Joyce Yang: Okay, hi everyone. I'm Dr. Joyce Yang from the Department of Psychology at USF and today we have the opportunity to hear from Mr. John Zamora who is a licensed marriage and family therapist working in the county of San Mateo. Thank you so much for being here John and I know our students are very excited to hear from somebody who's a marriage and family therapist. Could you tell us a bit about your degree, your current place of work, you know, how long you've been in that position, some things like that?

John Zamora: Yeah, sure. So I got my master's in counseling psychology with a concentration in large margin family therapy from USF. I currently work in San Mateo County. I've been a therapist here since 2015. I think I finished my hours here as well. So I was able to get my license, I was unlicensed when I started the job, but I finished my hours here.

Joyce Yang: Oh, yeah, that's nice. I'm sure a lot of our students would be so curious about that whole licensing and all that process as well. So can you even back up and tell us the degree? How long did it take? And then, yeah.

John Zamora: Oh, sure. I don't know if things changed, but when I was studying, it was a two -year program, summer's included. And with a two -year program, there's an internship for, I think, the second year. year and so you're able to gain some hours. To get your license in MFT, you need 3 ,000 hours of combined work. So whether it's personal therapy, family therapy, group therapy, there's some like researcher. There are different parts of the licensure for licensure hours and they just work on it. But they've changed the policy. they've changed the whole process now, like right now, I think you need to apply for your associates first, and you have to take a lot of ethics test. So they might have changed some things, but at the end, I mean, 3 ,000 hours and a licensure test after your master's, yeah.

Joyce Yang: Gotcha. So in the two years, how many of those 3 ,000 hours do you think you accrued during the course of the program? Approximately, was it like 1 /2 or 1 /3?

John Zamora: I was not even a third because it's an internship program. So you're only there like one or two days and I was patient to work with a school district. So I saw a few kids here and there, nothing really like long -term. But I also volunteered at San Francisco Suicide Prevention. So I was able to do that. to get hours from there as well. So I think a lot of my hours came from phone hours on the hotline, but definitely did not hit a third when I graduated with my degree.

Joyce Yang: Gotcha. So you graduated with a degree, you weren't licensed yet, you had maybe, I don't know, a quarter of a degree.

John Zamora: Yeah, this quarter sounds good, yeah.

Joyce Yang: Right, and then you were able to apply for a job with the county, unlicensed. or tell us about that.

John Zamora: Oh, so I think I was doing part-time jobs here and there for two years. Nothing really therapy related that I was paid. So I started volunteering at San Francisco Suicide Prevention while I was in taking my master's. And I said, I'm rather, I still need hours. So I'm just, might as well keep my shape. shift. So I just, I just kept on volunteering for them. At the same time, I, I worked as an eating disorder clinic. So we had a few clients there. So I got a few hours there. So I, I got from different, I didn't just put all my eggs in the basket. And my first job was for Asian community mental health services in Oakland. I was there for two years. I got the job as their Tagalog speaking therapist. therapist. I feel like that was my skill. Like at the time, you know, you're fresh out of school and like you're not really sure. Like I just marketed myself like I can speak Tagalog or I can speak this and that was my token. Was there for two years, I started getting more hours there. And when the opportunity at San Mateo County came up, I'm like an eight minute drive sounds better than a one hour commute one way. So. so I think that was a big turning point for me. And I think when I started here, my hours are almost done. But I kind of procrastinated on that, and you're given seven years to complete your hours. And the moment you pass the seven years, your hours get like, expire. So my supervisor said, "John, you better work on your license." So I... I gathered all my paperwork. I had like, I think I did like 3000, like 200, I had like some buffer because they might can't, they might audit it and cancel some of the hours. But I did more than I got my license here. Yeah, but it's a different time. Like, things definitely changed over the past two years.

Joyce Yang: Yeah. But 2015 is not that long ago and it's helpful for us to hear the amount of time realistically it could take to aggregate all of those hours and kind of how career trajectories move because I think a lot of students in undergrad often think like, oh, it's very linear. You just go from exactly point A to point B and really in reality, that's almost nobody's experiences like that.

John Zamora: Well, I think in my class, only, only one person, one or two out of 60 finished it, got their license a year after they graduated. So they worked a lot in their internship and they really filled themselves for that year and they got it in their first year, which was like admirable, but sounds a bit tiring. So I took the easy path. Yeah, so. long and easy.

Joyce Yang: So tell us about your position currently with the San Mateo County. What is it and how does it work?

