



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

A Division of Florida Counselors Association

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FAMCD NEWSLETTER

Letter From the President

Happy July everyone!

I hope this quarter's newsletter finds you healthy, well, and re-grouping after months of unsettling uncertainty. Perhaps due to my chaotic upbringing, I have a twisted viewpoint of chaos whereby I am able to thrive in it. When the pandemic struck I remember thinking that it could be an opportunity or crisis and the outcome was up to me. Thus, I coined the term "pandemic pivot" and began encouraging those connected to me to look closely for ways to thrive in the chaos created by COVID-19. It has been amazing to be among those who did things differently, creatively, smarter, and better.

Conversely, there are people who are not so privileged with the time, energy, resources, or support to pivot when disaster strikes. FAMCD exists for them. I am proud of our FAMCD members and know that there are those among us who purchased extra and gave to people in need, learned to sew masks, created social media content to bring awareness to communities of color fighting against health disparities, and donated their counseling practices to serve frontline healthcare workers. We pivoted so that others could thrive.

As evidence of our work, this newsletter consists of articles that will continue to enhance our service for and with oppressed and marginalized people. In it, you will read COVID- related articles about supporting the (a) disability community, (b) homeless populations, and (c) immigrants and refugees. You will also find content about the discrimination against LGBTQ people related to blood donation, and resources to help us continue the fight against human trafficking.

I am proud of this newsletter and I want to give a special shout out to Dr. Justin Maki who admonished students in his Ethics course to not just learn about social justice and advocacy but to do it. As a result of their #PandemicPivot they contributed much to this newsletter's content. Enjoy!

Sincerely,
LaTonya M. Summers, PhD NCC MAC LPCS LCAS
FAMCD President



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Welcome to FAMCD

FAMCD, please welcome Dr. Homer Brown as our new President-Elect, and Amanda DiLorenzo-Garcia as our Secretary. Welcome to an amazing organization. We look forward to serving alongside you.



DR. HOMER BROWN

President-Elect



AMANDA DILORENZO-GARCIA

Secretary

FAMCD Treasurer

**JOB
VACANCY**

Vacant!

If you are interested in applying for FAMCD Newsletter Chair, please email Dr. Summers at lsummer@ju.edu.

WEBINAR



STARTING...

PRESENT FOR US.

FAMCD is seeking webinar presenters for our 2020 Webinar series. Send us an abstract of your proposed webinar, three learning goals for participants, a brief bio of the presenter(s), a headshot, a copy of your CV, and tentative dates and times for July-December for your 1 hr. presentation. Send inquiries or materials to lsummer@ju.edu

THANK YOU IN ADVANCE!



How Can We Support the Disability Community during COVID-19?

By: *Alexis Duggan, M.S., CRC*

The Coronavirus pandemic has affected our entire country. Individuals are out of work, school has gone virtual, and all public gatherings have been canceled. Every day there is a new update of concern that increases mass hysteria. Each community regardless of race or socioeconomic status has been affected in some way. However, there are populations that are at greater risk during this uncertain time. The disability community is often overlooked and left out of mainstream society. A national pandemic exacerbates the barriers that the people in the disability community often encounter. As advocates for the disability community, it is our responsibility to ensure that these individuals are not left behind. During times of a national pandemic, it is imperative that we remember to include this population in all decisions that are being made. It is important that we focus on the areas of mobility, accessibility, and disability-centered resources.

Why is mobility such an issue?

To decrease the potential spread of COVID-19 you may have noticed that most public transportation authorities have limited routes. Within the disability community, there may be some individuals who greatly depend on public transportation services. Without these services these individuals may not be able to complete essential activities such as grocery shopping, attending vital doctors appointments, or laundering.

How can we improve mobility during COVID-19?

During this uncertain time, everyone must have access to carry out essential activities. While transportation routes may be modified or limited, individuals with disabilities must still have access to these services. If routes are being changed it is imperative that this population is made aware of alternatives and provided with a form of travel training.

During COVID-19 travel training may look like an interactive map on a mobile device or a print copy that gives a visual to what a modified route may look like. For any questions related to transportation, please contact your local transportation authority directly

Is information about COVID-19 accessible?

Accessibility or focusing on how individuals with disabilities can benefit from the same resources as their non-disabled peers is vital to the disability community. Every day we are presented with new information from multiple outlets. But how can we ensure that the disability community is aware of what is happening around us? The Self-Advocacy Resource and Technical Assistance Center (SARTAC) has a tip sheet for COVID-19 information by and for people with disabilities that provide helpful visuals and concrete information during this time.

What disability-centered resources are available?

