

In 2022, Kansas lawmakers rejected diversity training requirements for psychologists because they wanted to avoid any implication of critical race theory. These same rumblings are again being used to justify tampering with critical diagnostic training requirements and possibly to request validation of higher education funding. The justification being because some, “know diversity, *equality*, and inclusion . . . [and] rule of law.”

The issue at hand, and the reason I feel compelled to speak out, yet again, is that the individuals establishing the laws and policies of our state do not appear to have a grasp of what they are adjusting or challenging. “Equality is the idea that because everybody has the same worth, everybody deserves the same treatment. But equity is the idea that everybody has the same worth and therefore they deserve to have treatment they need in order to be their best selves,” ([Weyrauch, 2021](#)).

BIAS is distortion or judgment that prevents equitable processes from occurring naturally. It sometimes frames our individual worlds in ways that makes life unfair and difficult for people we encounter. We live with those frames until someone brave enough to recognize them speaks up. We all have biases. And unfortunately, the rule of law does not directly address explicit or implicit bias.

Bias is the reason a minority clinician in private practice like me needed non-minority therapists to vouch for me, so I could access training intended to benefit minority communities. It is reasonable to assume that a licensed professional pursuing a doctorate in traumatology would be capable of understanding attachment curriculum. Yet it took 3 years and the word of non-minority professionals for me to be accepted despite my participation in a consortium where that same curriculum was introduced to the state of TX as a standard. Bias also prevents me and other minorities in private practice from accessing federal funding that is critical to the mental health services we provide to families in the state of Kansas.

If this is my story as a licensed clinician, imagine the experiences of clients and patients who are marginalized or feel they have no voice among professionals. My older sister is one such individual who shared her story by text message shortly before she died from Covid. She was denied a \$1200 anti-viral treatment because the assumption was made that she could not afford it. Instead, over \$250,000 in treatment was administered before she was finally taken off the ventilator. [Heather McGhee](#) said, “I’m fundamentally a hopeful person, because I know that decisions made the world as it is and that better decisions can change it. Nothing about our situation is inevitable or immutable, but you can’t solve a problem with the consciousness that created it.” Bias costs lives and money.

I realize that our legislators are flooded with an enormous amount of information when it comes to the bills being set before them. There are not enough hours in the day to consume it all. I also realize there are committee meetings and countless other commitments that must be fulfilled. But there is no excuse for the level of disconnect displayed when it comes to decisions that impact the physical, mental, and emotional wellbeing of Kansans.

The process of evaluating and diagnosing a client or patient is not simplistic in nature. Nor is it based merely on the intuition of a provider. It requires continued education and training intended to disrupt the element of bias in its application of *equity* and evidence-based principles.

The [CDC](#) just released a report recognizing an increase in the rate of suicides among minorities aged 10-24. We know Kansas ranks 50th in prevalence of mental illness and access to care for youth (51st for adults) according to [Mental Health America](#).

Clearly, we have work to do. We need all the help we can get to do it right. Continuing education in diversity, equity, inclusion, acceptance, and belonging should not only be a requirement for helping professionals, it should be a hope for all Kansans to feel confident that the treatment they receive is unbiased.

A handwritten signature in black ink that reads "Tara D. Wallace". The signature is written in a cursive style with a large, sweeping initial "T" and "D".