John Zamora: Okay, so I'm hired here as a licensed emergent family therapist. Despite my degree or title, we are at the same, we work similar as the psychiatric social workers. So sometimes I just say psychiatric social worker versus emergent family therapy. because people assume like, oh, you do family therapy like no it's. But here we serve low income, low income clients who don't have insurance who have medical and Medicare. So we're dealing with that population and the severely mentally ill. So it's a lot of case management that trying to like help help them get their benefits and and just day to day function. So not a lot of there's some therapy like people who have more mood disorders it's easier to do therapy than someone who's severely psychotic. So we have that population and it's definitely like never a dull moment so I think that's something I have to say.

Joyce Yang: Yeah is the county um is this a hospital context? Is it a mental health clinic?

John Zamora: Um we're an outpatient clinic yeah so so we are an outpatient. We're like a satellite of San Mateo Medical Center, just like the main county hospital. So the San Mateo County is divided into different regions. So I'm in the North region. I'm here in Daly City. And San Mateo is another clinic, this one in Redwood City. So we're all stationed out. So we're all branches from the health system.

Joyce Yang: And then the client get referred to you through being connected to the medical system or otherwise?

John Zamora: Yeah, I mean, anywhere and anything. We are next to the community agency here. So people walking from there, they just walk into the clinic. Like, hey, I heard you guys serve mental health. Like clients, we get a lot of our patients are, I would say maybe they're, let's see if they come for us. psychiatric emergency, they get hospitalized. They get referred out, so we could continue care for them. So in my clinic, we do have like therapists like me and social workers, and we also have psychiatrists and nurses. So it's a big, it's a team, well around the team.

Joyce Yang: Yeah, so the team has a lot of different mental health providers. Yeah. All sorts of different training it sounds like. So you mentioned psychiatrists, you mentioned psychiatric social workers, and then marriage and family therapists, those three. Are there other mental health doctors with different degrees?

John Zamora: Our nurses are licensed, they're working under their RN license, but I think a lot of them have a lot of psych background, but they recently opened positions as some mental health counselors. That's right. So the. are for people who are unlicensed and they get paid to do. I think the only thing that they can't just they can't diagnose and they can't do therapy but then they could also they could do rehab instead of therapy. So it's just the ability for what you could bill for but at the end I mean I feel like like how I see it is a service is it's a connection whether it's a therapy or face management like it's how when you connect with people it's having that extra at the end of the day, yeah.

Joyce Yang: Yeah, so it's a lot of different paths to a similar place, for sure. And then, yeah, so how about even backing up further than before the master's degree? Can you tell us about your undergrad? Did you know when to go in this path? What was your kind of, you know, school trajectory like before that?

John Zamora: Ah, okay. So I feel like I wanted to be a doctor. So for my undergrad, I took, I got my bachelor's in psych, and I had a few years to spare. So I took a bio degree also, thinking that I would want to be a doctor. But then I, this is how I convinced myself. I say like, I didn't please one or two years of school. I saved myself from like eight years of med school. So I just positively reframed all of that. I think I get security CD and I thought like, I

don't want someone's life to be in my hand. So I said like, I just wanna talk to people. Like I'm very analytical, so I'm very like in my head. So I was thinking, okay, what's the fastest way I could get licensed there? I can get paid to talk to people. And I interviewed a few schools and talked to the deans and they said, like, oh, you should look into this marriage and family therapy degree. It's exactly the same thing. You can do therapy, you can do all of these things. And I'm like, okay. So I think I wanted to go for like a PhD or a PhD in psychology via psychologists because those are like what are more known. I feel like there's a code that could be, that needs to be broken, but that's another project.

Joyce Yang: Yes. Yeah, so you went from a master's in psychology as well as biology, but you're thinking about how you might be able to help people more quickly than potentially med school plus fellowship with these other things. And then you found the MFT program.

John Zamora: Yeah.

Joyce Yang: Yeah. So can you tell us, in terms of this career path that you ended up choosing, what would be helpful for an undergrad who might be thinking about taking this path? What advice do you have for an undergrad to think about?