In most states, all nonessential businesses have been temporarily closed. This has created a financial strain and made it even more difficult for individuals to have adequate access to the resources around them. For individuals with disabilities who need food, it may be imperative to contact a local meal delivery service (i.e. meals on wheels, a food bank, etc.). Financial resources are extremely important during this time. Please contact your local unemployment service, churches, or other nonprofit organizations for more information regarding this. Aside from essential businesses many social and academic opportunities like day training programs are also closed to the disability community. It may help to supplement these services virtually through Zoom, Skype, or a phone call.

Resources

<https://selfadvocacyinfo.org/resource/plain-language-information-on-covid-19/>

Advocacy for Veterans During COVID-19

By LoForte, S., Delaney, R., Wolfe, M., & Moulton, T.

Veterans are a large population affected by the current COVID-19 pandemic. In the month of March, more than 217,000 Americans have tested positive for the virus, this includes around 1,600 patients under Veterans Affairs (VA) health care. This pandemic is emphasizing the downfalls that veterans have been experiencing with the VA prior to quarantine restrictions. It is bringing to light the issues that veterans face on a daily basis such as limited resources, assistance, and services. Along with these limitations, veterans are at a higher risk for increased mental health symptoms associated with PTSD, anxiety, and depression during this pandemic; social isolation mixed with all of these symptoms cause the “perfect storm” (Ill, 2020).

With the 18.2 million veterans currently in the U.S., several retired veterans are being called to duty to help with the “unknown enemy” or “silent killer.” With the potential to be called to duty, it is affecting their families and the health and safety of their loved ones. As a veteran fighting overseas, there is a certain unfamiliarity to the idea or possibility of fighting an enemy at home (even an invisible one). This can induce a lot more anxiety, which can impact and lead to compromised immune systems.

Many of the jobs that veterans take on upon returning home are the ones that are undergoing layoffs due to the COVID-19 pandemic. On a daily basis, many veterans are faced with increased mental health struggles as the layoffs continue. This pandemic is also causing fears to the veteran community with the change in how they will receive their mental health services.

The VA has begun expanding direct counseling, outreach, and care coordination during the COVID-19 pandemic. While this pandemic is in full effect, veterans will continue to receive benefits and services from the VA's Veterans Benefits Administration (VBN) (Omar, 2020). More counselors are being trained for telehealth services, which means a lot more counselors are



Since there will be many more available counselors, veterans should be allowed to reach out to counselors outside of the VA in a time of need when their primary counselor is unavailable. Telehealth will help them during a time of crisis when we, the people of the world, need to come together, stay home, and help one another.

Furthermore, opening up the conversation and making the public aware of the effects that this pandemic has on veterans is so important toward advocacy. Starting the conversation is half the battle; an open dialogue about what is really going on for these veterans can start the outreach and in turn, get them help.

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“Veterans Fear Massive Job Loss and Increased Mental Health Issues Amid COVID-19 Pandemic.” Union Veterans Council, 4 Apr. 2020, unionveterans.org/news/veterans-fear-massive-job-loss-and-increased-mental-health-issues-amid

Making a Change: How Counselors can Fight Against Human Trafficking

by Jeanty, P.B., Baker, D., Willis, E., & Castillo, W.

MODERN DAY SLAVERY

Human Trafficking is defined by the United Nations as the recruitment, transportation or receipt of individuals by the use of force or threat to exploit for personal gain

(<https://www.unodc.org/>, 2020).

Though many view this subject as sexual in nature, the term human trafficking encompasses labor, slavery, and organ removal

(<https://www.unodc.org/>, 2020).

In 2018, statistics showed a 25% increase in cases related to human trafficking in the United States from 2017 (<https://polarisproject.org/>, 2020).

Currently, Washington D.C. has the highest human trafficking rate in the nation with 11.66 victims per 100,000 people

(<https://worldpopulationreview.com//>,

2020). The trafficking industry makes an estimated \$99 billion worldwide with the highest profits coming from sex trafficking and forced sexual labor. Common trafficking hotspots include sporting events such as the Super Bowl or hidden organizations, such as massage parlors. The presumed most vulnerable population are girls in foster care, often due to manipulation tactics used by traffickers.

One of the biggest barriers to counseling a victim of human trafficking is the stigma associated to it. Clawson, Salomon, and Goldblatt (2008) noted that “shame is seen as one of the greatest barriers preventing them from seeking mental health services” (p. 2). Victims may feel as if coming forward will cause more damage to their reputation, relationships, or even expose them to further abuse. Therefore, counselors need to ensure they meet their client without judgement and with an open mind. Another barrier victims often face is the length of counseling. Counselors need to be aware that not all insurances will provide long enough coverage for clients with past trauma and therefore plan accordingly.

