

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Melody Li

Shohreh Davoodi: Welcome to episode number 38 of the Redefining Health & Wellness podcast. Today I am joined by Melody Li, an immigrant, therapist of color, and mental health justice activist. Melody is also the founder of Inclusive Therapists, which is an incredible social justice oriented mental health directory. We discussed the ways in which the mental health field is failing marginalized individuals, the difference between cultural competence and being culturally affirming and response, what therapists can do better if they want to be social justice oriented, and how marginalized folks can find the right therapist.

To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/38. That's shohrehdavoodi.com/38.

This episode is part of the Health & Wellness Changemakers series, sponsored by Superfit Hero. The series runs from episode number 37 to episode number 48, if you want to catch them all. The goal of this series is to highlight people making waves in the health and wellness industry and taking it in a new direction. I am so grateful to be collaborating with the body-positive brand, Superfit Hero to introduce you to these changemakers.

Superfit Hero is an inclusive activewear brand with sizes that range from XS to 5XL, and their goal is to provide clothing for ultimate confidence, no matter your size or sport. All of their clothing is also ethically made in Los Angeles, California. To get 15% off your first order, you can use the special series discount code, which is CHANGEMAKER, when you check out at www.superfithero.com.

And stay tuned for the Superfit Hero Wellness Tip of the Week later in this episode.

Let's go chat with Melody Li.

[Music plays]

Hey y'all! Welcome to the Redefining Health & Wellness podcast. I'm your host, Shohreh Davoodi. I'm a certified intuitive eating counselor and a

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certified personal trainer. I help people improve their relationships with exercise, food, and their bodies so they can ditch diet culture for good and do what feels right for them.

Through this podcast I want to give you the tools to redefine what health and wellness mean to you by exposing myths and misconceptions, delving into all the areas of health that often get ignored, and reminding you that health and wellness are not moral obligations. Are you ready? Let's fuck some shit up.

Today's guest is Melody Li, a therapist of color and the founder of Inclusive Therapists, which is a social justice oriented mental health directory and community for therapists. Thank you so much for being here, Melody. I'm excited for this conversation.

Melody Li: I'm happy to be here. Thank you for having me.

Shohreh: Absolutely. So, I know you created Inclusive Therapists because you saw a real need for it, but let's first back up and talk about your journey getting to that point.

Melody: Sure. My journey began as an educator where I worked with primarily teenagers in school settings. And it dawned on me that while the teens are getting support in school, when they return to family setting, that may be chaotic or may be unsupportive, then that can actually interfere with the progress that they're making in school. And so that's when I became interested in looking at family systems and eventually pursued my master's in counseling, became an LMFT.

And in that journey as a woman of color—I identify as a Cantonese-Canadian immigrant—and I noticed that conversations around inclusivity, diversity, equity is quite lacking. But I still had to get my license. I still had to, you know, do my exams and kind of jump through the hoops. And through that process also experiencing frequent feelings of minimization, microaggressions within our field, and thinking, "Surely I'm not the only one experiencing this" and that we as a field need to do better. If this is how we treat students, if this is how we treat therapists within our field, I can only imagine how we as mental health professionals are treating

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clients and the services that clients with marginalized identities are receiving.

And so these are kind of thoughts that I have been meditating on, starting to chat with other colleagues on. And when I graduated and I got my license, I decided I don't belong in agency work. There are non-profits and agencies that do excellent work, but I will be entering into a re-traumatizing situation for myself where I, once again, as a woman of color would have to prove myself. I would have to bring up issues that I see, may feel like the only voice, and I don't want to enter into that again. That is part of my self and community care.

So I decided to create my own community, and that's how my co-founder, Sam Lee, and I decided to launch Austin Counseling Collective. And we are an intentionally diverse, boldly social justice oriented group practice in central Austin. And currently all of our practitioners identify as POCs and that is something really special, because Austin's mental health field is still quite white and white-dominated.

And so this, we have kind of created this sanctuary for, both for therapists and for clients, not just clients of color, but with diverse intersectional identities.

