



Florida Association For Multi-Cultural Counseling and Development (FAMCD)

A Division of Florida Counselors Association

VOL. 1 ISSUE 4 · JUNE 2019

FAMCD NEWSLETTER

Letter From the President

Dear FAMCD Members,

I hope this letter finds you and your loved ones well. Over the past few months, we have experienced numerous acts of violence across the globe that have targeted individuals of certain religious faiths, races, gender identities, and both students and school personnel within our school systems. There is increased violence taking place in other countries due to harsh political climates and unfair treatment of citizens and certain minority groups, and legislation—both here and abroad—continue to impact and further marginalize specific populations.

After each tragedy that takes place, my immediate intention is to release a statement on behalf of our division condemning such acts of violence and unjust treatments toward certain communities and groups. However, before one letter can be finalized, another atrocity takes place, and the cycle continues. I recognize that so many of my letters in our newsletters over this term have begun addressing such tragedies and injustices, and I find myself frustrated that this has become a recurring theme. The atrocities continue and more innocent lives are taken. Our client concerns and needs increase and become more severe, and this pattern can, and absolutely does, take its toll on us as clinicians.

The discouragement, frustration, and sadness that we feel following global events can leave us motionless and unknowing of how to move forward. Trying to navigate such complicated, yet valid feelings can and will take time. But we must remember that there is strength in numbers, and that together, we can help lift one another so that our work will continue to better the world around us. Now more than ever, I urge our membership and our profession to unite because we, as privileged, educated, and respected members of our communities, have the attention of those around us, and we have the trust and support of more people by our sides than we can imagine.

It is our responsibility to use our platforms to speak up about the atrocities taking place around us and be vocal about injustices that we see all too frequently. We must take a stand, use our voices, advocate, and above all, fight back with love. All the while, we have to share the gifts that we have been given through our profession and continue to work with our clients to help them recognize their full potentials. As we help those around us grow and flourish, the hope is that they will do the same for others, and with time, maybe, just maybe, this beautiful cycle will sustain itself.

I have thought long and hard about how to conclude my term as President of FAMCD when there is still so much work to be done. There are numerous populations in need of our help, our platforms, our voices, our advocacy, and our attention. While I strongly encourage each of you to find your passions within the field so that you unconditionally love what you do, I also challenge each of you to immerse yourself in an underserved community (in a culturally sensitive and appropriate manner) and learn from said population. Find out what the needs are, what the areas of strength are, and ultimately what we as a profession can do to help ensure that these specific marginalized populations cease being marginalized.

Maintain an open mind and an open heart as you progress through your academic and professional lives regardless of how long you may have been in the profession. The learning must never stop, and our desire and passion to help underserved and minority populations needs to continue with the upmost force. Dr. Martin Luther King Jr. stated, "The ultimate tragedy is not the oppression and cruelty by the bad people but the silence over that by the good people." We cannot stay silent and inactive. We must use our voices, act in the betterment of all humankind, and continue to fight every good fight with love and compassion.

I am most grateful for your willingness to allow me to take part in helping lead such a wonderful division this past year. Our Executive Board members, Minority Concerns Chairpersons, and membership at large have played such an important role in helping our division reach new heights, and I know that the future of FAMCD is brighter than ever before.

I began my term with the following quote from Harriet Tubman, and I would like to conclude my term with the same quote. "Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world." I look forward to continuing to work alongside each of you to continue bringing such beautiful dreams to fruition and further changing the world for the better.

Sincerely,
Daniel Balva, M.S., NCC, CRC
FAMCD President, 2018-2019

This Issue:

Letter From The President

PAGE 01

Quality Care for LGBT
Individuals

PAGE 02

Dapping Into Bro Culture

PAGE 04

Cultural Immersion In Dominica

PAGE 06

LGBTQ+ History

PAGE 07

Giving Every Client your "A"
Game (Part II)

PAGE 08

School Counselors Supporting
Immigrant Students

PAGE 10

Sex Education Crisis Facing
LGBT Community

PAGE 12

Break The Stigma

PAGE 14

FAMCD Scholarship Winner
Essays

PAGE 15

Inclusion

PAGE 18

Division and Membership
Highlights

PAGE 19

Upcoming Division Webinars

PAGE 21

Upcoming FCA Conference

PAGE 22



ACHIEVING CULTURALLY COMPETENT QUALITY CARE FOR LGBTQ+ INDIVIDUALS THROUGH HEALTHCARE PROVIDERS

BY: ELIKA UPADHYAY

In the United States, 4.5% of Americans identify as LGBTQ+ (Newport, 2018). However, even as such a large group in the United States that have specific healthcare needs, their care is typically not of quality, nor is it culturally competent. With such a large percentage of the population identifying as LGBTQ+, we find that health issues are community health issues because the community and culture perpetrate their health outcomes and disparities. However, such disparities can be alleviated by the community understanding LGBTQ+ health, and the experiences individuals in this population endure to get quality culturally competent healthcare.

The relationship between healthcare providers, people of authority, and the LGBTQ+ community are fragmented due to years of mistrust. It hinders the application of quality healthcare. Because of this, healthcare providers are one of the best ways to reach LGBTQ+ individuals and their particular needs since they are the first contact for patient relations. As a community that experiences the minority stress theory, which states that the microaggressions, discrimination, homophobia, and transphobia that members of marginalized and minority communities face lead to chronic stress, it is clear how such treatment can negatively affect health outcomes, including mental health (Meyer, 2003).

Due to disproportionately high levels of stress, individuals have higher rates of adverse mental health outcomes, such as suicide, bullying, and worse physical outcomes such as an increase in diabetes, increase in cardiovascular disease, in conjunction with increased participation in risky behaviors. These include increased tobacco use, increased drug use, and increased unprotected sex. Healthcare providers, not understanding about the LGBTQ+ experience, may further enable stigma and discrimination through their actions and by not ensuring quality and culturally competent healthcare. Lastly, since this population has specific healthcare needs, especially nonbinary/transgender individuals who wish to utilize hormone therapy or undergo gender confirmation surgery, individuals need insurance that will cover the costly expenses of medication, surgery, and hormones. However, such culturally competent care is challenging to obtain primarily due to finances and stigma in the community.

These health issues can be addressed by utilizing the reach healthcare providers have on the population. In order to have an inclusive environment for all in healthcare offices, there need to be initiatives centered around the patient.

(Continued On Next Page)

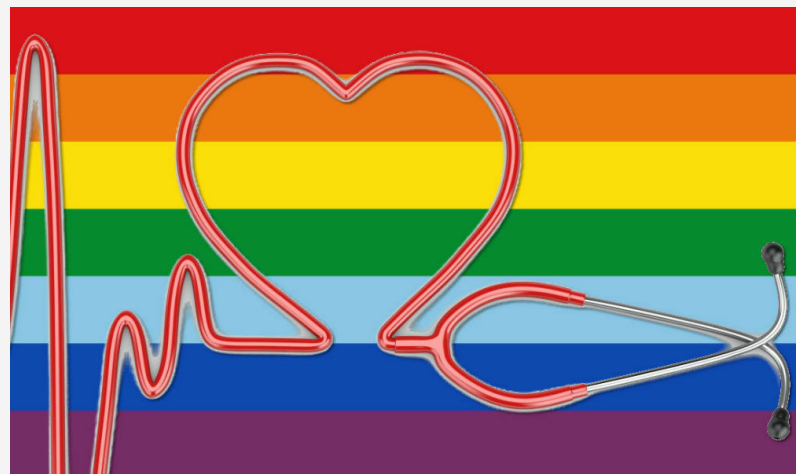
These must encompass meaningful engagement between the provider, the patient, and the patient's family. Providers must provide a safe space to allow patients to disclose sexual and gender minority status (Wheldon et al., 2018). Many of the initiatives to show an inclusive environment can be done through intake forms. These forms can utilize gender-neutral language and ask for preferred names and pronouns of patients. Intake forms can still collect a patient's sexual orientations and gender identities, but in an open-ended way to assure no assumptions are made.