There are a number of key avenues for human trafficking prevention. One crucial space for this is school. In order to build healthy learning environments, educators must be knowledgeable about the signs of child trafficking and the steps necessary when behaviors at school are out of the ordinary (Thorn, 2018).

Another crucial area for prevention is foster care and juvenile detention centers. Proper education on the dangers of commercial sexual exploitation, as well as programs on empowerment and self-worth could be lifesaving (Thorn, 2018). Finally, the use of social media has become an important platform for sparking activism against human trafficking and promoting public awareness.

Counselors are on the front lines of aiding victims of human trafficking because they are among the few with the competency to assist them in their time of need. Unfortunately, a key factor that could prevent the quality service delivery is limited knowledge and education on what human trafficking is and its implications on the victims. Equipping and educating clinicians via seminars or conferences that draw attention to the literature surrounding human trafficking aid in expanding awareness. Continuing education that centers around treatment and research proposals that provide evidence-based practices would further enhance the quality of care. Together, we can make a difference.

Contact Author(s) for References

We want to hear from YOU

We are committed to growing & expanding our reach. Please consider taking this survey to let us know what works, what we need to work on, and what you hope to see in the future of FAMCD.

<https://www.surveymonkey.com/r/NY6DKVD>



***COUNSELORS AS ADVOCATES FOR SURVIVORS OF MASS SHOOTINGS**

BY: *MEDINA, L., ROJAS, N., NICHOLS, J., & FAUERBACH, K.*

Mass shootings affect individuals in different ways. Survivors of mass shootings show high resilience after the trauma, while other survivors struggle to cope with the event. Individuals experience anxiety or depression after a traumatic event like a mass shooting, and they may turn to substances to cope with the problem or develop a trauma-related disorder (Novotney, 2018). When people experience these feelings or find themselves unable to cope, they feel afraid of the aftermath of the event and they distract themselves from what has occurred or even avoid the problem (Novotney, 2018).

In the last decade, there have been 229 mass shootings in the United States ("Ten Years," n.d.). Of these shootings, over 1,300 died, and more than 900 were shot and wounded ("Ten Years," n.d.). Gun violence is the second leading cause of death for people in the U.S ("Ten Years," n.d.). Women, Black Americans, and LGBTQ identified persons are vulnerable populations of gun violence.

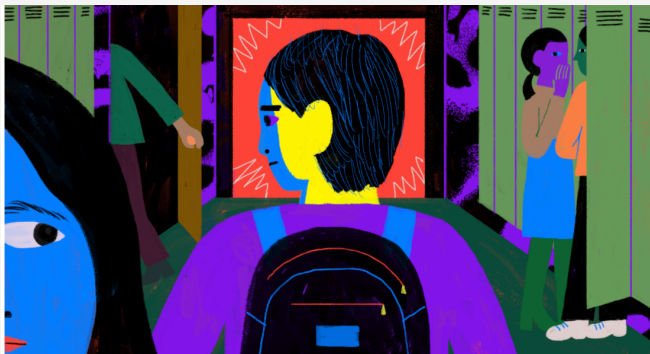
Research shows a significant percentage of the population develop trauma related to mental health in the aftermath of tragedies, such as mass shootings (Novotney, 2018). The National Center for PTSD reports that 28% of people who have witnessed a mass shooting develop post-traumatic stress disorder (PTSD), and about a third develop acute stress disorder (Novotney, 2018). This type of trauma can also occur in individuals who witness reports of mass shootings in the media.

Unfortunately, individuals witness or are involved with mass shootings, whether at schools, malls, nightclubs, or in the safety of their own neighborhoods. It is essential for people to be able to access different resources to help them come to terms with their trauma and be able to live functionally in their daily lives. The question becomes how people as a society and the mental health community can help the population cope with trauma related to mass shootings.

Counselors who work with a population of clients who have been dealing with trauma-related stress or disorders can become advocates for those people who have been dealing with those stressors. Counselors can also provide support groups for the people that are struggling with trauma-related stress caused by mass shooting events. Other forms of coping methods that counselors can advocate for their clients are to avoid overexposure to the media, which can be harmful to one's self-care. While it is essential to stay in the loop about what is happening, being hyper-vigilant on the topic can cause acute stress and post-traumatic stress, as stated by the American Counseling Association ("Coping in the Aftermath," n.d.). It is wise to limit exposure to news sources to refrain from experiencing those symptoms. There are available resources, but there is much more that mental health counselors can contribute to this ongoing phenomenon for people in need of further healing.