Shohreh: You have started a lot of things [laughter].

Melody: I *have* started a lot of things. And that's also the immigrant in me, that it's a cultural strength that I love, that I'm a self-starter. I've seen my parents as self-starters; I've also seen other immigrant families and communities as self-starters. And sometimes if we want things done right, we kind of have to jump into it. And one thing that this dialogue around diversity/inclusion had led to is my dear friend, Jen Minor, started Austin Therapists of Color community.

And where we come together, we offer each other support in a field that can feel suffocating and even oppressive to therapists. And we also have, you know, fun times too. We have happy hours and socials. And so, I became a co-leader alongside her and Vanessa Flores.

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And there was an incident that occurred in the Austin mental health field where, I don't want to go into the nitty-gritty of it, but, essentially there was a rupture that occurred where a white therapist made a racist joke online in the mental health professional Facebook page.

And the Austin Therapists of Color community, including myself, responded to that. And we simultaneously had to address the joke, but also the subsequent responses of support for that therapist, and the minimization of therapists of color that were trying to educate, trying to advocate. And then at the same time, as a co-leader of that community, I also had to hold space for our members to heal, and to repair, and to restore.

And so that was an eye-opening moment for me. Not because it's the first time, but because it grew into a week-long discussion where these themes of oppression, of silencing, of dismissal just continued to happen. And I said, "Okay. Something has to change. This needs to be different." The mental health field has this idea, or this myth that we are, by default, social justice oriented simply by going through school and getting our licenses. That is not true.

And to be social justice oriented requires us to do continued work, and part of that work is reconciling with our own biases and prejudices, but also doing repair and healing work that's necessary. And this was one example that I saw, it's like, this work is not being done. And that inspired me and fueled me to start Inclusive Therapists.

Shohreh: Well, and I love that you said that, because it's so true that being social justice oriented is a practice, right? It's not just something you can declare that you are and never do any work around it.

Melody: Definitely! And that's similar to this idea of being culturally competent, and I do hear therapists claim that often – "I am culturally competent," period. And that frightens me because one, there's this assumption that their work is done, and secondly, that doesn't leave space for accountability, continued learning, and also openness to just how we as a society is evolving.

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Shohreh: And I know that as part of the Inclusive Therapists work that you're doing, the terms that you have consciously chosen to use are culturally affirming as well as culturally responsive. So can you tell me a little bit more about your choice to use those terms?

Melody: Yeah, definitely. So cultural competence, as I shared, is just a basic ethical requirement. And that is loosely defined in our mental health field, and it's not enough. It doesn't encompass what our clients actually need. And so culturally affirming honors cultural strengths, and that's really important for clients that are coming in that we may relate with culturally, or maybe really culturally different. Can we help us in our relationship identify the cultural strengths that they bring in and validate and affirm those strengths as the foundation of the work?

And the responsive piece is, do we also recognize the impact of racial cultural injustice and trauma that has taken place, ancestrally, or intergenerationally, historically, in our clients' experiences, and how that can impact mental wellness, relational wellness. And so I see those as two pieces that if a therapist can be aware of and continue to engage in with their clients, actually offers a much more comprehensive way of meeting the clients where they are, and in honoring and also sensitive and responsive way.

Shohreh: Mmm. I think that's so important. And as long as we're talking terminology, let's also talk about a few other terms that you have mentioned, which include diversity, inclusivity, and equity. Because I think those are terms that people tend to use interchangeably, but have, perhaps, more nuanced meaning.

Melody: Yeah, and this is something that I learn as I go too, to be honest. And for a therapist that might be thinking, "Oh my goodness, I don't actually know what these terms mean, but I like the way they sound," you are not alone. I've had to do a lot of work, have a lot of dialogue around the language, and the language is going to continue to evolve.

And so, diversity is important, as is inclusivity or inclusion, and equity. They're all important, and I want to really emphasize that one isn't more necessary or more important than the other.