Offices, themselves, can do more to provide a welcoming environment. This can be done by ensuring that there are no signs that might stigmatize or discriminate against the LGBTQ+ population. Instead, the office can employ patient education materials specific to the LGBTQ+ community. In the offices, there can be Sexual and Gender Minority policies and guidelines which address common LGBTQ+ issues that healthcare offices face. Regarding to patient care, doctors can make sure they are using open-ended language, and give opportunities for patients to disclose their status. They should seem trustworthy yet confidential. Moreover, both providers and staff should employ cultural competency training to ensure the office's policies and all employees follow the healthcare equality index.

Barriers to providing culturally competent and quality healthcare stem from healthcare providers and both their stigma and preconceptions toward individuals in the LGBTQ+ community. Their microaggressions or biases that they may or may not understand they are upholding affect all members of the community—especially as it pertains to receiving quality healthcare. Healthcare providers should be mindful of past harmful relationships with the LGBTQ+ population and recognize the power that they have to help support this population. Through mutual trust and respect, patients and doctors can make fulfilling relationships which would and ultimately decrease stigma and help lessen such barriers for this population. Doing so would allow for a rippling effect to take place in the medical community and community at large, thus helping attain overall acceptance for individuals in LGBTQ+ population. All in all, barriers to care for the LGBTQ+ population in the United States can help be dismantled through healthcare providers, ensuring quality and culturally competent healthcare for all.

References

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*(5), 674.
- Newport, F. (2018). In U.S., Estimate of LGBT Population Rises to 4.5%.
- Wheldon, C. W., Schabath, M. B., Hudson, J., Bowman Curci, M., Kanetsky, P. A., Vadaparampil, S. T., . . . Quinn, G. P. (2018). Culturally Competent Care for Sexual and Gender Minority Patients at National Cancer Institute-Designated Comprehensive Cancer Centers. *LGBT health*, 5(3), 203-211. doi:10.1089/lgbt.2017.0217





DAPPING INTO BRO CULTURE

BY: *KATRINA SCHLECHTE*

I have always had a fascination with being a “bro.” Maybe it’s because I was surrounded by sisters growing up. Maybe it’s because I appreciated the societal norms of being a boy more than a girl. Maybe because, in middle school, the girls I was surrounded by were sometimes very difficult to be friends with. Either way, I have always wanted to be the girl that could fit in with the boys. However, as I have gotten older, it has become apparent that this is difficult, on both the surface-level and at a greater depth.

In my perception, one of the greatest signs that you are a basic-level bro is your ability to “dap it up.” In order to pursue my inclination to be a “bro” despite my “girl” status, I analyzed the experience of what it is like to “dap it up” with those who identify as male while I identify as female. I approached my friends who identified as male, and instead of greeting them with the typical hug, I went to “dap them up” instead. When I went up to my friends who are male with the intention to “dap them up,” I was consistently been met with two simultaneous reactions. First, surprise that I was attempting this stereotypical masculine behavior. Second, disbelief and doubt that I would actually be successful in performing the behavior (this is then followed by surprise again and the male is impressed, because you bet that I have practiced and would consider myself proficient at “dapping it up,” and take pride in the surprise that I am met with).

Dapping it up, for me, is a silly behavior, and the fact that my friends who are male do not take me seriously does not negatively impact how I view myself or how I view my friendship with them because I know that they still care about who I am as a person. However, what it represents on a greater scale does negatively impact me as a female and many others who identify as such. The “bro handshake” and being able to “dap it up,” and my inability to be taken seriously even when I can do it well, represents a frequent barrier for females into male culture and friendships.

Although this exercise uses a simple behavior, it is a manifestation of the denial of access into the relationships that exist between those who are male for their female counterparts. For example, in the book “The Meritocracy Myth,” the author describes how this barrier can be seen in the workplace. Due to the historical inequalities that have faced women in the corporate world, a majority of men hold supervisory positions that create the opportunity for mentorship that can then influence the success of the people they mentor, for example, through nepotism.

This can be incredibly difficult for women working under male supervisors because often times, the situations in which these opportunities of mentoring and meaningful relationship building exist are in male-dominated areas not accepted by society for women to be present. This can include, but not be limited to, poker nights, having cigars in the office, going to get drinks after work, golfing, etc (McNamee, 2018). I believe this to be an extension of “bro culture” and “dapping it up.” It is behavior that represents exclusivity not defined by competency. Just as I am not taken seriously even when I can dap it up with excellency, many women are not taken seriously when they can perform tasks with excellency in male-dominated spheres. Despite the fact that the book does not specifically mention those who identify as transgender or genderqueer, it is my estimation that similar barriers exist because of the common belief that gender and gender inclusion are exclusively tied to genitalia.

(Continued On Next Page)

This can be incredibly difficult for women working under male supervisors because often times, the situations in which these opportunities of mentoring and meaningful relationship building exist are in male-dominated areas not accepted by society for women to be present. This can include, but not be limited to, poker nights, having cigars in the office, going to get drinks after work, golfing, etc. (McNamee, 2018). I believe this to be an extension of “bro culture” and “dapding it up.” It is behavior that represents exclusivity not defined by competency. Just as I am not taken seriously even when I can dap it up with excellency, many women are not taken seriously when they can perform tasks with excellency in male-dominated spheres. Despite the fact that the book does not specifically mention those who identify as transgender or genderqueer, it is my estimation that similar barriers exist because of the common belief that gender and gender inclusion are exclusively tied to genitalia.

This testifies to the fact that gender equality takes more than just an increase in female, transgender, or genderqueer representation, but a shift in the overall societal perspective on what it means to be gender inclusive and what it means to identify with a certain gender (or none at all). Not only do we have to work to create physical space for gender inclusion; we have to work for that same space to be created cognitively through the understanding that gender does not limit or define a person’s ability, but rather is an aspect of a person that contributes to their strength as a whole. This recognizes that accompanying each person and how they identify, through gender and other avenues, is a set of unique skills and perspectives that contributes to the strength of, broadly, humankind, and specifically, whatever group or team they belong to. With this understanding, we can then truly begin to strive towards a holistic equality that is not restricted by preconceived misperceptions but instead maintains fluidity to include all persons.

I should be able to consider myself a “bro” without having to perform behavior that is outside of what is typical to me. Because from what I’ve seen, being a bro means being a good friend, being dependable and trustworthy, being a hard worker and a strong leader. And I like to think that I am all of those things, regardless of whether or not I can dap someone up, if I have male genitalia, or if I even express in any way as male. I should be a bro because I want to be a bro.