John Zamora: I would say follow your passions. I think that's a good thing. Like when I was doing my program, there are people of like different ages, different backgrounds, and like education, we had like an engineer, a mathematician, we had someone who had like two doctorates and city masters, and so we really didn't need a background in psychology. And that might not be helpful for this, this court, but then I think the earlier you figure out. out like where you want to head, just take that path. And like for me, I just really wanted to talk to people and help people. So I thought like, okay, this is a good path for me. But yeah, I think it's just if you are able to find your passion early, I'd say like jump in, think about what feeds your soul and because like you might end up just settling for a job. job. I guess this is a challenge, but yeah, I think it's just following what you want to do. Again, not a lot of people had the psych background or same thing with you take a look the other way around. Not a lot of people who are in psych are fully committed to pursue a career in psychology. When I think about my... my classmates in my undergrad, I think not even 10 % pursue the degree in psychology. I mean, further a career in psychology. So I think college is a good way to help direct you. Then master's or any further studies today to kind of like fortify that career choice.

Joyce Yang: Right. Yeah, I really appreciate the idea that you can get. a master's in family therapy and MFT coming from so many backgrounds. So you don't have to have come from psychology, you could be pursuing a lot of different things like biology, you could pursue critical diversity studies, anything that's interesting, but then you can you get your coursework and training in MFT time. It sounds like you said you got the master's in counseling with the the concentration in marriage and family therapy. So what are the other concentrations that are available and how do you pick that during your grad school time?

John Zamora: From what I remember, USF offered two different counseling psychology programs. One is for the MFT program and the other is for the school counseling program. I'm not too familiar with the school counseling or like what if they need a license to do school counseling. counseling or what different concentrations but then like those are the two emphasis that was offered at USF.

Joyce Yang: Gotcha. So in the track that you took the marriage and family therapy what types of course work or training do you feel like help you with the marriage and family therapy because that's also something that people who graduate can do as well in addition to case management or seeing clients with mood disorders is also more marry family therapy, right?

John Zamora: Yeah, yeah, I mean it's definitely the few that work are like theories like personality theories or modalities. You learn the basics cognitive behavior therapy to like where's the center that you go on and on. So I think that was helpful and I think that's where my psych background became very useful because I already had that background, I already knew it. So it was easier for me to like add on to what I already knew. So maybe some people who didn't have like the psych background might have been challenged by those. But my favorite course was Psychopathology. Back then I already loved watching House, like the doctor. So like it's like problem solving. So how the how our professor thought it was very like that, like just listen and this is how we'll do it. And I think I still remember like almost 80 % of his lecture, like 10 years later, like I was really like inspired by that course. So there's that, but the things that I might not be too useful at an early part of your career, I had a hard time with the pharmacology piece. Like there's this book, a fake book of medication. and side effects, and it's like, but at that early in your career, I don't think it's useful. I've learned more of those meds from interacting with medical doctors in my clinic. Like, oh, when you work as a client, you see their meds, and like, oh, this helps me with this, this helps me with sleep, with anxiety. So that's how I kind of learned more, more of the practical use versus the book use. Um, I mean, it's it's they also you're not done prescribing, you could to help understand like what your clients, what your patients are doing or experiencing, but then I feel like the pharmacology piece was not too useful.

Joyce Yang: Yeah, did you get specific training in like couples therapy or marriage therapy or family therapy too?

John Zamora: I can't remember. For sure we did group therapy. therapy. There were classes on family therapy, but in terms of like modalities, I think they really emphasized CBT. A lot of insurance companies want to go for that like science evidence -based practice, so there's a lot of emphasis on CBT. We had classes on cross -cultural studies, so it's not just like one thing, but I feel like they provide you with the information, but then it's up to you like how you use it. How you like use it in practice, yeah.

Joyce Yang: Yeah, and kind of speaking of application, so you told us a bit about the work context you're in with your LMFT licensure. Sure. do you know if that's a common place for people who go through that program, not just that specific program, but other programs with

MFTs? Do they most of the time end up working in contexts like you, yours, or do they work in different settings as well? And what are those settings?

John Zamora: So I think definitely times have changed, I think from how things were then 15 years ago, ago, like people could afford to do like unpaid internships just to gain their hours. Like now it's impossible to live in the Bay Area. So I guess I was lucky enough to at least have some stability that I like county work because like your provider's pension, it's your benefits and everything. I like it with stability. But a lot of people also go into private practice, but a lot of people go into private practice. lot of people also do like both other choices, people go to Kaiser for work. So I think like in terms of like pay coming from like a non-profit working in Oakland versus not San Mateo County, like County, I think it's, it seems, it seems stable. Also, I think I went after the stability more than like, oh, let me do private practice where I have to pay for rent. rent and if clients don't show up I don't get paid or if I don't if I don't have any I don't like I like the you get paid no matter what that's once you're doing your work so I think for me that's what the past I chose um but no like right now I've seen a lot of people doing uh private practice and it doesn't mean that they're doing it on their own a lot there are lots of platforms out there um I think since the pandemic the online therapy became very important very popular. So a lot of people get contracts with them, or they get contracts with like insurance agencies to like get their clients from there. So like, there's a lot of different paths. And I think I count your government work is a different path, which some people take. Yeah, yeah, it's a lot better. Like, I think I got more than double from when I was in a nonprofit. nonprofit. I'm like, oh, that's a big, that's an interesting jump. But, um, yeah.

