



AND HOW DOES THAT MAKE YOU FEEL?

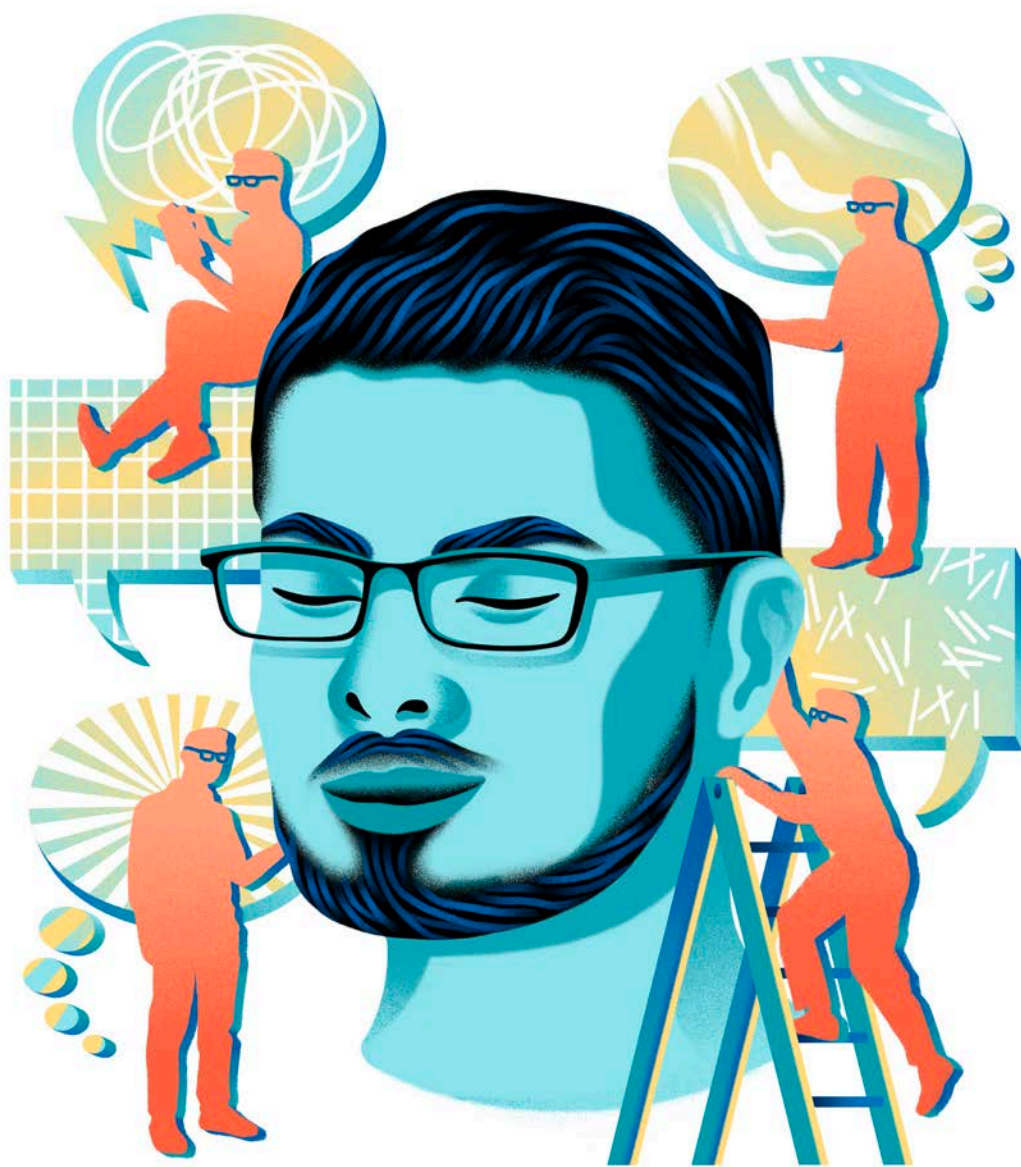
There has long been a lack of diversity among therapists, creating an unhealthy cycle where many people can't find the help they need. What are we doing to disrupt that?