Finally, I should be a bro because I do not work as hard as I do to be limited by or excluded through another person’s perception of what my gender means.

References:

McNamee, S. J. (2018). *The Meritocracy Myth* (4th ed.). Lanham, MD: Rowman & Littlefield.





CULTURAL IMMERSION IN DOMINICA

BY: DR. ANN SHILLINGFORD-BUTLER

The islands of the Caribbean are no strangers to natural disasters. Each year, the natives of these islands experience reoccurring trauma from the fierce winds and blinding rains, dumped upon them by hurricanes. The island of Dominica, known for its natural beauty, is no exception. In 2017, Dominica was hit by tropical storm Irma. Fortunately for the islanders, damage from Irma was not as catastrophic as was the case with a few of its neighboring islands. However, two weeks later, Hurricane Maria catapulted through Dominica, leaving 90% of its structures in shambles. Many lives were lost; homes, vehicles, jobs, were lost. Families and children reported experiencing the most traumatic event of their lives that evening.

Since the devastation in Dominica, Drs. Shillingford and Butler, along with counselor education students from the University of Central Florida have visited the island for study abroad in May, 2018 and again May, 2019. During these professional immersion experiences, the group had opportunities to meet with students, teachers, and counselors. Public school students expressed grief at seeing and hearing about families and friends who had lost their lives during the storm.

Several students were retraumatized as their school became their emergency shelters for month, only to end up back at the same schools, this time to attend to their educational needs. What the UCF group heard was a sense of resilience from students that was breathtaking. Teachers and counselors shared the “emotional masking” that they had to do in order to support their students, despite the fact that their own homes were severely damaged, some destroyed.

Drs. Shillingford and Butler used the study abroad opportunity to work with counselors working in primary and secondary schools to address trauma, grief, and self-care. The UCF students played a significant role in conducting sessions on using play and expressive arts to address trauma. The team realized that the natives were surviving not only through the experience of hurricane Maria, but also with the realization that the next hurricane season was around the corner. Just over the past week, Drs. Shillingford and Butler returned to Dominica with counselor education students and were welcomed by a hopeful and resilient group of counselors and administrators. The team presented and discussed the use of various counseling approaches and techniques as well as use of small counseling group to address student concerns.

Through these immersion experiences, Dr. Shillingford collected qualitative data on the multicultural competence of counselor education students. She hopes to determine whether cultural immersion experiences, through study abroad programs, affect students’ level of comfort, knowledge, skills, and competencies in working with individuals from other cultural groups and communities. For more information regarding these study abroad excursions, feel free to contact Dr. Shillingford at Dr-S@ucf.edu



LGBTQ+ HISTORY: ERASED, NOT FORGOTTEN

BY: RYAN AUSTIN

Being 22 years old, I should have been taught more about LGBTQ history and know more than I do. I should have been taught names like Craig Rodwell. I should have been taught of tragedies like the UpStairs Lounge Fire. I should have been taught about the government's inaction in dealing with the HIV crisis turned massacre that began in 1980, and the protests and deaths that came of it. But I was not. I had to learn about my people's history myself. In my opinion, Queer history has not been forgotten nor has it been lost. It is my firm belief that our history has been erased.

Our society has a responsibility to teach our youth about the culturally rich history and lives of the LGBTQ people over time so that we may understand how to better the future for this community. This is a job, however, that our national school system is failing to uphold. Only two states out of fifty are teaching Queer history in their K-through 12th grade curriculum. When the nation refuses to teach its children about a vital part of history, they are erasing it, and willfully so. In this case, they are erasing the lives of queer individuals and the culture they worked so hard to create.

Why did it take me twenty-one years to read about Craig Rodwell, the man who started the Oscar Wilde Memorial bookshop, the first of its kind to house timeless gay and lesbian authors? Why did it take me twenty-one years to read about the UpStairs Lounge Fire, the largest massacre of gay people on American soil, second only to the Pulse shooting in 2016? Why did it take me twenty-one years before I heard about the Metropolitan Community Churches, a wave of churches that brought together the ideas of religion and sexuality?

Why did I not learn about the 90,000 lives lost spanning over ten years from the AIDS crisis that started in the 1980's? There is but one answer to all of these questions: our history is adamantly being erased.

Jim Downs, in his novel *Stand By Me*, summarized it best when he wrote, "...that gay people had to collect their own stories because they couldn't rely on straight people to record their past." The issue is, how are we expected to carry our own history when we do not even know it? How can we be expected to collect stories we don't even know exist? It could be argued that many minorities have some piece of their history taught in school. The Queer community has not yet been afforded this opportunity. We, as a society, must educate ourselves. Whether or not one identifies with or among the Queer community, I urge you to read the existing literature and brush up on the history that is being washed out from our heteronormative society. Some may say that such histories and lives did not exist in the past, and those individuals would be wrong. We created an entire culture—from bookshops to churches to philosophical groups. LGBTQ history is not being forgotten; it is being erased, and consciously so. We must do everything possible to cherish this rich history and ensure that it is honored and shared, rather than stripped away and forgotten.



GIVING EVERY CLIENT YOUR “A” GAME PART 2

BY: DR. HENRY MCCARTHY

PROFESSOR EMERITUS AT LSU HEALTH SCIENCES CENTER; PAST-PRESIDENT OF
THE AMERICAN REHABILITATION COUNSELING ASSOCIATION

This article provides [part 2 of] recommendations to guide counselors in their interactions and professional services with persons with a disability (PWDs). While it should be most informative for those who have had limited education and experience involving PWDs, I hope it will prove useful in some way for all readers as a reminder of best practices in serving this heterogeneous group of fellow citizens, some of whom are clients, current or prospective. The title is intended to capsulize two messages of the article: (1) Although the content is focused on PWDs, the principles of positive human relations that are presented really apply to the needs and wants of all clients, as well as persons in general. (2) As I developed this framework of guidelines, I observed that all the ideas I wanted to include could be captured with concepts that start with the letter “A” (McCarthy, 2018). I hope that the choice of terms reinforces recollection of this framework for counselor facilitation of consumer/client empowerment, composed of the following five A-strategies: awareness; accessibility; accommodation; advocacy; asking before acting.

Disability-Focused Guidelines for Promoting Dignity and Ensuring Human Rights (Continued)

Advocacy. An ongoing strategy that should be used by all counselors and, indeed, by any person wanting to make meaningful change is doing advocacy and promoting self-advocacy by those directly affected. Three modes of approaching change are: (a) individual advocacy to assist a particular person;

(b) self-advocacy when one is fighting a cause on behalf of oneself or one’s community; and (c) systems advocacy to generate improvement on an institutional or societal level (such as making a policy change that benefits a class of people). Advocacy comes from Latin root words meaning to speak up or use your voice to advance a cause. Accordingly, many modes of advocacy have to do with verbal communication: giving talks to educate stakeholders about an injustice; writing letters of petition to the controlling authorities; lobbying legislators; creating public service announcements; and participating in a boycott or protest march. Other ways of promoting a message or cause are to conduct research; solicit resources and supporters; monitor enforcement of equal-opportunity laws; and sponsor demonstration projects. These actions can serve to validate the need or instigate the change process. Many other means of effecting advocacy can also be chosen to fit with the agenda and the preferred style of the advocate. Kiselica and Robinson (2001) discussed several qualities and skills that characterize people well-suited to be advocates. These include: ability to maintain a multi-systems perspective; ability to use individual, group, and organizational change strategies; willingness to compromise; awareness of the impact of your personality on others; and ability to adjust your style in order to be an effective change agent.