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But diversity, and I want to give credit to Dafina-Lazarus Stewart, that wrote an awesome article called the Language of Appeasement, she breaks down diversity as asking the question of who is in the room. And diversity often thinks, can we get as many different intersectional identities in the room as possible.

Whereas equity responds and asks, who is trying to get in the room, but can't? Or who might be in the room, but their idea is not being taken seriously because they're not a part of the majority culture? And so, having diversity is just the first step, but then asking, what is the power dynamic that's taking place here, and what is actually being done to respond to the power imbalance?

In the same way inclusion is, and I want to give her credit too here, she does it so wonderfully, is asking, has everybody's idea been heard? Do we all have a seat at the table? Do we have our voices being heard? But again, with ideas of equity and justice, what systemic issues are at play here that may cause someone's voice to be minimized, or not being taken seriously, or dismissed? And what is being done to challenge that and to bring that to the forefront?

Shohreh: So, in reality, these three terms, they do have overlap, but particular the equity and inclusivity pieces, it sounds like, they're a deeper dive than what you get with just looking at diversity. So it sounds like all three of them are important.

Melody: Yes, they're important. And the issue with just emphasizing on diversity is diversity doesn't mean safety. So as therapists of color often experiences, yes, we are in the room, but we don't feel safe. We don't feel safe to speak up, we don't feel safe to take up space, or if we try to, if we're gonna be squashed, then that's not justice. That's not equity.

Shohreh: Mmm. So, I'm a former attorney, and this is a problem that we often see at law firms where law firms will really try and emphasize diversity and they bring in different people, but they don't create an environment where people can thrive. And so they ultimately leave within a few years, or feel stifled, and that's exactly the problem, right, with only focusing on diversity

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is that you're missing those other pieces that keep people feeling safe and comfortable in the environment that you've created.

Melody: Definitely.

Shohreh: So, let's go into a very large question here, which I'm going to try to break down into a couple pieces to make it a little easier to talk about, which is how mental healthcare is failing marginalized populations as it currently is. And I think the best way to tackle this is going to be to split it up into two parts. So, let's first talk about what is lacking and what the barriers are in the education setting for mental health practitioners, and then we can shift secondly into what is lacking, what the barriers are in the actual therapeutic practice space.

Melody: It sounds great. I love this question because part of Inclusive Therapists is we're also a mental health justice movement, and we're actually coming together right now to identify what can we do in our activism and advocacy work to address both of these areas, education and the practice of therapy. And wow, this is big because [laughs] there are so many shortcomings.

When it comes to education, number one, the number one issue that I see is access to education. That because education is so expensive, that keeps out marginalized populations such as immigrants, first gen college goers, and people of color. And alongside that, the next step after postgrad or during even grad school would be internships. And so because there's this norm, this unjust norm that internships are unpaid, many times students can't afford to go to school *and* work in an unpaid internship *and* be expected to support themselves and their families. So, finance is a major barrier.

Secondly, in education, looking at curriculums and syllabus and who's teaching and who is overseeing the educational content, we will see that still to this day, the materials and the lessons still skew very Eurocentric. Most of the books are written by white, straight, cis authors and simply is inadequate to address the diversity that exists in America.

And kind of similarly, Shohreh, to what you were sharing, that there is this desire and push to have a more diverse faculty, but faculty members that I

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chat with share with me how hard it is for them to stay in academia and to try to create shifts. And so oftentimes students would feel like they don't belong in the classroom. The theories and the methodologies that they're reading are not culturally aligned, or they simply don't see themselves in the text that they're reading.

There's this also heteronormative, binary views that exist in literature, but also in classes such as family, or couples, or marriage counseling that simply do not apply to many students. So students can feel disheartened, they can feel discouraged. And those are, I would say, are two major issues in education and also therapist training.

Shohreh: I'm wondering what your experience was like in your own education as far as some of these areas that were lacking. Because for instance, I'm thinking about some amazing diverse therapists that I know in Austin who are working in areas like LGBTQ-friendly, who are kink-friendly, who work mainly with people of color and all these different things. It sounds like if they didn't get that information in their own traditional education that a lot of these individuals have had to basically go out on their own to figure this stuff out and create their own practices that are helping the people that they want to help.

