Dear FAMCD Members,

I hope this letter finds you and your loved ones well. In recent weeks, we heard of yet another devastation stemming from hatred toward a minority group in a place of worship. Fifty beautiful souls were taken from our world all too soon, and their life stories of hope, bravery, courage, love, and radiance fill our hearts knowing that our world was blessed with their presence. May these individuals rest in peace, and may we as helping professionals and above all, fellow human beings, do all we can to honor their lives.

It is all too common that in times of tragedy, we embrace the necessity of coming together to unite alongside our fellow brothers and sisters. Pastor Martin Niemöller notably stated, “First they came for the socialists, and I did not speak out—because I was not a socialist. Then they came for the trade unionists, and I did not speak out—because I was not a trade unionist. Then they came for the Jews, and I did not speak out—because I was not a Jew. Then they came for me—and there was no one left to speak for me.” We must not wait for times of tragedy to stand with one another and fight the good fight for unity, equality, and love. We must always be willing to stand up against injustices directed toward fellow human beings—especially as professionals who hold a great level of privilege and responsibility within our communities and within society. Martin Luther King Jr. eloquently shared, “Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

Last month, we celebrated Black History Month, a time devoted to acknowledging the achievements of African American individuals and the central role of Black individuals in U.S. history. We as a society have so far to go, as Black History should be recognized and learned about each and every day. We must incorporate Black History into our education so that our future generations can more accurately learn about the contributions of so many wonderful individuals who helped make lasting changes for the betterment of our country.

As we honored Women's History Month throughout March, we at FAMCD also call for more education and recognition of the incredible women who are often underappreciated for their fundamental role in our country’s history. In the upcoming months, we invite you to join us on our division’s Facebook page as we celebrate Autism Awareness Month, Mental Health Awareness Month, and LGBT Pride Month.

Our goal for this term has been increased educational opportunities for our membership so that we can take the gained knowledge and make a greater change in our communities. We encourage you to read up, gather the necessary resources and facts, and share the true history of our country and of underserved populations with those around you so that we can initiate much needed discussions with peers, colleagues, family members, and members of the community. In order to know where we are going, we must first know where we came from. With this basis, we can help make a greater impact in the world around us. In fact, Nelson Mandela stated, “Education is the most powerful weapon which you can use to change the world.” We encourage our members to take advantage of the priceless gift provided to us in our professional studies and work so that together, we can change the world.

In the upcoming months, the 2018-2019 term will come to an end and a new group of leaders will help lead our division into uncharted territory. We ask that you consider taking a position within FAMCD so that with your assistance, we can do even more for the world around us. For now, I thank you all for your continued support and involvement, and above all, I thank you for the work you do day in and day out to make a difference. We, as a division, are better for having you here with us; so is our profession, and so is the world.

Sincerely,

Daniel Balva, M.S., NCC, CRC
FAMCD President, 2018-2019
STIGMATIZATION OF DISABILITIES IN EMPLOYMENT

BY: MONICA CHEUNG

My name is Monica Cheung, and I am a student at the University of Georgia. As a senior who will graduate this upcoming May, I have been actively searching for employment. This process includes applying to an endless amount of jobs online and filling out countless applications. Since most of the companies I applied to are equal opportunity employers, I noticed that there is always the disability question near the end of the application where I am asked if I have a disability and if I want to disclose that or not. Although I know that this information is purely collected to track whether employers are diversifying their workforce and that it is technically illegal to use this information against applicants, I couldn’t help but wonder if job applicants are discouraged by this question (assuming employers did have access to view this information).

According to the Bureau of Labor Statistics, the unemployment rate for people with disabilities is twice as high compared to those without disabilities. People with disabilities report much higher rates of discrimination than those without disabilities, and employers have the mindset that “people with disabilities are less skilled, require more supervision, increase health care costs, and have low levels of emotional adjustment” (Bjelland, Bruyere, Von Schrader, Houtenville, Ruiz-Quintanilla, & Webber, 2010, p. 458). Some of the factors that contribute to this high unemployment rate include applicants having insufficient prior work experience, having insufficient skills and training, experiencing supervisor ignorance on accommodations for people with disabilities, and experiencing discriminatory attitudes from coworkers and supervisors towards those with disabilities. The possible loss of disability benefits that would result gaining employment is another contributing cause (Bjelland et al., 2010).