(Continued On Next Page)



SCHOOL COUNSELORS SUPPORTING STUDENTS WITH IMMIGRANT BACKGROUNDS

BY: LOIDALY GONZALEZ-ROSARIO, MS, NCC

Schools function as the primary source of mental health services for children with immigrant backgrounds (Sullivan & Simonson, 2016). Student success is tied to their general well-being and mental health (Hoffman, Podikunju-Hussain, & Fry, 2018). Their resilience is dependent on the resources students and their families can access; however, undocumented students are often thrown into a community with different rules, roles and responsibilities. Therefore, school counselors need to prepare to meet the diverse needs of this growing population.

Undocumented students are students who come to the United States (US) due to either real, perceived threat of safety, or follow their parents in pursuit of a better life. They have triple minority status, being from a low-socioeconomic status, lacking citizenship with a constant fear of deportation, and lacking the primary language to communicate effectively (Storlie & Jach, 2012). They experience multiple disadvantages from being held back grade levels for not knowing the language or due to countries having different educational standards, an increase in mental health concerns, and a need to navigate systemic barriers which affect their success in this country. Additionally, parents and family members of undocumented students typically come to the US with a high respect for teachers and the school system. They do not reach out for fear of disrespecting the professionals in the education field. With an understanding of parents' respect for education, school counselors can be the bridge for relationships with families and the school community at large.

School counselors can also discourage the use of students as language brokers in order to avoid the awkward role reversals involved in language brokering (Goh, Wahl, McDonald, Brissett, & Eunju, 2007).

Cultural differences play a large role in the communication and the relationship building between school counselors and immigrant families. For instance, language, even when translated may not have the same meaning for the language minority, (i.e. in many languages there are no words to define or describe mental health; Kugler & Price, 2009) Psychological and physical barriers exist for the students to reach their ultimate potential in 'the land of opportunity'. Barriers take the face of having a constant fear of deportation, policies which are not culturally sensitive, poverty, language, and diminished support systems (Crawford, Aguayo & Valle, 2017). Therefore, school counselors must find creative ways to support the mental health of this population and empower parents and families in supporting their student's success.

To compound the barriers which undocumented students face in a community and school building, the daily news talks of governmental shut downs to fortify the US borders in order to protect US citizens from such dangerous individuals who rape our women, and ruin our society. These harsh and extremely marginalizing messages seep into our school's system, from the principal, teachers, parents, and even the students, either consciously or subconsciously (Ryu & Tuvilla, 2018).

(Continued On Next Page)

These messages effect the environment in which students and families are working towards freedom, safety, and a better future. In order to combat these messages, the school counselor must actively work to create a welcoming environment, offering literature in multiple languages, training office staff in cultural sensitivity, and being available outside of regular work hours.

School counselors can take the lead in educating teachers, and school personnel on the legalities of documentation status. For example, immigrant students face a lack of legal protection in attaining any secondary education (Ryu & Tuvilla, 2018). Under Plyler v. Doe (1982), students are not to be denied access to K-12 education due to their legal status. However, where education might be the students only method of reaching opportunities, the US legal system prohibits them from reaching anything past a high school diploma, perpetuating a cycle of poverty. However, many private institutions, community colleges, high school certificate programs and mentorship with community members can help build bridges for students' post-secondary opportunities. School counselors are the key holders to many of these student's lifelong well-being. They are an integral part of the school and have access to a variety of resources. School counselors need to collaborate and be open to new ideas to support the lifelong development students with immigrant backgrounds.

References

Crawford, E. R., Aguayo, D., & Valle, F. (2017). Counselors as leaders who advocate for undocumented students' education. *Journal of Research on Leadership Education*, 194277511773930. <https://doi.org/10.1177/1942775117739301>

References Continued

Goh, M., Wahl, K. H., McDonald, J. K., Brissett, A. A., & Eunju Yoon. (2007). Working with immigrant students in schools: The role of school counselors in building cross-cultural bridges. *Journal of Multicultural Counseling & Development*, 35(2), 66-79. <https://doi.org/10.1002/j.2161-1912.2007.tb00050.x>

Hoffman, L., Podikunju-Hussain, S., & Fry, M. (2018). Seeing "RED" to serve students: An example of advocacy for counseling services for refugee and immigrant adolescents. *Journal for Social Action in Counseling & Psychology*, 10(1), 38-61.

Ryu, M., & Tuvilla, M. R. S. (2018). Resettled refugee youths' stories of migration, schooling, and future: Challenging dominant narratives about refugees. *The Urban Review*, 50(4), 539-558. <https://doi.org/10.1007/s11256-018-0455-z>

Storlie, C. A., & Jach, E. A. (2012). Social justice collaboration in schools: A model for working with undocumented latino students. *Journal for Social Action in Counseling & Psychology*, 4(2), 99-116.

Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of Educational Research*, 86(2), 503-530. <https://doi.org/10.3102/0034654315609419>





SAFETY IS SEXY: THE SEX EDUCATION CRISIS FACING THE LGBTQ+ COMMUNITY

BY: KATRINA SCHLECHTE

Of the 50 states, only 24 mandate sexual education. Of the states that do participate in providing sex education (whether mandated or not), 27 provide abstinence-only education (Guttmacher Institute, 2019). Abstinence-only education oppresses the students it “teaches” by not providing the holistic picture of sexuality and prevents agency by inhibiting adolescents and young adults from making the most informed decisions possible because of their lack of knowledge regarding birth control, contraception, and other safe sexual practices. This can cause adolescents to be placed into risky situations that they are unprepared for, unequipped to handle, or do not recognize as risky. Therefore, we are marginalizing adolescents as a population when we enforce abstinence-only education rather than comprehensive sex education. Adolescents, in general, are lacking a voice in this matter and are marginalized as a result. Now, imagine if you are an adolescent who is in a group that is already marginalized, and this issue is just an additive layer that continues to push you further into being an “other.”

Abstinence-only sex education in the LGBTQ+ community, specifically with adolescents, is failing members of that community by not providing comprehensive sex education, and in most sex education, creating a presumption of cisgender heterosexuality that fails to acknowledge the diversity of sexual orientations and gender identities that exist. In the United States, only 12 states require discussing sexual orientation in school curriculum, and of these states, only nine require inclusive conversation and information of all sexual orientations. The other three require that only negative information be included regarding sexual orientation (Guttmacher Institute, 2019). In a survey conducted by the Gay, Lesbian, and Straight Education Network, they found that less than five percent of the 7,898 LGBTQ individuals aged 13-21 they surveyed had received positive representations of the LGBTQ+ community in sex education (2013). The effect of this educational crisis is twofold. Not only does this prevent persons of this community from receiving the education that they deserve so as to promote positive sexual health, but it works to imply that their identities are not worth recognizing or are not valued. And in the case of those three states, it explicitly states that their identities can only be regarded as negative.