Melody: Definitely. That takes extra work, and I believe we all need to do extra work, but that extra work often falls onto minority-identified therapists to go seek out community, to go seek out resources. And I think there are also emotional impacts on minority-identified therapists that do want to practice from a social justice lens. For one, that feeling of isolation and loneliness is hard. But on top of that, grieving or having to grieve the fact that our field tells us we don't really belong and that it's on us to find community, if we're lucky, is discouraging.

And so I'm grateful to see that there are more and more therapists that are putting themselves out there, putting their voices on the forefront and creating these inclusive communities. At the same time, the emotional and mental impact is also very real.

Shohreh: You saying that reminded me of the episode that I did with Ani Mirasol where we talked about how there is this idea in the therapeutic space that

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self-disclosure is a bad thing and that you shouldn't talk about who you are and pieces of yourself. And she and I discussed how that's actually a disservice to clients who are looking for certain things and trying to make sure that their therapist can understand them and have a sense of what they may be going through and what they believe, right? Because if you are a queer individual, such as myself, I don't want to go to a therapist who isn't queer-affirming—that would be a horrible experience.

Melody:

Definitely, and this idea that self-disclosure is bad is also reflective of the Eurocentric western psychology model. And that doesn't fit with many people's cultural narratives. And so part of the Inclusive Therapists movement is we're also decolonizing mental healthcare. We're decolonizing therapy. So decolonizing mental healthcare is the recognition that colonization, colonialism, imperialism have left lasting multigenerational wounds on the psyche of indigenous people and people of diaspora.

And this also is very evident in our mental health field today, this idea that well, this is the ideal, this Eurocentric leaning. And the process of decolonization is actually questioning, pushing back, and say, "This may make sense at a certain time for a certain people, or this upheld the power of these people, but does it still fit now? And what do we need to first dismantle?" if we need to dismantle white supremacist ideals. If we need to dismantle colonized forms of practice, like pathologizing culture.

And then also, how do we then lift up, how do we affirm other forms of practices that may not fit with current field, but actually has a lot of healing powers, healing properties, and helps people seek more meaning and community that is amazing for mental health. And so yes, this idea of disclosure—in collectivist cultures, the healer exists in community with their people. The healer is effective because they know their community and gets to live among, and to eat with, and to celebrate with their people.

And that is countercultural per se today, to look at ourselves as healers in that way but at the same time I want to invite us to be curious about that. What is our role as therapists, and are we leaning individualistic because that's how we're taught? What if we were to actually expand our collectivism/individualism spectrum and to see the different possibilities?

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Shohreh: Mmhmm. And we've sort of naturally progressed into the ways in which the actual therapeutic practice itself is failing marginalized populations, but are there any other areas that you haven't mentioned already where you are seeing, kind of, this lack?

Melody: Yes. The major way that we as a field are failing marginalized populations is limiting accessibility. And accessibility comes in different forms, for example, economic, financial accessibility, and location, how easily accessible we are. Also, can people find therapists that gets them. And that is the bridge I'm trying to, I guess, build, through Inclusive Therapists. So many times I have queer folks, BIPOC folks come into my office and say, "This is the first time where I've met with a therapist that gets me."

And many times they share stories of being burned in prior therapy experiences, and personally, I admire them for giving therapy another chance, how scary and daunting that would be. And in my mind I'm thinking, "There are amazing POC therapists, LGBTQ therapists out there, why are they not being found?"

And so, one issue is the access to information. There are directories out there that are not inclusive, and so it makes difficult for people with marginalized identities to find a therapist. And on top of that, there's also this issue of how do we facilitate and support more therapists with marginalized identities to enter into practice? Therapists might be amazing, but they may lack the resources, for example, to start a private practice or even a part-time practice that can increase the accessibility of their practice to folks that really are looking for them.

