Hoi In (Cruz) Chan, LMFT, RDT, PAT
Clinical Manager, Healing for Asians
RAMS (Richmond Area Multi-Services Inc.)

Interviewed by Jonathan Zhang
Edited for length and clarity

A Cantonese and Mandarin-speaking clinician, Cruz graduated from California Institute of Integral Studies (San Francisco), with a Masters of Arts in Counseling Psychology with a specialization in Drama Therapy. In Cruz's role as Clinical Manager, Cruz develops the RAMS *Healing for Asians* program which provides trauma informed mental health services to limited English speaking Asian victims of crime. This RAMS program is part of San Francisco's multi-system, initial answer and collaborative solution to the "Anti-Asian Hate". Cruz is a Licensed Marriage & Family Therapist as well as a Registered Drama Therapist. Cruz's background also includes providing mental health services to children, youth, families and adults at RAMS outpatient and school-based programs. Prior to clinical work, Cruz has also participated in many drama performances and was a radio host and producer in Macau. Cruz is also a Practitioner Applicant for Trainer (PAT) under the guidelines of the American Board of Examiner of Psychodrama, Group Psychotherapy and Sociometry (ABE), and presented in the 2020 North American Drama Therapy Association Conference.

Please share a little about yourself. What does your work as a Clinical Manager at RAMS entail? What keeps you motivated to continue to expand RAMS' community involvement?

I started working at RAMS in January of 2020, so actually this year is my 6th year working at RAMS. I was not a clinical manager at first. I was a mental health clinician at another department called Child Youth and Family, and I went to public high schools to provide mental health service for high school students with ERMHS [Educationally Related Mental Health Services]. I also went to our RAMS Outpatient Clinic to work with kids and also their families. Most of them are immigrants. Then in 2023, I continued to expand my role in RAMS, becoming a clinical manager for a new department called Healing for Asians, which is my current role. This program is actually pretty new having just started in 2022. So, when I first came to RAMS, Healing for Asians did not even exist. At that point, I had spent 2 to 3 years working at RAMS, seeing all these families and immigrants and knowing how important speaking their language is, especially when we provide mental health service. So when RAMS established the Healing for Asians program, I applied as a clinical manager to work with Asians and victims of hate crimes. This program was actually also created during the time of the pandemic because the hate crimes were increasing a lot, and people were paying more attention to this situation, and then we got funded by the government. Most of our clients are elderly, and they are monolingual Cantonese

or Mandarin speakers. That's also why I found my passion providing mental health service and also really tailoring to their culture, their language, and their background. How therapeutic it can be when we speak the same language? With clients who just experienced trauma, I find this is really meaningful.

Do you speak another language? If so, what do you speak? How did you learn the language?

My first language is Cantonese; I grew up speaking Cantonese all my life. I also speak Mandarin because at school we have to learn it. And of course, I'm also speaking English. How did I learn? I was born and grew up in Macau, and Macau is a place where the first language is Cantonese, so that's in our daily life and at school. And since elementary school, we also need to learn Mandarin. That's also just like in our daily life for a few decades. English – I think Macau is a pretty good environment; we get the privilege to learn different languages like English since kindergarten. Though, not everyone speaks fluent English. I think my English really improved when I went to college and I studied English. Then, I came to the US to get my master's degree and living in the US for this long also helps me to speak English more fluently and to communicate better.

How does bilingualism support your organization or your work?

As I mentioned in the first question, Healing for Asians mainly provides therapy service for victims of hate crimes, and most of the victims are monolingual. They may have been immigrants to the US since they were young, but are now elderly living in Chinatown. They were hurt on public transportation or they have been pushed or have some arguments with their neighbors, but they do not speak their language. All these things cause them to have trauma, but they do not know how to explain or share about it. All of the therapists in the field in San Francisco can speak English, obviously, but not all of us can speak our clients' language. But, we cannot really pick where our clients come from, their culture, their background, or their age. But, just for this program, Healing for Asians is really tailored to this specific population that also gives me the opportunity to use my language capacity to speak Cantonese and Mandarin with my clients. I found that sometimes just being able to understand what they share in their own language is already therapeutic: just listening to them, what happened to them. They can't speak English, so no one knows what they experienced. But if they were able to share what they have experienced in their own language, let's say in this case Cantonese or Mandarin, and someone was able to understand what they shared, that is the therapeutic moment. Knowing that they may not born and grow up in the US, they may be immigrants even though they are citizens, but they may not really grow up here in the US, so that's why they do not really speak the

language. So, I find that bilingualism really supports this program and when I serve this specific population.

Would you say there are a lot of Mandarin or Cantonese speaking therapists in San Francisco?