The need for comprehensive sex education specifically in the LGBTQ+ community can also be seen in the disproportionately negative health statistics facing the community. In 2017, youth aged 13-14 made up 21% of new HIV diagnoses, and for those aged 13-24, an estimated 51% were unaware of their diagnosis. For those who identified as male, 93% were the result of male to male sexual contact (Centers for Disease Control and Prevention, 2017). This demonstrates the large discrepancy in safe sexual health practices for those engaging in non-heterosexual behaviors and the need to address these practices beginning at a young age so as to be preventative of risky behavior. And yet, the percentage of U.S. schools in which students were required to receive instruction on HIV prevention decreased from 64% in 2000 to 41% in 2014. Not only that, but members of the LGBTQ+ community were significantly more likely to experience sexual and dating violence (Centers for Disease Control and Prevention, 2017).

(Continued On Next Page)

As seen in the staggering statistics of the prevalence of disease and violence among LGBTQ+ youth, specifically gay and bisexual men and the unawareness of diagnosis, the answer is not to decrease education, but rather to increase it. A national implementation of comprehensive sex education has the potential to ensure that students are receiving the education they deserve in order to protect their human right of the greatest level of health and safety possible, regardless of their sexual or gender orientation. This is due to the fact that comprehensive sex education not only teaches an adolescent about their own body, orientation, identity, and how those aspects function together into sexual health and sexuality, but also teaches awareness regarding the sexuality of others and the fact that they deserve respect regardless of their similarities and differences.

In order to address this issue, it is essential that schools be required to provide comprehensive sex education that positively addresses all sexual orientations and gender identities. In research performed by the Centers for Disease Control and Prevention, one of the factors found to be protective regarding sexual health for gay and bisexual young men is positive attitudes about condoms and increased peer group acceptance of safer sex. For transgender youth, it was acceptance from parents and peers, and the presence of gay-straight alliances (2018). We cannot expect peers to have positive attitudes about safe sex and diverse sexual behaviors if this attitude does not begin in the classroom, where adolescents spend the most significant amount of time during the week. We cannot expect gay-straight alliances to form and an accepting atmosphere to exist if the adult role models in the school are not willing to create it. It is the responsibility of the educator to set the precedent.

Although nationally required comprehensive sex education is the goal, there is much that can be done on the individual scale to work towards bettering the messages given to the LGBTQ+ community. As an advocate for social justice, one can begin to change the presumption of heterosexuality and marginalization of identities outside of that through opening up the door for inclusive conversation within classrooms, peer groups, or any other opportunity in which the topic presents itself. Change most often begins with small steps of courage by a single person to make their voice heard. This is especially important for those who belong to the majority group- we have the privilege to choose when to participate in these issues because they do not impact us on a daily basis. Therefore, it is imperative that we make the choice to no longer make our statement through silence, and instead use the platform we have to lift the voices of the LGBTQ+ community so that their needs for equity and equality are heard and met.

References:

Centers for Disease Control and Prevention. (2018, April 10). HIV/AIDS. Retrieved from <https://www.cdc.gov/hiv/group/age/youth/index.html>

Henry J Kaiser Family Foundation. (2018, June 01). Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior. Retrieved from <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>

Gay, Lesbian, And Straight Education Network. (2013). The 2013 National School Climate Survey. Retrieved from [https://www.glsen.org/sites/default/files/2013 National School Climate Survey Full Report_0.pdf](https://www.glsen.org/sites/default/files/2013%20National%20School%20Climate%20Survey%20Full%20Report_0.pdf)

Protective Factors for LGBT Youth | Health Disparities | Adolescent and School Health | CDC. (2017). Retrieved from <https://www.cdc.gov/healthyyouth/disparities/lgbtprotectivefactors.htm>

Published: Jun 01, 2. (2018, June 01). Abstinence Education Programs: Definition, Funding, and Impact on Teen

Sexual Behavior. Retrieved from <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>

Sex and HIV Education. (2019, April 01). Retrieved from <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>



BREAK THE STIGMA

BY: MARCELO ELALUF

Imagine waking up one morning and not having the ease of being able to walk; that drinking a glass of water is a complicated job to do; or that you have to wait for a someone else to help you carry out an activity. Now imagine leaving home and having to cross the street—or even a highway.

There are many people in the world who are born with and acquire physical disabilities. We, as a society, do not have to be yet another barrier.

Often times, we limit persons with disabilities because we have this misperception that they do not have the capacity to perform certain actions, but we forget that they can develop other senses much more than those without disabilities can.

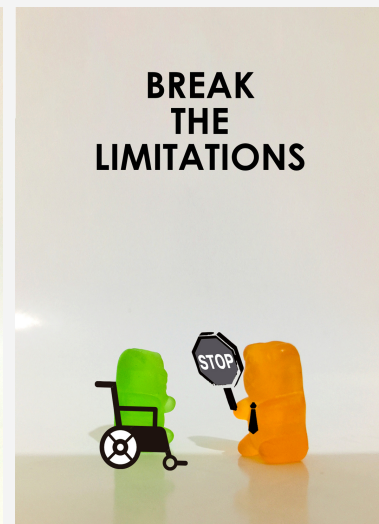
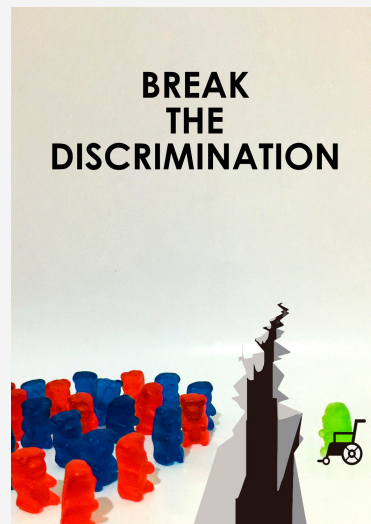
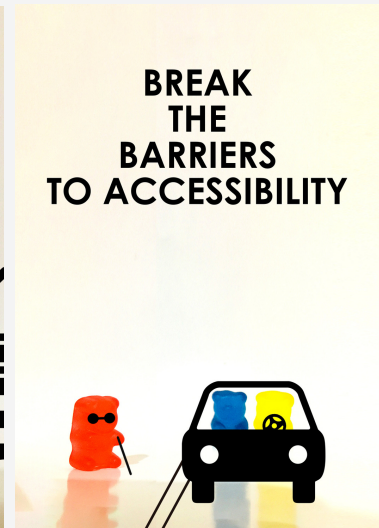
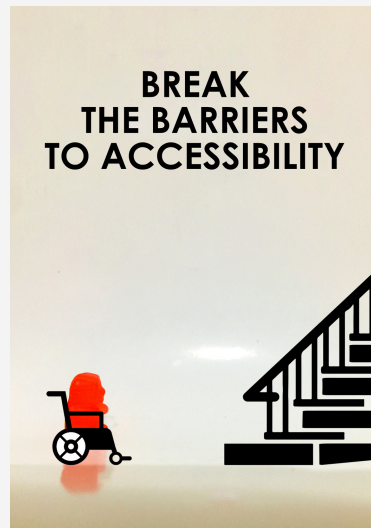
There are many stigmas and barriers that do not give persons with disabilities the opportunity to participate in the world, be a part of the greater community, include them in the workforce, or feel free to attend places of entertainment without having to worry about accessibility.

As is this case, there are so many individuals with disabilities around the world—many of whom do not receive adequate attention or fair opportunities to develop and fulfill their goals as those without disabilities have had.

Dreams have no limits, and neither should one's abilities or disabilities.