Joyce Yang: That's, that's very important information and very practical, I think, because a lot of times students don't know, you know, where, what type of long-term stability might be involved in the job choices they might make. So it's common or typical, you would say for government county jobs to come with stability and appendix. pension?

John Zamora: Yeah, when I got the job back in 2015, a lot of the clinicians were lifers, were really old, ready to retire. And when I applied, county openings were few and far in between. So the moment something opens, grab it. Right now, it's been the opposite. It's been a lot more vacancies, still a lot of people. are having, I guess I'm looking for other things, like more convenience of just doing private practice at home or all that helps. So, yeah, I think that's... -

Joyce Yang: Yeah, times change like that too. It's in both, if you like. Yeah, but this version, this is working for a county hospital and then you've got Kaiser... which would be like working for an independent hospital. There's a lot of independent hospital systems that LMFTs can work in. And then certainly private practice where you start up your own work, but you mentioned you could be in private practice and then contract to like carbon health or better health I/O or other like mental health stuff.

John Zamora: Yeah, it could be in multiple platforms, multiple... multiple, yeah, multiple platforms, the different specific, maybe you have to be creative. I have a toddler, so not much

energy could be, but after I work an eight or a nine hour day at work, so I'm glad at least I'm at least okay.

Joyce Yang: Yes, actually speaking of the eight to nine hour day, a lot of our students would be curious about what does a usual day look like. or week look like. You mentioned you talk about like you do some case management things like that, but maybe break it down for us like how many hours approximately over the course of the week are you doing what. Okay, so we typically work a 40 hour week so five, five days, eight hours. Some people could do a flex where they work longer hours and some days and have an extra day off so I work. I do a 980. 980 where I work regular workdays but on every other Friday I take every other Friday off so it's 9999 then an eight hour Friday then the other Fridays I'm off. I take on a lot of roles at this clinic so all clinicians here work as therapists on duty so if anyone calls has any problems any crisis someone comes to the clinic like they're there so we're all given like a shift a half day shift I also do intakes for the clinic. So part of the onboarding process for the TV, someone brand new or discharged from the hospital, they come to the clinic and we screen them. So we do like a quick screen to see like, okay, like what level of care you need? Because we only see severely, severely mentally ill people. Let's say, but if they're like more mild to moderate, or it's really not the big issue, we could drift her out. So I take on shifts for the the initial assessment. We also do groups here. So I'm in charge of a yoga group. I don't do the yoga, but I have someone else to do the yoga and I'm there like guiding the client as the practice goes. But then we also do like full assessment. So in addition to the initial assessment, you gather more background, more history, set these could know more about the patient there. And throughout the week, I think you, I see a few clients who do for strictly case management, like they need help with housing, they need to help with like benefits or something happened with their car, like I do, like help them with that. And I also have therapy and rehab where you work on like their skills and like the more emotional problems. So I like I personally think I have a good balance of like everything where I don't get stuck like just only doing assessments or only doing groups. I used to do a Filipino group so we bring the Filipino community together but are one of my co -leaders retired and during the pandemic there are no groups and I said like you know I'll just do the yoga group so I have like training and some modality that really emphasis emphasizes like the physical aspects. I think that's why I got stuck with the yoga group.

Joyce Yang: That's really good to hear too that you can kind of change the groups that you might facilitate depending on the different seasons in your life. But I think the students really appreciate hearing like all of the different roles that a person can take in this setting like a county hospital, the marriage and family therapy degree. So yeah, thank you so much. I really appreciate your time. And hopefully students can reach out to you too.

John Zamora: Oh yeah, definitely any questions. I'm open, my door or email's always open. So if anyone asks for my email, feel free to share it with them. And yeah, I'll gladly discuss anything you guys think of.

Joyce Yang: Yes, thank you.