behalf of my clients and on behalf of trainees whose health may be compromised by a decision to remove telehealth from our therapy environment.

The most important issue of concern is providing therapy to clients seeking counseling who may not be able to do so in person. More than half of my clients have indicated that they would be unable to receive therapy if telehealth were not offered. The concerns are numerous, but the one that struck me as the most concerning is the fact that we are dealing with an issue that is not something we are used to handling: long COVID. As you are likely aware, long COVID has caused many to experience debilitating fatigue, muscle pain, low blood pressure, coughing, and most especially, anxiety, depression, neurological issues as well as a multitude of other symptoms, often for months or even years. I work at three college campuses in the Bay Area. Long COVID is everywhere and is a factor that we will need to work with more and more in the coming months and perhaps years as those who are suffering are seeking counseling support in addition to or directly related to long COVID symptoms. Creating an environment that allows for those who are physically not able to or who would prefer not to travel to receive therapy is imperative.

In addition to long COVID, others have quarantined due to having COVID, have been exposed to those who have COVID, or are rehabilitating from COVID and would like to continue to receive therapy while in isolation. Some clients are also trying to protect grandparents or children who are immunocompromised and are opting to receive telehealth to cut down their exposure to the virus by limiting face-to-face interactions as much as possible. For some, telehealth is the only means for receiving therapy. In situations where people have used teletherapy, it seems to be very effective, and it should be available when there are no alternatives so that these people should not be deprived of therapy. Part of the goal of providing therapy to those who need it is that we need to be creative in offering alternative means of therapy if available, when possible.

I have received many other concerns from clients about their need for telehealth, including issues with commuting to therapy while also managing school, work and family schedules. Some have commented that the time it would take to travel to therapy sessions would either be prohibitive, impossible, or would result in missed appointments. One primary concern has also recently been the financial strain regarding gas prices and the need to limit commuting by car. Some clients don't have access to public transportation or do not want to expose themselves to COVID by taking public transportation. Most explicitly, limiting the option of telehealth therapy will simply eliminate therapy for certain groups of people who may be experiencing financial or health strains or cause more stress for those who are seeking help, most often for the stress they are already experiencing in their lives.

Another concern of clients and trainee therapists is the requirement to wear masks in therapy and the inability to see our full faces while providing or receiving therapy in person. While the masks are hugely important for protection and should not be eliminated, the option to see full faces via video should be an option available to clients if they prefer it. My own therapist closed her in-person therapy for the time being since most of her clients preferred to see unmasked faces in video rather than receive therapy in masks in person.

Lastly, I would like to make a case on behalf of the health of counselor trainees who are providing therapy to clients throughout this pandemic. When the pandemic first started, BBS considered 100% of all clients' and trainees' health into the equation, providing an alternate means of therapy via telehealth. We are now at a different point in this pandemic, but it is not over, especially for those of us who are suffering from chronic illnesses who must not take chances with our health. I am one of those people.

While I would like to keep the specifics about what happened to me and my health private, I have been directed by my two physicians to remain remote for work and school, including my practicum. There is simply no way around this for me. If I get COVID, the chance of getting permanent debilitating symptoms, or worse, is nearly guaranteed, despite taking precautions, masking, vaccinations, and other protective measures. Telehealth is the only option that eliminates the chance of becoming disabled. I have completed a little more than half of my MFT/PCC practicum hours for my degree via telehealth. My health concerns have caused a slowdown in the number of hours I can complete in a day and has resulted in practicum taking longer, so I am continuing for a second year this fall. I started my practicum in October 2021 with accommodations to complete my practicum through telehealth, I have paid for these practicum units, and hope to complete my hours by summer 2023 with the same assurances as were made via my accommodations through my school as when I started my clinical practicum work with clients in fall 2021.

As 100% of trainees', associates' and clients' health has been protected at the beginning and for most of this pandemic, I ask that BBS not discriminate against those of us who still have medically verified health issues that contribute to the need for the continuation of this protection to continue. At the very least, I urge BBS to implement accommodation requests for those of us who simply cannot provide face-to-face therapy at this time, while we wait for medical research to result in medical interventions that might help us in the future to go back to in person interactions with clients, if the client prefers. As it is, I have had a third of my clients call the day

or a couple days after seeing me for therapy via telehealth letting me know that they had COVID. If telehealth is not available for me and for my clients, I will simply not receive my MFT/PCC degree after five years of education in holistic psychology and expressive arts therapy, an incalculable amount of debt, and many years of requesting flexibility from my work at UC Berkeley for allowing me to adjust my work schedule to accommodate my school schedule. While I would never regret the education I have received, nor is there much I would not do to pursue my goal of becoming an MFT, my health is worth more than my degree or my future career. There is no doubt about this. It would be unfortunate to need to choose between my health and my availability to provide therapy for clients, now or in the future as an MFT.

In order to allow access to therapy for those clients who would not be able to receive therapy in person, whether that is due to health concerns for themselves or family members or due to financial strain or difficulty commuting to therapy, and to provide those clients with trainee therapists who may also have legitimate reasons for needing to provide therapy via telehealth, I and many trainees ask that BBS consider our concerns, both for ourselves and for our clients, so that trainees are able to provide therapy and clients are able to receive it as is vastly needed at this time.

Thank you for considering our request.

Sincerely,



Monique Verrier  
MFT/PCC Trainee  
John F. Kennedy School of Psychology  
National University