*Marcelo Elaluf is a creative audiovisual and multimedia audiovisual communicator with a speciality in art direction and public creativity in Peru. Marcelo is actively involved in social campaigns throughout the country focused on anti-bullying, inclusion for persons with disabilities, and equality for the LGBTQ+ community, and was named the inspiring role model for youth in Lima, Peru for his work.

[This interview was originally conducted in Spanish and was transcribed for the purpose of this newsletter publication.]



FAMCD is excited to announce the results of our 2019 Max Parker Scholarship recipient! Our Scholarship Committee received a lot of wonderful submissions from very qualified candidates who are doing wonderful work within the academic and clinical realms. These individuals are making such an incredible difference in the community, and we are proud to call them FAMCD members. After careful consideration, we would like to congratulate Amanda DiLorenzo on being our 2019 Max Parker Scholarship Award Recipient! Amanda will receive a \$500 scholarship, and her essay is featured in this edition of our division's newsletter! The essays of our two runner-ups, Amber Norman and Jamie Edmondson, are also featured in this edition of our division's newsletter! Congratulations to our winners and thank you to those who applied! Above all, thank you for the incredible work you are all doing!

ESTABLISHING COMMUNITY PARTNERSHIPS

BY: AMANDA DILORENZO, ED.S

I would like to believe that after a community crisis people come together to support one another from relief to recovery. However, what I have observed is that those who are underserved and marginalized remain as such even after there is awareness of the needs in a given community. Once the spotlight of the media shifts from one striking story, the community in need is unfortunately forgotten. As I reflect on this, I think of Haitian Americans after the 2010 earthquake in Haiti. The media spotlighted the event for days and weeks, but after a relatively short amount of time, the spotlight shifted to the next newsworthy subject. This is a pattern in media history. However, we are counselors, not the media. In contrast, we must be consistent in our efforts.

I began working in Cap Haitian, Haiti in 2011 with P4H Global, Inc. a year after the devastating earthquake that occurred on January 12, 2010. I did this before earning my degrees in counseling. My time overseas greatly humbled me and better prepared me to be a counselor. I learned how to carefully foster cross-cultural relationships to build rapport with the community of Cap Haitian, Haiti.

I would argue that Haiti is commonly over-served and marginalized from developed countries and communities. I have learned that when serving a given community, our intentions may be genuine, and the outcomes may be harmful. Therefore, we must consider the needs of a community before serving it. It is important to inquire about what the community requires rather than offhandedly offering what we want to give or how we want to help.

To meet the needs of the underserved and marginalized communities, we can connect, equip, and empower them through ongoing community partnerships, education, and advocacy.

Connect. It is important to have permission to enter a community. We must establish rapport with the community's leaders and gatekeepers. After building relationships we can discuss the needs of the community with the leaders and/or its members before establishing how we can best serve the population.

Equip. Once we understand what the community needs, we can assist the community gatekeepers, elders, and leaders to better support their own community. As a profession of counselors, we should be mindful that our expertise and services may not be the desired choice of the community members due to lack of familiarity, discomfort, etc. To further support the community, we can help those who are respected and trusted within it to meet the identified needs. All the while, we must practice self-reflection to honor what we are learning in this process.

Empower. To be equipped is to be empowered. This may require mental health and interpersonal education. Workshops and groups may be helpful for a community, especially if those who are trusted within the community endorse the activities. The facilitators should consult with the community elders or leaders on the content to make sure it is culturally appropriate within the community. This practice will also further develop trust between the professional and community leaders. Over time, it would be beneficial for community members to be connected with opportunities to further formal counseling training or lay counselor training to support their own communities.

As for our profession, we cannot be like the media. We must be persistent and considerate in providing services to underserved and marginalized populations. When we establish a relationship with a marginalized community through outreach, a community mental health center, private practice, etc., we must maintain and nurture it. We, the counseling profession, cannot be the media that focuses on a community momentarily and shift our perspectives when a new trend or better, more lucrative, opportunity flourishes. Instead, we can connect, equip, and empower the community through ongoing partnerships.



THE ROLES WE PLAY: CONFRONTING SOCIAL EXCLUSION AND REDEFINING SELF-CONCEPT

BY: AMBER NORMAN, MA, LMHC

William Shakespeare's pastoral comedy *As You Like It* includes the infamous monologue that characterizes the development of man within society, "All the world's a stage, and all the men and women merely players; They have their exits and their entrances. And one man in his time plays many parts; His acts begin seven stages..."

If all the world's a stage, marginalized individuals and groups have been relegated to working backstage. We are necessary to the functionality of the production, but our contributions are deemed simplistic and our recognition is minimal. Our roles as social outcasts are perpetuated within social dynamics of power, privilege and oppression. The conception of American society was predicated on the stratification of social groups based on a variety of social symbols. And we subsequently act according to the ever-evolving meanings given to skin color, gender, sexual orientation, social economic status, intellectual and physical abilities, and other identity markers. Thus, social exclusion is the subscription that people or groups are insignificant or peripheral. Furthermore, the internalization of inferior scripts that influence clients from marginalized groups have lasting mental health consequences without social change or intervention.

When a child is excluded or bullied, we often advise them to ignore the evaluations of those who reject them in favor of their own self-perception. But where does self-perception come from? Positive self-concept is interactional more than intrinsic. Not only do we care about what other people think, the social evaluation of others often influences our behaviors and roles within social systems. We further counsel that social support is key to self-esteem and coping within an unjust society. While social support is a validating tool, it does little for shifting social positions dictated by privileged members of society.

In fact, the "outcasts" in society are "socially supported" by each other yet retain little bargaining power for their individual needs within the dominant discourse. This only addresses feelings of isolation without enhancing feelings of respect, value, and broader societal inclusion.

Multicultural approaches in counseling must move beyond labels and engage client's in the meaning they ascribe to the roles they have been sanctioned. This means that counselors broach conversations with clients about social construction and the meaning they make from living in this unequal and inequitable theatrical metaphor. This dialogue is significant in recognizing the effects of "minority stress" distinct from cognitive deficits. More specifically, these conversations help therapeutic spaces contextualize social demands, negotiations, and interactions as understood by the lived experience of the client.

It is possible to be a minority in society and not be marginalized. Social inclusion looks like the recognition of diverse identities in various roles of society. Counselors can empower their clients by demonstrating how to critically transform systems and themselves. This looks like the client auditioning for the lead role that historically belonged to the privileged few. Rather than subconsciously asking our clients to cope with social exclusion, we advocate for conscious misconduct in response to normative oppression. Counselors can use strengths-based approaches with clients to redefine their roles within society, and subsequently improve social interactions and enhance their self-perception. Our roles must be less compulsory and more complementary. We're all in this play together. We are tasked to remove systemic barriers and give our clients an opportunity to live out roles that enhance their well-being and contribute to a whimsical life experience for all.



MULTICULTURAL COMPETENCY: IT STARTS IN OUR GRADUATE PROGRAMS

BY: JAMIE EDMONDSON

As many are aware, multicultural competence refers to a counselor's ability to work with all clients—regardless of age, affectional orientation, race, ability, culture, religious affiliation, or any other identity or cultural background. There is a field-wide calling for culturally responsive counseling—which is mostly rooted in our field's professional and ethical responsibilities—but it is no surprise that our field has much room for improvement in terms of appropriately counseling and treating historically marginalized and underserved clients.