BY LAUREN LOFTUS & TATIANA SANCHEZ '10
ILLUSTRATIONS BY ALLISON VU

MIKE VALDEZ M.A. '25 didn't need therapy. Why would he? He'd already achieved what America expects of its immigrants. Brought to New York City from the Dominican Republic as a young boy, Valdez was the first in his family to graduate college—from NYU, no less. After graduation, he landed jobs in tech, which eventually prompted a move to Silicon Valley, where he worked at behemoths like Google, YouTube, and Facebook. Sure, he felt lonely and isolated among the predominantly white tech industry. Sure, he was far from the Dominican community he'd come from in New York. But, no, he wouldn't say he was "depressed." That wasn't in the vocabulary he absorbed growing up.

The only way he could describe it was "disconnected." So when he learned Google was offering 10 free counseling sessions through its Employee Assistance Program, Valdez figured it couldn't hurt to try a little talk therapy. "It was the first time I had considered going to see a therapist. It's something most people around me never talked about," he says. "Even more specifically, my family, who are religious—they put a lot of emphasis around healing on God, resiliency, and being positive. Talking about those feelings, especially with someone outside of the family, was unheard of."

But talk to a stranger he did. And he's upfront now, nearly a decade later, about therapy's positive impacts on his life. It helped him work through unhealthy relationship patterns and feelings of imposter syndrome. He also, for the first time, named the mental health struggles that come from being bicultural in the U.S. Things he faced especially in tech, but that many people of color can relate to: microaggressions, being the only person of color in the room, barriers to resources, etc.



Through therapy, Valdez also realized he felt unfulfilled on a professional level, that his career in tech didn't feel connected to his strengths and values. "The money was there, the titles were there, and all these 'things' that signify 'success' in American culture," he says. "I had reached a level of success and stability that my family only dreamed of, yet here I was feeling empty inside." He wanted to help people—especially people like him who face untold hurdles that come with being a person of color in Silicon Valley. So he decided to go back to school and do the thing that had helped him all those years ago. In late 2021, he enrolled part time in the Master of Arts in Counseling Psychology program at Santa Clara University. "Choosing to become a therapist felt like the first authentic decision I ever made for myself," he says.

When he graduates and begins work as a therapist in and around Silicon Valley, Valdez will be a bit of a rarity: male, Latino, Spanish speaker. San Jose has one of the highest Hispanic populations among U.S. cities—about a third of its households self-identify as Hispanic. In Santa Clara County, about 19 percent of households speak Spanish. And yet there's a serious lack of therapists skilled at working with this particular community.

That means many people living in one of the wealthiest

and most diverse corners of the country cannot find a therapist who literally speaks their language—much less understands their cultural background.

That lack of representation isn't just a local problem. According to the Bureau of Labor Statistics, the mental health counseling field remains overwhelmingly white—in the 2020 BLS report on labor force ethnicity and race, 87.5 percent of "mental health counselors" were white. That's on par with the American Psychological Association's 2019 assessment that 83 percent of psychologists are white.

This is not a surprise; there is no exposé to be had on an institution or industry that's always looked a certain way. And yet, as stigma around mental health disorders fades and Americans become more open about their own need for mental health care, the concurrent conversation becomes, how do we diversify the mental health field so that care reaches everyone?

"Wanting to support the Latino community is a big driving point for me in all of this. I know how much of a gap there is, I know how much of a stigma there is," around getting mental health help in Latinx culture, Valdez says. After becoming a dad a year ago, Valdez says he's even more motivated to reframe such narratives. "Instead of just trying to succeed as an American, how can I succeed as a Latino American? And how can I

pass down what that means to my Latino American son?"

Valdez is expanding his knowledge base by pursuing the Latinx counseling emphasis, one of four offered by SCU's counseling psychology program; LGBTQ counseling, health psychology, and correctional psychology are the other three specializations. An emphasis functions like a minor, with courses counting toward the 90 units a student must complete before obtaining licensure and becoming a professional counselor. Though no organization tracks how many U.S.-based counseling master's programs offer similar specializations, based on anecdotal evidence from faculty and students, it seems Santa Clara's emphases are a bit of a rarity. In getting an emphasis, a student gets a more in-depth understanding of a particular population's mental health needs, as well as the barriers they face in accessing help, better preparing the student to work within that community after graduation.

As for his family back in New York, Valdez says they're supportive albeit confused. "They're like 'Why are you leaving your job at all these great tech companies to become a therapist?'" But for perhaps the first time in his life, he knows he can navigate this, that he's actually not letting them down on the unspoken contract they'd forged by moving to the U.S. so that he could have a brighter

future. "I feel very assured in myself and know this is the right thing, while maintaining a healthy balance and boundaries with them about it." Balance and boundaries? He sounds like a therapist already.

