

Career Interview Paper
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An interview was conducted with Dr. Juilo Orozco in order to gain insight into the mental health profession. Dr. Orozco is a licensed professional counselor with a specialization in career counseling. His path to the mental health field began as a career change from being a band director. This environment fostered an awareness that students' dispositions were expressed through their art, thus prompting him to care for their needs beyond musical technicalities. Dr. Orozco's practice with at-risk youth were typically those who are mandated by court to meet with a therapist. The exposure to his clients' homes and communities during his visits disclosed their socioeconomic status, living conditions, and lifestyle in an intimate setting. He shares the need to be cognizant and reflective of his own and the clients' experiences and culture as they come together. The power dynamic shifts due to him "being on their turf." Office visits are conducted when the client's home environment does not provide a neutral space for the client to process sensitive topics, such as developing a genogram. Meetings with his clients were considered "intensive", ranging between two to three times a week with at least one of the meetings being a mandatory session for the family. To be sensitive to multi-generational households, "family" was defined by the client. This protected the client's confidentiality and gave them the choice to include those in the unit to be a part of their therapeutic experience in order to prevent reversal of progress. Thus, the objective in his practice provided a treatment plan for his client, but also maintained the child's placement with their family.

During Dr. Orozco's four to five year practice with at-risk youth, he found himself therapeutically oriented towards Cognitive Behavioral Therapy (CBT). CBT views human change beginning in the cognition, which in turn influences one's choices and behaviors (Erford, 2018). He discussed one of his most employed intervention strategies called WDEP. This stands for: wants, direction, evaluation, and plan (Shillingford and Edwards, 2008). When his clients

claimed “I’m done with this,” threatening to leave their homes and/or drop out of school, Dr. Orozco applied this strategy to get his clients to plan through their choice. Integrating Reality, CBT, and Choice Therapies allowed freedom for the clients to accept their statements as viable choices and discern the resulting consequences as their possible future. The clients experienced a collaborative relationship that acknowledges their disposition, yet challenges their cognition towards reassessing their choices and behaviors. Clients typically discerned that their initial thought was due to feelings of anger or distress in need of instant, irrational resolution. Through Dr. Orozco’s client-therapist relationship with at-risk youth and experience in higher-level education, career counseling is a specialty he utilizes with the Latinx population in order to bridge representation and cultural wealth through education and vocation.

Dr. Orozco expressed gratitude in his training as it equipped him to be “an excellent licensed counselor.” He credited his ease and confidence with research and writing due to his program. The difficulties he faced as an early clinician was learning the business of mental health services, which included billing and number of sessions. Along with this, the paperwork posed a challenge as a result of working with government agencies and court-mandated clients. Upon reflection, he shared feelings of affirmation and joy when a client communicated that they saw positive gains in their life. He cautioned future clinicians against greed and selfishness which could be the temptation to partake in unethical practices due to the nature of the job “lending itself to work behind closed doors” and/or prioritizing political or personal views before the client. This takes away the work necessary that is owed to the client when they are in session with a clinician. To be in a field that helps broken people, one “must first receive it as a calling,” says Dr. Orozco. The interview ended with a word of encouragement from Dr. Orzoco to “keep

the calling at the forefront of your mind... after all of the training and the theories, remember that you have the Holy Spirit within you. This is an added layer of wisdom and discernment.”

Discussion

Dr. Orozco’s rumination about how his own culture, experiences, and personal physicalities might impact his clients’ and their environment resonated with me. In terms of home invitations, Dr. Orozco and I share similarities in our upbringing that taught us that entering our home is special because it represents the family’s acceptance of the person. For a client who may share the same values, this could be an intimidating process to have someone assigned by the government to enter their space. It is also sobering to hear that my presence can bring a possible threat to those living in the community due to interpreting me as an investigator or lawyer because of what I wear. There is a sense of fear and cautiousness in my contemplation of working with at-risk populations. I cannot control others’ responses to me, however I can take the steps necessary to alleviate stress upon the community. From what I observe, there are possibilities for both positive and negative responses from clients upon meeting. What encouraged me is knowing that the process is transformative for the client as well as the therapist. I believe that this is a field where growth and personal reassessment for the clinician is vital to their work and the health of their clients.

Due to my background in teaching students in a high-need area, the topic of cultural wealth intrigued me. Social wealth recognizes that there are populations that lack demographic representation and preparation for advancement in higher education or vocation due to “structural and institutional factors” that impact their “vocational and psychological outcomes” (Duffy, Kim, Gensmer, Pendleton, Boren, and Garrett, 2020). Dr. Orozco recalled an experience at a career fair at Georgetown University; he noted “they [the students] were all prepared, they

knew what to do, and they were dressed the part. No one in my community would step foot here.” For at-risk youth, early exposure to opportunities helps them process the tension experienced between educational institutions, family culture, and community settings. Being first in my family to graduate from college, I resonate with feelings of loneliness, frustration, and lack of confidence due to not being able to rely on my family’s experience to model or support me on my educational and career path. Therefore, I appreciated hearing Dr. Orozco’s observation and action to serve at-risk youth in order to give them other options outside of their norm. As I see Dr. Orozco views himself as a “bridge” for those with a similar cultural background, I became more aware that I am Asian-American. I want to continue to explore what it means for me in terms of representation in the mental health field for at-risk youth.

Overall, I experienced self-reflection and encouragement throughout the interview process. I received the sense that Dr. Orozco enjoyed working with at-risk youth and he felt called to that position. He was frank in sharing that working with at-risk population, especially those with drug abuse, is one that is extremely difficult and heartbreaking. I am left to wonder if I can manage my grief as I hear of clients’ stories and be present as they are experiencing their pain or addiction. This caused me to question myself: “Why am I pursuing this? Who is this for?” Dr. Orozco’s reminder affirmed in me that I am called despite being broken, yet fully equipped by the Holy Spirit. As a future counselor, I am still undecided in terms of the population or environment I desire to practice in, however there is a strong sense of guidance and advocacy for professional growth and training within the field that motivates me to be at peace.

References

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