Clients of color, LGBTQ+ clients, and other underserved client populations are often mistreated, misdiagnosed, and overall subject to less effective treatment at much higher rates than "majority" clients are. This is often due to the problematic history of test norming and development, systematic oppression, and other historically rooted issues, which our field must actively work against through advocacy and education. Outside of these larger-scale barriers, what can our field do in the here-and-now to take responsibility for these inequities? The answer may lie in our graduate-level programs, where we are responsible for efficiently training future counselors to work ethically, and effectively, with all clients.

Underrepresentation of marginalized identities starts long before counselors-to-be are sent out into the field. Inadequate representation begins in counseling programs, where individuals from historically marginalized backgrounds and identities are rarely represented in many programs' faculty, staff, and student populations. Knowing this, graduate programs should work more intentionally to regulate this inadequacy. This may include actively recruiting faculty and staff from varying backgrounds and identities, as well as intentional inclusion of marginalized populations in any research carried out within these institutions.

If programs continue to let this issue go unaddressed, they are complicit in the perpetuation of harmful inequities and incompetencies—even beyond the confines of the programs, themselves.

Additionally, our field does not put enough emphasis on the urgent need for multicultural competencies in students and current counselors. Many programs require students to take one multicultural class during their program—and, yes, this has shown to be somewhat helpful—but most research says that one isolated class is simply not enough. Even further, multicultural class structures often utilize materials, techniques, and case studies that tend to work best for counselors who fit within "the majority" (heterosexual, white, upper-middle to upper S.E.S. students). This isolates students of color, LGBTQ+ students, students with disabilities, and other already-underrepresented students, as well as robs them of countless learning opportunities that their more-privileged peers are afforded.

Although there are many layers to the current inequities in our field, we must start by utilizing this critical developmental period for counselors-in-training. Programs must be consistent in their accountability processes, deliver clear expectations to students and faculty, and devote effort to increasing representation in research, as well as faculty, staff, and student populations. As a field, we must hold counseling programs accountable for responsibly utilizing their platform to help students develop into competent, ethical counselors, thus creating a brighter future for our field, our clients, and communities. Counseling programs must commit to this mission, and our field can initiate this necessary shift—starting (and, for some, continuing) the dismantling of systemic barriers that are in place outside of our institutions and counseling rooms.

INCLUSION

BY: MARCELO ELALUF

When we are children, we think that everything is possible; that flying is something very simple—like a super hero.

There are many factors that make it difficult for one to achieve what they want. It is easy to judge others without knowing them, and it is difficult to understand how they feel. These photos aim to show that nobody in the world can make you feel less than who you are.

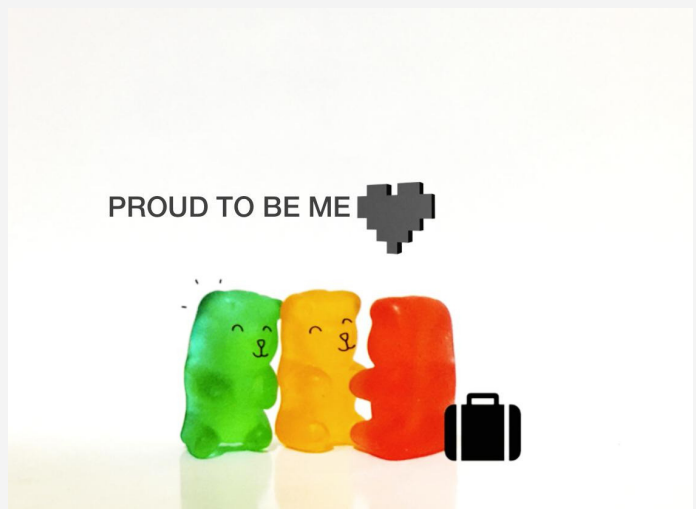
Nobody chooses to be part of a stigmatized or minority group. Each one of us—myself, your siblings, cousins, friends, the person working behind the counter at the local supermarket, or you who might be watching this video—we ALL go through life with our own battles and we each want a world of equality for these realities,

The simple act of accepting one another is a great gesture and opportunity to support each other in fulfilling our dreams.

True peace can be found in respecting each other.

*Marcelo Elaluf is a creative audiovisual and multimedia audiovisual communicator with a speciality in art direction and public creativity in Peru. Marcelo is actively involved in social campaigns throughout the country focused on anti-bullying, inclusion for persons with disabilities, and equality for the LGBTQ+ community, and was named the inspiring role model for youth in Lima, Peru for his work.

[This interview was originally conducted in Spanish and was transcribed for the purpose of this newsletter publication.]



*El respeto hacia los demás
es la verdadera paz*

Marcelo Elaluf

Division Highlights

FAMCD & FACES Collaborative Webinar Series Presents:



Multicultural Development: Considerations in Counselor Education and Supervision

Panel Board Discussion

Webinar Overview: Please join FAMCD and FACES as we facilitate a panel discussion to explore relevant topics surrounding multicultural and diversity development competencies. This exciting panel will include counselor educators, qualified supervisors, counselors, and leaders within FCA and the state of Florida. The panelists will highlight the basics of cultural competence, obstacles to overcome personal biases, creative strategies for working with supervisees and students, and approaches to increase counselor educators and supervisors' knowledge, skills, and awareness.

Training Objectives:

1. Participants will engage in an active discussion regarding the importance of multicultural issues in counselor education programs and supervision.
2. Participants will be able to identify knowledge, skills, and attitudes related to multicultural competencies within counseling programs and clinical supervision.
3. Participants will learn creative ways to increase students' and supervisees' cultural humility, awareness, and competencies in counseling.

Date: Friday, April 26, 2019
Time: 12:00pm-1:30pm EST



Elizabeth Manzano-Boulton, EdD



Letitia Browne-James, PhD, LMHC-S, NCC

Cost:
 Free FCA Member
 \$12 Non FCA Member
 \$25 for 1.5-hr CEH
The Florida Board of Clinical Social Work, Marriage and Family and Mental Health Counseling has approved this course under continuing education provider BAP#90-0249 & National Board of Certified Counselors Provider #0200 materials prepared for FCA, PO Box 4474, Deerfield Beach, FL 33442



Eric Davis, PhD, NCC, SB-RPT



Cary Paro, EdD, LMHC



Elisa Niles, LMHC-S, NCC, CCTP



On Friday, April 26th, FAMCD and FACES hosted a collaborative panel webinar titled, "Multicultural Development: Considerations In Counselor Education and Supervision." This webinar covered important topics focused on multiculturalism within the education and supervision settings.

[Click Here To Watch The Webinar!](#)

Florida Association For Multicultural Counseling And Development Webinar Series Presents:



Culturally Responsive Calculations: Considerations When Administering Assessments

Presented by:

Michelle D. Mitchell, PhD, LPC (PA), NCC

Webinar Overview: Multicultural competence is considered an essential component of ethical clinical practice (Arredondo & Toporek, 2004). In fact, the area of multicultural counseling has gained such importance in the helping profession that guidelines for training, research, and practice have been developed over the years (APA, 2003; ACA Code of Ethics, 2014; Ratts et al., 2016). Therefore, addressing the intersectionality of client identities during the implementation of assessments is a critical skill as well as an ethical mandate counselors are expected to uphold. In this way, counselors are charged with obtaining knowledge on the essential components of multicultural competence, cultural considerations when administering assessments, as well as being appropriately equipped to provide support, resources, and advocacy efforts for culturally diverse clients. Please join us to learn more about cultural responsiveness in assessment delivery among diverse clients.