From my observation, I would say that we have more Mandarin speaking therapists than Cantonese speaking ones. I think Spanish speaking clinicians would be more than Mandarin, and Mandarin would be more than Cantonese. That's my observation.

What level of language proficiency do you need as a therapist?

I think it's just being capable of communicating and listening to what our clients share. It's more like a daily conversation. It doesn't really need to be like theory, like, oh, let's talk about CBT [Cognitive Behavioral Therapy] in Cantonese or Mandarin. It doesn't need to be like that. When our clients come to see us, we have the theory in our mind, but we are not saying it out loud to our clients because it's not easy for them to digest. But how are we able to put it into an easier way to deliver the message to our clients? I think that is more important. It usually is just like your daily life conversation and understanding the theory.

Do you think there are cultural barriers or stigmas that prevent Asian and Asian American communities from accessing mental health care?

I think for most Asians, mental health and wellness is a very Western concept. Let's say Chinese; I cannot really say for all kinds of Asians. When people have some emotions or something, they will say, "Oh, let's practice Tai Chi," or "Let's get some herbal tea or herbal soup." Or maybe, if we have a nightmare, "we can ask a fortune teller". But going to a therapist to talk about our nightmare is not something registered in their mindset. So I feel like therapy is something foreign to introduce to Chinese people, especially the Chinese-speaking population that I'm working with—the elderly. Like, "What is therapy?" They don't understand. They think that when they come to me, it's like having a class with a teacher. They don't really see it as, "Oh, I am seeing a therapist." It's just like, "Oh, I talk with you, and then you give me some feedback or help me think in other ways, so you are my teacher." There is a lot to talk about regarding therapy in this Chinese population. Stigma is one thing, and distrust about the system is another. Like, "How are you going to use my personal information?" or "Will everyone feel like I'm crazy for seeing a therapist?" There is just a lot of misunderstanding and stigma about therapy and about the

therapy structure: why once a week, why 45 to 50 minutes per week, and why can we not have dual relationships. All these things take time to really introduce, because they don't know.

What drew you to mental health work?

This is a very interesting question. I will try to answer it in a more personal way. I came to the US not just to study therapy or psychology. I came to the US to study drama therapy, and drama therapy is a very specific program that none of the Asian countries or cities provide. This program is a master's program, and even in the US, there are only five to six schools that provide this program. For my bachelor's degree, I studied media in English; I was actually a radio host back in my hometown. So I was not at all in to psychology or anything else, but I was always into theater since I was in middle school. But theater, I think, is something that I don't think I want to spend my whole life doing as a profession. But if theater is combined with psychology, that is something I want to pursue professionally. And yeah, nowhere in Asia can provide that, so that's why I came to the US. Theater and psychology—if not these two, then I would not do it.

What is drama therapy?

There are a lot of ways to do therapy. We can use music as a therapeutic way to provide it, or expressive art therapy, like drawing, to express your feelings, especially for people with maybe ADHD or other symptoms where verbal expression is not something they are capable of. Then expressive art therapy, through drawing or other expressive arts, can create some therapeutic elements for them. Dance movement is also one, and theater is another way. Drama therapy uses theater as a technique, as a way to create and co-create some therapeutic moments together to achieve the therapeutic outcome, using the technique of drama.

What can society do to encourage mental health awareness?

I think, try not to label. Like, if you know someone is seeing a therapist, what are you thinking about that person? Do you think they are crazy, or do you think they are brave? They know what they need. They ask for help, and they seek professional help. Or do you think they have something going on or something wrong with them? I think this is something we can do as human beings and as individuals: destigmatize. That can come from us. We know that stigma is a challenge for people seeking help, so can we be the person to destigmatize? I think that is the question we can ask ourselves.

Are there any takeaways you would like readers to come away with?

I think another way to destigmatize is that we can do some psychoeducation for society. Like I mentioned in the public library event, Asian people or the people who come to us to see a therapist often come when they are already experiencing trauma, PTSD, or a crisis. Before we are able to provide mental health services for them, we need to do some crisis management first. But how can we do it? If we can do some psychoeducation, people can have their own awareness and actively seek help, rather than waiting until things happen and it's too late. I don't know if you know that RAMS and Healing for Asians actually did some psychoeducation programs on TV, on Skylink, in Cantonese, to really talk about intergenerational trauma, school bullying, and different kinds of mental health topics in Cantonese (明明是關心，為什麼一開口就吵？移民家庭親子溝通｜Family Communication《社區與你 My Community》S10 EP12). If people do not come to us, we go to them. If they turn on the TV, they see us talking about psychology. If they do not come to us, we go to the agency; maybe we go to elderly homes. We go to schools. We go to the places they go to, to talk about psychology and do psychoeducation. That is another way that we can do it, and that can be one step forward. Then we can make a change, hopefully.