Mental illness, in particular, causes more specific issues due to its invisible nature and stigmatization. Employers are actually more likely to hire applicants with physical disabilities than mental health disabilities which questions the effectiveness of whether or not the disability question posed by the Equal Opportunity Program truly does help companies diversify their workforce. In fact, “Half of [US employers] are reluctant to hire someone with past psychiatric history or currently undergoing treatment for depression, and approximately 70% are reluctant to hire someone with a history of substance abuse or someone currently taking antipsychotic medication.”

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Half would rarely employ someone with a psychiatric disability and almost a quarter would dismiss someone who had not disclosed a mental illness” (Stuart, 2006, p. 523). Surprisingly, twice as many people with mental health disabilities expect to experience employment discrimination compared to those with physical disabilities, and one in three people with mental health disabilities have been rejected from employment opportunities after being transparent about their mental health. Job offers have even been taken back following the release of psychiatric history to employers (Stuart, 2006).

This stigmatization causes multiple effects. One result is that applicants with mental health disabilities are likely to feel hopeless and incompetent after being rejected so frequently because of their mental health. This discouragement can lead to a lack of motivation to search for employment, furthering the unemployment rates. Another outcome is that people with mental health disabilities will not want to disclose their disabilities in fear of being stigmatized and discriminated against in the hiring process and/or in the actual company once the person gets hired. This lack of vocalization about their mental issues will prevent them from seeking out resources that could help tremendously in their work life (and possibly their regular, day-to-day life) as well as reasonable accommodations that could impact their work performance.

According to the CDC (2015), nearly one in five adults in the U.S. has a functional disability (which includes mobility, cognition, independent living, vision, and self-care disabilities), and according to the National Alliance on Mental Illness (2015), one in five adults in the U.S. experience mental illness in a given year. Disabilities, both mental and physical, are very common, yet prejudice still exists against those that experience it. Although the unemployment rates are caused by a plethora of factors, we can tackle these factors one at a time.

I believe one of the first big steps towards progress would be to address the mindset, discrimination, and bias that employers and employees have towards people with disabilities. Recruiters should be trained and taught that people with disabilities are more than their disabilities; they are competent workers who have learned how to cope with their circumstances and can provide a unique insight and contribution towards the workforce. Current employees should be taught anti-discrimination practices. Research and statistics should be used to support both training programs. This broadening of minds is key to eliminating stigmatization of disabilities in the workplace and in the employment process. Although this may not be a fully detailed or flaw-free plan, I hope that it provides a step in the right direction to combating this problem.

We, as citizens of a democracy, can actively contribute to this effort by learning about different disabilities (whether it be through scholarly articles or asking people with disabilities about their experiences), asking our own employers about the policies they have in place to ensure equal employment, and contacting our local legislation to actively work towards this issue.

Contact the U.S. Equal Employment Opportunity Commission by e-mailing info@eeoc.gov. Learn more about disabilities at https://www.aahd.us/. Learn more about mental illness at https://www.nami.org/.

References

STRATEGIES PROFESSIONAL COUNSELORS CAN EMPLOY IN ADDRESSING THE CURRENT OPIOID CRISIS IN AMERICA

BY: ALEXIS DUGGAN, M.S., NAMRC STUDENT REPRESENTATIVE

The opioid crisis in America is a tragic epidemic that has negatively affected a diverse group of people. In South Florida, every two hours someone is left without a family member due to an overdose. Counselors are now faced with this prevailing issue and must employ a variety of strategies to combat this problem. Many professionals have chosen to use an evidenced based treatment approach to improve outcomes among this population.

Cognitive Behavioral Therapy incorporates a short-term goal-oriented strategy and utilizes reasonable solutions that can benefit this population. These practical solutions include journaling, homework assignments, and reframing negative thought patterns. Opioid users could benefit from setting daily goals such as attending support groups like Narcotics Anonymous. While attending these groups it may be beneficial for counselors to encourage these clients to keep a journal of their thoughts and feelings to identify behaviors that are precursors to addiction.