And so I can't personally tackle these many complex areas of accessibility, but I decided to kind of hone in on one and see if I can act as a bridge in one of those areas.

Shohreh: I also think there's this natural tension between the fact that, of course, therapists and all service providers have to make money to make a living, and also, we want therapy and mental healthcare to be accessible to people. And, of course, with the healthcare that we have in the United States in particular, it's very difficult for people to access healthcare and for therapists and mental healthcare providers to get paid enough.

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And then in particular, for marginalized or multiply marginalized individuals who already have other financial hardship or they're supporting their families or anything else, that burden is even more intensive. So, you can see how quickly it can snowball to get to a point where it's just so very difficult for marginalized individuals to even remain in the field at all.

Melody:

Definitely. And one trend that we do see, which I find appalling, is blaming people of marginalized identities for not getting mental healthcare. And I love that you brought in the systemic aspect to it, that this country has systems that don't necessarily support preventative healthcare, that support mental healthcare. And the folks that are most likely to fall through the cracks are people with marginalized identities.

But even in the mental health field, there are conversations that blame minority-identified folks for not seeking care as opposed to taking a step back and say, "How are we failing them?" And that is highly problematic.

Shohreh:

Yeah, it absolutely is.

[Music plays]

Welcome to our Superfit Hero Wellness Tip of the Week featuring trainers and coaches from Superfit Hero's Body Positive Fitness Finder. Let's listen to what wisdom is being shared with us today.

Laura Ghiacy:

Hi guys, my name is Laura, and I am a personal trainer and post-natal fitness specialist based in Los Angeles. My health and wellness tip would be to release all of that tension that we hold up in our stomachs and in our bellies. I think society tells us on a daily basis that we need to have lean, taut, tight stomachs, hold everything in, keep those bellies in, whether it be through Spanx or just trying to hold in our stomachs on a daily basis.

But my tip would be just to release that. Breathe deeply; breathe deeply in and out, through our bellies. Just let it hang, let it relax, and just take a deep breath, and just really breathe deeply through our stomachs. There is enough tension in life without us trying to add into that holding in our stomachs and trying to keep everything tight. So that is my tip, just to breathe deeply, in and out of our bellies, and let everything hang just a little bit, and just get a little bit of relaxation through our stomachs.

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Shohreh:

I hope you enjoyed this week's wellness tip. You can find out more information about the dozens of amazing trainers and coaches included in Superfit Hero's Body Positive Fitness Finder at www.superfithero.com. And don't forget to use the series code CHANGEMAKER for 15% off your first purchase. And now, let's get back to the show.

So thinking about all of that then, what are some practical steps that therapists can take to be more culturally affirming and be more culturally responsive, especially for those who hold a lot of privilege? And, you know, this can be, whether it's things they can do in their free time, or in the actual therapeutic space, or in their marketing. And I know, again, this is a huge topic, we can't possibly cover it all, but if there are some really important ones that are coming to mind for you, I'd love to hear those.

Melody:

I love that question. We as therapists inherently hold privileges and power. For example, we have the privilege of education. We have the privilege of being English speaking in this country, whether or not that's our first language. And it's really important for us to first examine our privileges, *and* to take a step beyond that. It's not enough just to recognize our privilege and power, but to also ask, what are we doing with this privilege and power?

And for therapists with privileges, and I am calling in my white allies right now, part of owning that privilege is also looking at historical, ancestral, intergenerational privilege. And know your lineage. Know the ways in which privilege has existed in your lineage and what that means when you bring that into a therapeutic space. It is not fair when a person of color comes in as a client and all of a sudden there's conversations about their culture or their lineage, how their people came here, when the therapist themselves has not done *their* identity work.

There's this misconception that cultural or racial identity work is the burden or falls on POCs, when in fact, it is something that we all need to do in order to have culturally affirming and responsive practices. It starts with the healing work that we need to do and to become really familiar with our stories. Whether that's our stories of privilege, and also, often woven through, stories of intergenerational trauma as well. So that's my first invitation. Do our work.