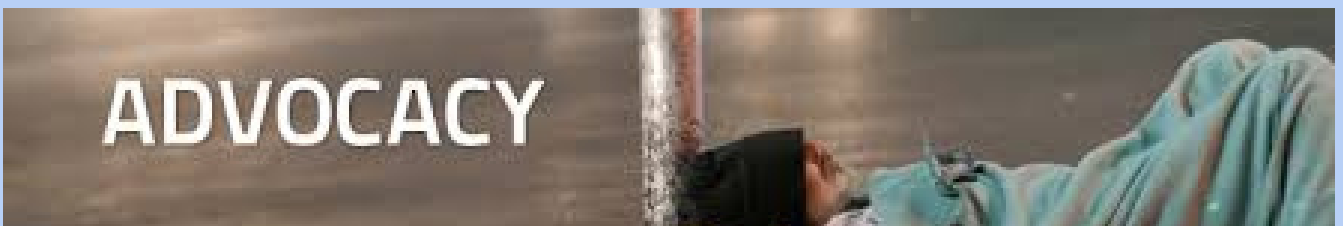
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- *the title of this article was changed to better align with the content



THE HOMELESS AREN'T HELPLESS: ADVOCACY THROUGH COUNSELING

BY: PASSARELLI, V., SANCHEZ, M., & BASILE, S.



Take a stroll through downtown Miami. Between the sleek skyscrapers and rooftop bars, people in frayed clothing line the sidewalks and dimly lit corners, asking if you'll spare a dollar or food. In the midst of the COVID-19 crisis, the streets of our lively city are barren, but the unhoused remain alone and unprotected. In these desperate times, let's reflect on how counselors can support the forgotten population – the homeless.

In 2018, the National Alliance to End Homelessness reported that 17 in every 10,000 Americans experienced homelessness; 67% of these were individuals and the remainder were families. At 70%, men make up the majority of homeless individuals, with white men representing nearly half (49%) of the homeless population and African Americans following closely at 40%.

Unfortunately, homelessness can illustrate various complications such as drug and alcohol abuse, exposure to violence, malnourishment, and health complications. However, a result of health complications within this population is due to inadequate medical care. According to Fleisch and Nash (2019), health issues among this population include factors like the environment, pulmonary and cardiac diseases, as well as other health care issues. Since the homeless usually live outside, they must acclimate to their environment and learn how to survive under any circumstance (e.g. rain, snow, heat), as well as "find" shelter and making money. Another concern to look at is that 80% of the homeless community smoke cigarettes which can cause health issues such as cancer, strokes and heart disease (Fleisch & Nash. 2019. p. 73).

Therefore, giving this population an opportunity to have free health care could be their first step to re-acclimate into society. As students, we must recognize and address the shortcomings of the profession in its involvement in community work. One of the barriers is our training. We should be equipped with practical experience and awareness of resources available in our communities to supplement our training. Collaboration with community organizations enhance our counseling practices (Pyk, 2018). We should also be aware of the boundaries of our clients, such as physical ailments and limitations in modes of transportation and communication (Calvo, Carbonell, & Johnsen, 2019).

As counselors, we can help serve the homeless community in numerous ways. Often overlooked by society, we can be the voice of change for such a vulnerable population. Financial reasons are the main deterrent for homeless people in need of counseling. By providing free sessions, counselors can now be available to the homeless community. Gathering support through political activism in the community and attending city council meetings and rallies can help bring much needed awareness to the homeless population. The homeless community is often portrayed in a negative manner, when really it is often just people who have fallen on hard times. Psychoeducation could be helpful for the public in order to eliminate negative stereotypes. Counselors can use their spare time or establish a volunteer day within their agency to volunteer at local shelters or food banks. As counselors, we strive to help those struggling through the darkest of times.

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Looking for Free CEU's?

Due to the challenges of the current times and the need for additional time and flexibility, the American Counseling Association is offering a package of 15 Continuing Education (CE) credits. You must register for and complete the workshops/webinars by September 30th. You can sign up at [counseling.org](https://www.counseling.org). Click on Professional Development Center and select 15 CE package to register. Sample topics include: suicide assessments, family therapy, ethical issues, group work and building a private practice.

HOW COVID-19 IS AFFECTING IMMIGRANTS AND REFUGEES



BY: COBO, J. J., ALOMAYRAH, N., JOHNSTON, J., & DINNEBELL, K.