THERAPY SO WHITE

In Vietnamese, there's no word for depression. "In my family, we don't talk a lot about our feelings, like at all. Zero. There are no words," says **Phyli Nguyen M.A. '24**. "We usually compare our feelings to the weather: 'Today I feel like the rain.'"

How, then, could her parents—refugees who fled the Vietnam War—possibly unpack the trauma of fleeing their home, let alone the tiny heartbreaks that puncture everyday life, with a therapist? And probably a white one trained only in Western modalities from a Eurocentric perspective to boot.

Nguyen hopes to help people like her parents find the words. San Jose has the largest number of Vietnamese residents of any one U.S. city—about 180,000 people or 10 percent of its total population. "I'm hoping to work with the local Vietnamese population," she says. "I want to get in touch with my roots and feel a sense of community as a Vietnamese American woman." It will be a lot of work, Nguyen acknowledges, and she's only one person; out of the 454 students in Santa Clara's counseling psychology program, Nguyen says she knows of only four students who identify as Vietnamese.

There are any number of reasons traditionally marginalized groups have not sought out mental health support and why those same people have not become counselors themselves. Kelley Haynes-Mendez, the director of the American Psychological Association's ethnicity, race, and cultural affairs portfolio, points to an October 2021 resolution from the APA apologizing for its role in contributing to and perpetuating systemic inequities by failing to address and challenge racism and discrimination within the field.

The resolution acknowledges the "field of psychology has not historically supported research on communities of color by not adequately reporting and including them, minimally reporting them as a demographic data point, and/or interpreting results based on Eurocentric research standards, thereby perpetuating invisibility and resulting in a lack of quality research that can inform practices and policies that impact communities of color." How can one be counseled and treated when industry leaders and widely accepted best practices or research exclude them?

Meanwhile, students hoping to become mental health professionals face barriers to entering and completing the necessary education requirements. Think: coursework and textbooks that omit diverse perspectives, staggering tuition costs, entrance exam tests, and more. And many master's-level programs may have yet to incorporate newer research on the impacts of multigenerational trauma, implicit bias, and health disparities among marginalized groups. Offering "a curriculum that shows the diversity of the human experience across ethnicities and cultures is key," Haynes-Mendez says. "Many describe this as a decolonization of the psychology curriculum, which involves restructuring curriculum in ways that promote viewpoints from other groups and cultures."

Of course, such restructuring is contingent on faculty and university administrators accepting that change is necessary, a pill Frederic Bemak says many have a hard

time swallowing. Bemak, a professor emeritus in the Counseling and Development Program at George Mason University who founded the Diversity Research and Access Center there, says for years and years "the counseling profession was predominantly white and there wasn't a consideration of other cultures, ethnicities, sexual orientations. ... People, quite frankly, didn't care." When the topic of diversity came up—including incorporating multiculturalism into therapy—"the response was always, 'Why is that important?'"

For so long, counselors were taught to treat people the same. That addressing anxiety or depression or whatever else ails you mentally looks the same no matter what you look like. Even within the last few years, with diversity, equity, and inclusion initiatives buzzing around college campuses, Bemak says there are still faculty who cannot or will not see a problem. "They say, 'counseling is counseling is counseling,'" he says. "People are people are people."

Ah yes, the "I don't see color; we are all the same" fallacy played out in the therapy profession. It misses that the human experience is influenced by where we come from, who we are, and how society responds to what we look like and how we learn to react.

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In a quick history lesson, Bemak mentions Stanley Sue, a clinical psychologist and pioneer in multicultural counseling research who conducted a study on mental health treatment disparities among different ethnic groups in the 1970s. Analyzing 14,000 clients at 17 community mental health agencies in a single county in Washington state, Sue found that about half of "ethnic minority clients" dropped out of treatment after the initial session. Those who stayed scheduled fewer total sessions than white clients. Sue made policy recommendations to develop ethnicity-specific mental health service centers, recruit more diverse therapists, and better train all therapists to be multiculturally competent. Many of these recommendations became the basis for the training of graduate students today.

WHAT DOES A CULTURALLY COMPETENT THERAPIST LOOK LIKE?

Think of it like learning a new language. No matter how great you get at speaking Italian, it'll never be your native tongue. There will always be something new to learn, some new slang or tone or inflection or nuance of emphasis. "Multicultural fluency," as SCU associate professor of counseling psychology **Sherry Wang** explains, is like that. "It's really more of a process as opposed to [the idea that] if you take a class in multicultural counseling then you will know how to work with everybody," she says. "Multi-

cultural counseling is not just learning how to work with African Americans, how to work with Asian Americans, the LGBTQ+ community, or people with disabilities.” Being multiculturally fluent means you are constantly learning because there will always be aspects to the language and culture to discover, including your own.