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And secondly, the question I would ask is, if you are passionate about a certain population, how are you putting yourselves in immersive environments where you can learn without burdening the population that you desire to learn about? And the amazing thing about technology these days is we have access to so many books, even free books from the library, movies, podcasts, ways to learn new languages.

Can we with the privileges that we have, with access to information, be willing to invest time to know about populations that we desire to serve, without burdening. Meaning, burdening, an example would be, “Hey Asian American, can you give me some books to read up on your culture?” That would be an example of burdening. Go do research.

And the third thing that I would encourage us as therapists with privilege is to speak up and to speak out. If you notice anything that’s bordering or questionably unjust, speak up. Silence is a tool of the devil. Silence is what keeps our field stuck at where it is. If you have that privilege, please use your voice. Say something. You may not get it right, but hiding behind the privilege of silence is offensive. It’s insulting to people that experience oppression on a daily basis.

So, these are three practical ways that invite colleagues and allies to consider.

Shohreh: Yeah, and those are all excellent call ins for, I mean not just therapists to consider, for anyone to consider, especially anyone who is in any helping profession, who is going to come into contact with a wide variety of people. Like this is the work that we all need to be doing, so thank you for sharing those.

Melody: You’re welcome.

Shohreh: So, shifting to the client side of things then, I do want to talk about the Inclusive Therapists directory specifically, but before we get there, can we talk about ways that people can find the right therapist fit for them? And if there are any questions you would recommend they ask somebody who they’re interested in seeing, or maybe even red flags to look out for.

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Melody:

That's a great question, and since Inclusive Therapists centers the needs of marginalized identities, I'm also going to speak centering theirs—and my and our—needs. Before looking for a therapist, I invite people to slow down and ask, “What kind of experience do I want to have in the therapeutic setting?” Goals, outcomes, those are important, but as a relational therapist I believe that the relationship that's formed and the experience in itself is therapeutic.

And so ask yourself, “How do I want to feel when I'm in therapy?” For example, I might want to feel empowered. I might want to feel really heard and understood. I might want to feel free to share openly about all my identity parts. And so, if these are things that are important, make a quick list. And then as you are looking at different therapist websites and profiles, look for identifiers that are important to *you*.

Not all clients want to find a therapist that looks like them, or that dresses like them, or speaks like them. And so I would say, I would invite you to have an open mind, but at the same time if there are certain qualities that you are seeking, honor that. That might mean having to sometimes be creative. That might mean having to work with therapists that offer teletherapy, for example, because you may not be able to find someone in your neighborhood. And so that is another awesome thing about technologies and increasing accessibility.

And thirdly, my encouragement is to be patient and be willing to shop around. Many therapists offer free consultations. So during that consultation, yes, ask the questions that you have, but also remember how you want to feel. And is that therapist helping you feel the ways that you desire in that initial call? And trust your instinct, trust your gut. And if you have concerns, raise it up with the therapist there, and see how they respond.

For example, if your cultural identity, or your sexuality, or your gender identity is something that is going to be on the forefront of your work, pose it to them and see how they respond.

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In terms of red flags, the one red flag that I'm aware of that really repels me, the client in me, is when therapists say, "I have a diverse practice," or "I work with people like you" as a qualification.

That doesn't tell me about the work that they've done in their identity, and it also doesn't inform me of, well, how did you arrive at this place? It's highly possible that yes, they have a diverse caseload, but they may be also unaffirming or have unchecked biases and privileges. So another question that you may consider asking is, what identity work has that therapist personally done around intersectional areas that are most important to you.

Shohreh: Yeah, and I'll add to that too, just as a general note for all people out there that it's okay to change therapists. I think people think that if they start with somebody and they go a month or two months and eventually they realize it's not a good fit that it's too late and they have to just stick with them. But you get to decide who you want to work with. And I know it can be scary to tell a therapist that "Hey, this isn't a good fit for me, and I want to leave," but any therapist worth their salt is going to want what's best for you and your care. And will hopefully also be able to give you some recommendations, if you need them, to find a better fit for you.