Training Objectives:

1. Participants will be able to describe the essential components of multicultural competence as per the multicultural and social justice counseling competencies.
2. Participants will be able to describe cultural considerations when administering assessments.
3. Participants will be provided with techniques and resources on how to engage in culturally responsive

Date: Friday, May 24, 2019
Time: 12:00pm-1:00pm EST

Cost:
 Free FCA Member
 \$12 Non FCA Member
 \$25 for 1-hr CEH
The Florida Board of Clinical Social Work, Marriage and Family and Mental Health Counseling has approved this course under continuing education provider BAP#90-0249 & National Board of Certified Counselors Provider #0200 materials prepared for FCA, PO Box 4474, Deerfield Beach, FL 33442

Dr. Michelle Mitchell is an Assistant Professor in the Department of Counseling at Wake Forest University in Winston-Salem, NC. She is a Licensed Professional Counselor in the state of Pennsylvania and a NBCC Board Certified Counselor with clinical experience in working with underprivileged and marginalized populations. As a faculty member, Dr. Mitchell (a) assists in the development undergraduate and graduate students, through counseling curricula and advising; (b) participates in professional service; and (c) an active research agenda. More specifically, Dr. Mitchell remains active in service through her role as a Co-Chair of the Association for Multicultural Counseling and Development's (AMCD) Strategic Planning Committee and Mentoring Program. Furthermore, Dr. Mitchell's research focuses on the assessment of multicultural competence and self-efficacy among counselors. In fact, her dissertation was entitled, "The Development and Validation of the Multicultural Competency Assessment (MCA)" where she developed and tested the psychometric properties of a new multicultural competency assessment.

On Friday, May 24th, FAMCD hosted a webinar titled, "Culturally Responsive Calculations: Considerations When Administering Assessments." This webinar focused important culturally sensitive considerations when working with and administering assessments. Click Here For A Link To Watch The Webinar!



FAMCD 2019 Upcoming Webinar Series Schedule:

FAMCD and FALGBTIC Webinar Series Presents:



Fostering Resilience in Gender and Sexual Diverse Youth: Strategies for Counselors

Presented by:
Raul Machuca, PhD, LMHC &
Justin Maki, PhD, LPC, NCC

Webinar Overview: This webinar will present a model of resilience for gender and sexual diverse youth. Research that has explored resilience for gender and sexual diverse youth will be shared. A discussion of strategies used to foster resilience will occur, and participants will gain an understanding of how a resilience model is applied to this population.

Training Objectives: At the end of this interactive presentation attendees will be able to:

1. Understand a resilience model for gender and sexual diverse youth.
2. Apply strategies specific to fostering resilience for gender and sexual diverse youth.
3. Evaluate the promotion of resilience of gender and sexual diverse youth from an intersectional perspective.

Date: Wednesday, June 19th, 2019
Time: 12:00pm - 1:00pm EST

Cost:
Free FCA Member
\$12 Non FCA Member
\$25 for 1-hr CEH
The Florida Board of Clinical Social Work, Marriage and Family and Mental Health Counseling have approved this course under continuing education provider BAP#20-0249 & National Board of Certified Counselors Provider #2020 materials prepared for FCA, PO Box 4474, Deerfield Beach, FL 33442

Dr. Raul Machuca is a counselor educator and supervisor, a Licensed Clinical Mental Health Counselor in Florida, a Board Certified Supervisor for Clinical Mental Health and Family Therapy interns, and a Certified Cognitive Therapist. He is an associate professor at Barry University's CACREP accredited Counseling Programs, and a faculty supervisor in their on-campus training clinic. Dr. Machuca's general research interest and areas of scholarship, service, teaching, supervision and practice include evidence-based teaching, counseling and supervision, multicultural issues, gender and sexual diversity, and resilience. Dr. Machuca's current research focuses on resilience among gender and sexually diverse individuals. Dr. Machuca serves as the treasurer for the Florida Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (FALGBTIC).



Dr. Justin Maki is a graduate of Auburn University in Alabama, where he earned his Ph.D. in Counselor Education and Supervision. He holds a master's degree in Mental Health Counseling with concentrations in eating disorders and alcohol and other drug abuse, as well as a bachelor's degree in Psychology and Spanish, all from the University of Wisconsin-Stout. Dr. Maki has worked in higher education as an academic advisor, career counselor, and educator. His research interests include LGBTQ issues in counseling, emotional intelligence, and career-life balance. Dr. Maki has delivered over 19 presentations in recent years at national, regional, and state conferences primarily related to LGBTQ issues and serves as the Florida Association for Multicultural Counseling and Development's LGBTQ Concerns Chairperson.



Wednesday, June 19th,
2019
Fostering Resilience In
Gender and Sexual
Diverse Youth: Strategies
for Counselors
12:00pm - 1:00pm
Click Here To Register!

FAMCD & ARCA Webinar Series Presents:



Autism And The Black Family Part II

Presented by:
Maria Davis-Pierre, LMHC,
Certified IEP Coach

Webinar Overview: This workshop will highlight the importance of cultural awareness when working with Black families of children diagnosed with Autism Spectrum Disorder. Beginning with a detailed analysis and explanation of culture broadly, the presenter will lead the conversation toward helping attendees understand their cultural development and biases. Next, attendees will learn how their own biases can lead to "resistance" with families in the therapy setting. The workshop will continue with the theoretical understanding of Black culture and it's the implications for therapy. The aim of this presentation will illustrate the current state of the field in the area of servicing diverse communities as well as open the door to having more clinicians incorporate the discussion of culture.

Training Objectives:

1. Participants will learn the importance of cultural competence and the important role it plays in the Black autism community.
2. Participants will gain knowledge on how their own biases and unknown ableist views affect the outcomes of successful joining with black parents who have a child with autism
3. Participants will learn how to have culturally responsible discussions with the parents and educators of children with autism spectrum disorder

Date: Thursday, July 18, 2019
Time: 7:00pm-8:00pm EST

Cost:
Free for FCA & ARCA Members
\$12 Non FCA Member
\$25 for 1-hr CEH

ARCA Members:
(Email faoffice@flacounseling.org for registration promo code)
For CRCC credit info, email: arcaffice@arcaweb.org

The Florida Board of Clinical Social Work, Marriage and Family and Mental Health Counseling have approved this course under continuing education provider BAP#20-0249 & National Board of Certified Counselors Provider #2020 materials prepared for FCA, PO Box 4474, Deerfield Beach, FL 33442



Thursday, July 18th, 2019
Autism And The Black Family
Part II
7:00pm - 8:00pm
Click Here To Register!

Upcoming Florida Counseling Association (FCA) Conference

70th Annual Florida Counseling Association Convention!

October 4-5, 2019
USF Embassy Suites & Conference
Center - Tampa, Florida

MORE INFORMATION SOON AT
WWW.FLACOUNSELING.ORG

Florida Counseling Association Convention
Tampa, Florida: October 4-5, 2019
<https://www.flacounseling.org/Convention>