Competency, then, might be a bit of a misnomer in that it indicates a binary: Either a therapist is competent or they’re not. Instead, the language is starting to shift toward “cultural humility.” Counselors need to acknowledge what they don’t know and be willing to do the research instead of relying on the client to do the labor and teach the counselor. Cultural humility is more than content knowledge—it’s an interpersonal way of being with the client.

Cultural competency standards were approved by the Association for Multicultural Counseling and Development in 1991 and adopted by what’s now the American Counseling Association. Such standards include appropriate attitudes and beliefs of counselors themselves—“culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity, and culture”—and culturally responsive intervention strategies—“culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.” Since 2002, the American Psychological Association has periodically updated its multicultural guidelines as our understanding evolves of the roles diversity and multiculturalism play in how individuals and groups define themselves. The most recent report was released in 2017.

Still, Wang says the field of counseling (which includes marriage and family therapists, licensed clinical counselors, addiction treatment counselors, school counselors,

etc.) is more primed to integrate these concepts of diversity and inclusion versus, say, clinical psychology. “As counseling psychologists, we focus beyond pathology and deficiency to include wellness,” she says.

Think of counselors as working with the client to deploy various therapeutic techniques to cope with mental strain while psychologists evaluate and treat various disorders through psychoanalysis; both work toward sound mental health, they just get there in different ways. A counselor, for example, might focus on improving quality of life, providing healing spaces to address racial trauma, and offers prevention services so that clinical work is more than diagnosing severe mental illness.

In her class, Wang is “very explicit” in naming “all the isms” and having students face their own biases head on. “Especially in this country with race being such a salient identity, we must tackle issues of white supremacy. Also patriarchy and heterosexism, etc.,” she says. At the end of the quarter, neither she nor her students are under any illusions that they’ll have all the solutions, “but we will be able to engage in critical thinking about how privilege and power and oppression play out in all of our professional and personal lives.”

For students who opt not to take one of Santa Clara’s emphases, all that’s required is a single multicultural counseling course—as is standard for all accredited counseling master’s programs. It’s nowhere near enough, say students and faculty.

For example, says **Janet Sims M.A. ’06**, a therapist who specializes in LGBTQ+ issues who was appointed coordinator of SCU’s LGBTQ+ emphasis in 2021, “Just about every therapist I know has had clients come to them who are questioning either their sexual or gender identity.” But many aren’t qualified to probe those questions. “We all need the training necessary to be the best therapist we can with our clients, and if we are not the right fit due to our training and experience, we refer out to therapists who do have expertise in this field.”

So how do counseling education programs everywhere grapple with how to better teach the concepts of diversity, equity, and inclusion to make future therapy a more welcoming place? They might consider starting with the teachers.

Students want to see themselves reflected in the classrooms they sit in and the textbooks they read, says **Taneisha Cartwright ’18 M.A. ’23**. Otherwise, they’ll continue to hesitate to pay for graduate school. The lack of faculty and curriculum diversity makes it difficult for students to gain the skills they need to work in underrepresented communities, creating an unhealthy cycle.

“You’ve got to hire more people who look like the people you want to have in the program,” she says. In an ideal world, Cartwright says, multiculturalism would be folded into every class. Diversity issues would be discussed openly. And it wouldn’t be up to her, often the only Black woman in the classroom, to bring them up.

At Santa Clara, she says, she was the only Black person in all four of the classes that she took last fall. There is no African American emphasis, so Cartwright enrolled in the correctional psychology emphasis because she figured it would be the best avenue to learn about Black trauma since Black people are far more likely to be imprisoned than other people in the United States.

“It was the closest thing I could get to learning about Black people and why they do the things that they do,”

says Cartwright. “We talk about the jail system, about single parents, about drugs, we talk about all the things that lead people to jail. Because 70 percent of the population in jails are filled with Black men, I felt like that was the only way that I was going to be able to get some type of insight on how to help.”

And she knows how hard it is to get that help. A single mom and former hairstylist, Cartwright enrolled in the program after struggling to find a Black female therapist during the beginning of the pandemic. In all of California, only five Black female therapists were covered by her insurance, and of those, several were impossible to reach. It was vital for Cartwright to connect with someone who could understand what it was like to move through the world in a body like hers, and Cartwright had a hell of a time finding someone who “got it.”