Melody: That is a very important point.

Shohreh: So, let's talk about the Inclusive Therapists directory, because the way you've set it up is really cool. And I will, of course, link to it in the show notes so that people can go access it. But I just want to talk about your thought process and how you built this out.

Melody: Thank you. The Inclusive Therapists directory is my response to the big directory out there that therapists often feel pressured to join because they're so big, but is not inclusive. And when I joined Psychology Today, I remember wanting to check categories about myself to tell clients about my identity parts. But those categories simply didn't exist for me. And so I would be looking at the "other" option or the "other" category.

So in building Inclusive Therapists, this is something that's really important to me. I don't want "other" to be a category. And so one aspect of our directory is we have many expansive categories that continue to grow and

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evolve as therapists contribute. So that anyone coming in would say, “Yes, this describes me well, and I’m not having to check ‘other,’” because that can be alienating.

And, from a technical standpoint, the clients looking for a therapist can search by map. And so, just simply looking at therapist’s profiles that are close to you in your area, or if you’re looking for teletherapy then there’s a section for that. But also, my favorite part of the directory is people can get matched with a therapist.

Because I understand seeking therapy itself is already a vulnerable enough process and can feel isolating and lonely. And I want to undo the aloneness in that. So people can share what they’re looking for in a therapist, tell me your criteria, and at this moment, I am still manually matching therapists with people that are seeking care. So I do that. So part of my work is I get to know every therapist that joins our website, that joins our directory, so I can make the best matches possible.

And I’m excited to announce that we just reached a hundred therapist members.

Shohreh: Yay! That’s awesome.

Melody: Yeah. I’m really excited about that! And on top of that, part of what makes our community strong is therapists get to know one another. So if a client is matched with a therapist and that’s not a great fit, the therapists also know other community members that they can refer to. This mutually supportive environment that we’ve created is what is really putting the client’s care and quality of care on the forefront.

Shohreh: Well, I hope that through this podcast some more therapists who maybe didn’t know that this directory existed will find out about it, go check y’all out, and hopefully join as well because I think it’s so important to continue to expand upon the work that you’re doing. Because of course, the more therapists who join, the more options there are for people who are seeking them.

Melody: I hope so too!

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- Shohreh:** Well, we have come to our final question of the podcast, which is a question that I ask all of my guests and that is: How do you define health and wellness for yourself at this moment in your life?
- Melody:** Hmm. Health and wellness for myself is to have balance in my life. So to have the different areas of my wellness holistically be balanced, be cared for, and also to be cared for in connection with others in community. And that there would be opportunities and conscious effort to do continued healing work, whether that is ancestral healing work, racial trauma work, or other injuries that I have picked up in life. Having that opportunity to continue to do that work in conjunction with these other precious parts that I have that are receiving care.
- Shohreh:** I think you may be the first person who has mentioned healing in answer to this question. And now that you say it out loud, it feels like such an important piece of health and wellness for so many of us, for all the various wounds that we have that need healing work.
- Melody:** We are all deserving of healing.
- Shohreh:** Absolutely! Well, thank you so much for being here Melody. How can people find you if they would like to do so?
- Melody:** If you're looking for the Inclusive Therapists directory and community, check us out at [inclusivetherapist.com](https://www.inclusivetherapist.com). We are on Instagram, we're on Facebook. We also have a private, members only Facebook group, so if you join us, you'll get access to that as well. And if you're looking for me personally, if you want to chat and get to know me, my website is [melodyli.com](https://www.melodyli.com).
- Shohreh:** Awesome, thank you Melody, this conversation is going to be so great for people to hear.
- Melody:** Thank you so much for having me, it's been a blast.
- [Music plays]
- Shohreh:** And that's our show for today. I appreciate you listening to and supporting the Redefining Health & Wellness podcast. If you enjoyed this episode, it would mean so much to me if you would subscribe and leave a review with

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