It is difficult for refugees and immigrants to obtain proper housing, and lack of effective housing makes it difficult for them to protect themselves from COVID-19. Many immigrant families live in the same home due to financial and cultural reasons, which increases the risk of COVID-19 spreading among family members. Currently many property managers are not conducting tours or open houses due to the pandemic, thereby increasing the difficulties this population face with obtain housing. Many of these immigrants come to America with the intention of receiving their citizenship. Due to the current COVID-19 pandemic, the areas that provide testing for immigrants are temporarily closed. This is causing many issues with allowing immigrants to stay in the country and obtain residency. The advocacy group New American Economy findings showed that 16.5% of all healthcare workers in the United States are immigrants (Moodie, 2020).

In order to help, we can maintain advocacy plans, create online conferences and write press releases to spread awareness about the affects of COVID-19, which will help to inform the general public. We could also reach out to landlords and set up ways to have virtual tours in order for this population to find housing. Another way we can help advocate for this population would be to advocate for online citizenship testing, using platforms such as Zoom. Immigrants and refugees are vulnerable populations in any country. The political circumstances of refugees have forced them to emigrate from their country, although it is not uncommon that they previously owned property in their previous countries and were financially stable. In the countries they left, it is likely they had health care resources but due to wars or national events they may have been forced to migrate. It is possible that they are not receiving general medical insurance in the new countries that receive them and they cannot afford expenses themselves. Immigrants have limited access to free medical care and will likely have to pay for some treatments or insurance out-of-pocket. There are potential provinces and territories that offer free emergency medical services, but restrictions may apply. Vali and Cauliford (2006) cite that typically 75% of claims by immigrants are subsequently refused, with an estimated 50-75% of immigrants staying medically uninsured in their new country. This demographic is likely experiencing difficulties in cultural differences, language barriers, and financial problems, therefore the complexities of medical care during this pandemic act as another stressor.

The magnitude of immigrants and refugees not having health insurance and the negative effects that stem from this problem is difficult to appreciate. An individual without insurance during this time could feel extremely anxious at the idea that they may have to go to the hospital, which would cause an influx of medical bills and possibly debt. Pregnant mothers may also experience stress due to having to go to the hospital for childbirth, while a pandemic is going on. The risk of the mothers or their newborn child contracting COVID-19 is present, which would contribute to medical bills. This may cause the individuals or families to become financially impoverished, especially if multiple members of the family contract the illness. The inability to pay debts from medical bills could resolute in negative psychological effects in the future.

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Gay Men Still Being Discriminated Against When Donating Blood

By: *Torres, A., Suarez, F., Vidal, J., & Garcia, N.*

In June 1982, there was a group of cases in California where men who had intercourse with men contracted an immune deficiency disease that was called "gay-related immune deficiency" (GRID). By 1983, those affected by the disease increased, and expanded to include cases among men and women who did not survive after contracting it. Shortly thereafter, blood banks began to screen all of the blood supply in the U.S. for the disease. Although blood donation organizations use a health history screening before donation to ensure that the blood being received is clean and safe, an extreme measure has been taken in the case of gay men. Due to the higher rates of gay males contracting HIV, blood donation facilities implemented a 12-month rule which prohibited the donation of blood from gay males until after the grace period.

When COVID-19 began to spread rapidly, the President declared a national emergency on March 13, 2020. Due to the virus spreading at an uncontrollable rate, there has been a significant decrease in blood supply throughout the nation. According to the American Red Cross, only 38% of the U.S. population is eligible to donate blood, and approximately 10% of that population actually donates blood. Fortunately, the waiting restriction decreased from 12 months to 3 months for the general population. If the three-month restriction was extended to gay men they would be able to donate blood for the many lives that are being affected by COVID-19. This could also increase the percentage of people that donate blood generally, thus providing the U.S. with a higher supply of blood than ever before.

Advocacy for these types of social injustices must be done by both the counselor and the client to achieve the best results. As counselors we need to be aware of all forms of advocacy. Some forms of advocacy include lobbying, position papers/briefings, report writing, working with decision making bodies, non-violent protests, conferences/workshops, media interviews, and strategic litigation. Some of these methods may be hindered right now due to COVID-19 but there are plenty of ways around these hindrances. An option would be a virtual interview session. Record your meeting and post it on YouTube to advocate for rights. Engaging in any of these advocacy actions will propel society in the right direction and it will help clients gain the rights they are fighting for and deserve. All counselors should be well-versed in these forms of advocacy and help their clients work towards social justice.

WRITE FOR US

Authors are needed for our next newsletter. We are seeking submissions with a focus on multiculturalism and working with minority/underserved populations. Submissions can be scholarly or personal, and no more than 500 words. Deadline 8/30/20. Email inquiries or submissions to lsummer@ju.edu

USE YOUR VOICE FOR GOOD