WHAT’S IN AN EMPHASIS

When Professor **Lucila Ramos-Sanchez** joined Santa Clara’s School of Education and Counseling Psychology in 2000, she had a new, critical challenge before her. She was to establish a counseling emphasis focused on better understanding and treating people from Latinx cultures and backgrounds. It was the school’s first emphasis to include coursework on building cultural competence toward a specific population.

To build the emphasis, Ramos-Sanchez looked to universities that had similar programs in place at the time, starting with Our Lady of the Lake University in San Antonio, Texas, which to her knowledge started the first Latinx counseling specialization in the U.S., though it’s no longer offered there. She sat in on classes and interviewed faculty for tips on building the necessary courses and implementing the curriculum. It was important to Ramos-Sanchez that one of the courses be taught completely in Spanish to strengthen students’ bilingual skills and thus address a barrier that often prevents many in the Latinx community from seeking therapy.

“I saw that within two or three years of offering the Latinx emphasis, we had greater diversity within the student body,” says Ramos-Sanchez. ECP graduated its first Latinx candidate in spring 2005, compared with 13 last spring.

In addition to addressing how bias and discrimination may affect Latinx people, the four-course emphasis focuses on building students’ Spanish skills, treating the clinical needs of Latinx people as individuals—versus assuming Latinos are a homogenous group—and analyzing the impact that political and social factors, such as immigration, can have on a person’s mental health.

“One of the first things I have them do is look at what the population or community [they’ll be serving] looks like, because sometimes it may align with the research they’ve read and sometimes it may be different,” she says. The Latinx population is “going to look different in East San Jose, Oakland, L.A. or anywhere you go in the U.S.”

Today, the University’s four counseling psychology emphases remain a way for students to dive deeper into treating and understanding people from underrepresented communities. Of the 454 students active in the counseling psychology program, 368 students—about 81 percent—have declared an emphasis.

HELPING OTHERS, HELPING OURSELVES

Sims, who coordinates the LGBTQ+ emphasis, says she chose to work specifically with LGBTQ+ clients because

she wanted to give back to her community as a therapist. Cartwright began studying when she realized how few Black therapists there were. Nguyen dreams of giving people like her parents and their kids a vocabulary to address years of trauma.

It’s almost a cliché, really: People with underrepresented identities want to offer the help they wish they’d received growing up.

Annis Crow M.A. ’23 feels this deeply. She’s mixed-race Mexican, Portuguese, and Irish, queer and pansexual. Growing up in a working-class family in California’s conservative Central Valley, there were many barriers to care. She wants to work with fellow queer people, particularly those who come from low socioeconomic backgrounds, or from families and communities who aren’t accepting of their differences. “I saw a lot of my loved ones suffer from stigma, too, and just lack of resources,” Crow says. “I wanted to go into something related to mental health because it was something that I desperately needed.”

In the upcoming school year, Crow will start practicum, during which she’ll bank hundreds of hours working with actual clients while under the supervision of local nonprofits and mental health agencies. She’s under no illusions that it will be easy to chisel away the walls of mistrust from years of mistreatment. “Trusting a doctor, or a mental health professional [does not come naturally for many

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people],” Crow says. “There’s so much that happened in history that we still don’t discuss enough, [people] have been taught generation after generation not to trust you.”

To Crow, this is a “two birds, one stone” situation. She gets to help people facing these huge hurdles of generational mistrust, familial stigma, and socioeconomic barriers to access, while simultaneously helping herself. Those are the very same hurdles she faced as a kid, and she’s still reckoning with their impact as an adult. “Basically, how can I be of service to myself?” she asks.

It’s a sentiment most every student enrolled in a counseling psychology or equivalent program has felt at some point: *How can I be the therapist I never had?* It’s a tall order, and definitely not a fair one. There are still so many obstacles in their way. Graduate school is expensive, and progress toward diversity, equity, and inclusion is slow.

But, as Crow sees it, this really isn’t a choice. In high school, when she was questioning her sexuality but afraid to talk about it with her family, she knew she wanted a career in mental health to address her own. “I don’t know if that makes a lot of sense,” she says, but “I grew up without a source to go to for my mental health, so I wanted to become a source.” If she couldn’t see a bright spot at the end of the tunnel, why not be the light herself? And that thought, well, it felt great.

