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Practitioner Profile Interview: Elizabeth Sterbenz

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PRACTITIONER PROFILE

An Interview with Elizabeth Sterbenz

Elizabeth Sterbenz, M.A., LMFT, received her M.A. in Clinical Psychology from Antioch University. She now has a private practice in Los Angeles working with individuals and couples struggling with trauma and anxiety, among other mental health concerns. Trained in evidence-based treatments for trauma including EMDR, cognitive processing therapy, and prolonged exposure, Elizabeth helps clients using a solution-focused therapy approach as well as drawing from elements of existential, psychodynamic, and cognitive behavior therapy. Her practice includes a specialization in working with clients to explore their relationship with money and finances as she is trained in and holds a graduate certificate from Kansas State University in Financial Therapy. She volunteers for her local CAMFT chapter as the speaker chairperson, and serves on the Social Media and Marketing Committee for the Financial Therapy Association.

Q. Define what you do professionally.

A. I am a licensed marriage and family therapist in Los Angeles working with clients who are navigating anxiety, relationship issues, life transitions and other mental health issues that are causing them distress. Many of my clients have a history of trauma, and I've done specialized training to assist in that area – techniques and protocols like EMDR (Eye Movement Desensitization and Reprocessing) and cognitive processing therapy for PTSD. I tend to work mainly with individuals, though I'm happy when a couple or family comes in! I'm also licensed in Missouri and can take on teletherapy clients in that state as well as throughout California. I'm hoping to be licensed in Illinois in 2021.

Q. What activities encompass your professional responsibilities?

A. I see my clients weekly (with the occasional bi-weekly client) to work on their



goals which they identified in their first contact and initial session with me. Depending on what is bringing them to therapy, and the assessments and intake interview, I may make suggestions on areas of focus or ways to address their concerns. We collaborate on where to start, and then we're off. As our work continues, new goals may come up, and we continue as long as therapy is still increasing their sense of well-being.

Q. How long have you been engaged in your professional activity?

A. I've been seeing clients since 2014, and I've been licensed and in private practice since 2018.

Q. What led you to your professional calling?

A. Let's see – getting to this place was a bit of a journey. I minored in psychology during my undergraduate years; I was a journalism and communications student, but I was so intrigued by my electives in psychology that I kept adding them until suddenly I had a minor. I continued on with my original plan of television and music, moving to NYC and working at MTV in the 90s (the best time!) producing live and special event programming. After becoming freelance and moving to Los Angeles, I continued my work in TV. One of the things I loved about that career was getting to interview and learn about all different people, hearing their stories, with successes and challenges, joys and loss – everything that happens in a life. Around 2010, as I was thinking about my future, and where I saw myself in two, three, four decades, I decided that standing on a set for 15 hours a day, or sitting in an edit room at 2AM didn't have as much appeal as it did when I was a 25-year-old (though, I must admit – when I'm actually standing on the set, or sitting in the edit room, it is just as thrilling as it was 25+ years ago). Thinking about all my interests, and how I wanted to spend the next stage(s) of my life, I decided to go back to grad school for clinical psychology and get my LMFT so that I could keep talking to people and hearing their stories – and this time, with some professional expertise to help them!

Q. How are you paid? Does your fee schedule change dependent on what services you offer?

A. I have a standard fee for a 50-minute session, with a pro-rated schedule for longer work. For instance, the cognitive processing protocol requires 60-minute sessions, so that fee would be adjusted for those sessions. I also have some sliding scale spots on my schedule, so I can provide therapy to people in different financial situations. I'm not on insurance panels, but if my clients are able to go out of network, I can provide superbills that may allow for reimbursement as long as there is a diagnosable reason for them to attend therapy.

Q. What theoretical framework guides your work when dealing with clients?

A. I'm fairly eclectic. One of my favorite professors used to say (paraphrasing) "I've never met a theory I didn't like!" and I understand what he means – so many theories have really

interesting takes on the human condition, and if something seems like the best fit for a particular client, I will use it. That said, I consider myself solution-focused, with attachment theory and object relations to understand past influences on the present, and to bring in some psychodynamic principles. I also think family systems theory is really important, especially with couples but also with individuals to understand how their relationships are working. Of the systems theories, I'm probably most Bowenian/Multigenerational and I love using genograms with clients. I use both narrative therapy and cognitive behavioral therapy interventions as appropriate with clients, and all of this is seen through an existential filter.

Q. Do you work alone or do you have a team?

A. I work alone in private practice, though I do sometimes work with other therapists when I am providing a unique service to their client such as EMDR or financial therapy.

Q. What needs to happen so that 10 years from now we can say that financial therapy is a respected field of study?

A. I think the biggest thing is research and publication - creating a body of work that shows just how important financial health is to mental health and vice versa.

Q. What benefits can the Financial Therapy Association provide to others doing work that is similar to your professional activities?

A. I came across the FTA a little over four years ago, when a financial writer acquaintance introduced me to financial therapy. Just those words "financial therapy" struck a chord with me, as I have seen many clients come in with financial struggles, in all different ways, as part of their presenting problems. I didn't get much (if any) training in working with these issues, beyond what is called "psychosocial factors" in assessing client functioning. So, as a clinician you might note the client's socio-economic issues/standing, but it wasn't necessarily presented as an area to focus on. I kept seeing finances come up with my clients, especially those with trauma histories or with couples work, and I didn't feel like I had the tools to address these issues head on. Once I found the FTA - followed by the financial therapy program at Kansas State - I learned ways to work specifically on these areas with my clients, and I met other professionals doing similar work.

Q. What ethical considerations do you think financial therapists should consider when working with clients?

A. Ethical considerations are a constant within client work, and I'm particularly aware of avoiding dual relationships. For me, as a mental health clinician, I don't give financial advice or financial guidance. My scope of practice is relationships, and I use financial therapy to explore my clients' relationships with money and finances, or to look at how their other relationships are affecting their financial situation, or variations of those ideas - but for me, ethically - the work around relationships (whomever or whatever that relationship is) is my guiding principle. I've increased my scope of competence to work with financial issues by

getting the graduate certificate in financial therapy, and from my ongoing consultation with other financial therapists within FTA. My feeling is that other financial therapists should have a healthy understanding of their scope of practice and scope of competence, and use those as their guideposts in client work.

Q. How do you think practitioners from your home discipline of mental health should use financial therapy?

A. I can't speak for other mental health practitioners, but the way I see it is that financial therapy is another tool in my toolbox to help clients find balance and stability in their lives. I have found that since taking the financial therapy coursework, instead of becoming aware of financial issues slowly during my work with clients, I am now noticing financial topics during initial assessments. When I first began using EMDR with clients, my new understanding allowed me to start identifying potential trauma target memories in the initial intake. Similarly, now that I have specialized training in financial therapy, I hear my clients' money stories very clearly in our first conversations, and I'm able to offer interventions and tools to work with these issues.

Q. How do you think practitioners from a different home discipline should use financial therapy?

A. For practitioners coming from a different home discipline, such as the financial profession, I think financial therapy can be useful in many ways. If the work is primarily financial, an understanding of financial therapy can increase empathy and understanding for a client's roadblocks, as well as allow for meaningful referrals to appropriate mental health practitioners. For financial professionals providing financial therapy, I think the hands-on financial work they can do with clients is deepened with their understanding of psychological dynamics and the family systems that might be affecting their client's choices.

Q. If others are interested in finding out more about you personally and professionally, where can they obtain this information?

A. My website is elizabethsterbenz.com, and I can be contacted through there via email or phone.