Professionals utilizing CBT must assist clients in identifying negative thought patterns as these are often the foundation of opioid addiction. When professionals can guide clients to reframe these negative thoughts and apply a more positive strategy the opioid crisis can then decline.

To adequately address this growing crisis counselors must also take a straightforward client centered approach such as Motivational Interviewing. Motivational Interviewing identifies behaviors that interfere with the client’s goals and assesses the meaning behind these behaviors. Counselors can work with these clients to identify their personal values and motivators. By openly acknowledging the mixed feelings an opioid user may have regarding their addiction and confirming that these feelings are normal counselors can then apply a team approach to this epidemic. This, in turn, helps to provide an empathetic supportive environment that may be unknown to some opioid users.

Additionally, when counselors take an Existential approach, they encourage clients to explore the meaning behind their life experiences that may have contributed to their addiction.

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This helps to create an awareness that encourages participants to examine the decisions that they make. Through this new-found awareness, clients can become motivated to make better life choices. Counselors who use an existential approach are seen by others as fellow explorers of client’s and their emotions instead of an expert. This helps to encourage interaction between counselors and clients and build a safe environment.

While counselors can stick to traditional methods such as Cognitive Behavioral Therapy, Motivational Interviewing, or an Existential approach, the growing opioid epidemic also calls for creativity. Counselors can become creative by forming specialized groups for opioid users who may have doubts about individual therapy. Within these groups, counselors can utilize empowerment activities that focus on goal setting and reframing negative self-talk which can help to decrease low self-esteem and shame surrounding opioid addiction. Clients can also employ expressive writing techniques to describe their opioid addiction, which may help to put their priorities into perspective. In a world where opioid addiction is on the rise, counselors are more than equipped to defeat this issue through traditional techniques, a team-based approach, and creativity.

References
IT’S ON US: THE IMPORTANCE OF CULTURAL COMPETENCY IN COUNSELING LGBT CLIENTS

BY: NICOLE TOREK, NSU CLINICAL MENTAL HEALTH COUNSELING STUDENT

In a March 2018 publication, Pepping, Lyons, and Morris discussed the importance of therapists’ exposure to training in LGBT-affirmative therapy, positing that counselors’ LGBT clients benefit from increased counselor competency in treating this population. Notably, the authors explain that the LGBT community reports dissatisfaction with psychological services as a result of practicing from a hetero-normative and cis-normative lens. They go on to report that LGBT individuals report fear of violence and discrimination when accessing services.

As a member of the LGBT community, I have found from my own participation in personal therapy that a counselor’s inexperience in working with clients from this population is easy to detect and makes for a less fulfilling and impactful overall therapeutic experience for the client. A therapist’s knowledge gap when it comes to the lived experience of LGBT clients can alienate a marginalized population—one that already finds it more difficult than other populations to seek therapy due to increased minority stress.

It is difficult to connect on even a preliminary level with a therapist when their prejudices or lack of understanding are felt, and it becomes considerably more difficult to comfortably make the meaningful disclosures that can lead to real growth and desired change.

The shortcomings I have experienced in my own therapy inspire me to use my future work as a counselor to help the LGBT population, as well as to raise awareness within the counseling community of this population’s particular needs. Yet the responsibility of caring ethically, competently, and sensitively for LGBT individuals in therapy should not solely fall on those counselors who are LGBT themselves and thus uniquely positioned to understand this community’s needs—rather, increased competency should be the shared responsibility of the entire counseling field. Lesbian, gay, bisexual, and transgender individuals experience a much greater level of discrimination from society outside of the therapy space; these experiences of otherness should not be repeated in therapy, nor should counselors reinforce the feeling of non-belonging that many LGBT individuals have internalized by the time they reach out for therapy.

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I strongly encourage all counselors, counselors-in-training, and professionals who work within the counseling field—especially those of you who have not had much exposure to this population—to raise your awareness of LGBT issues and to pursue training in working competently with this population. It is incumbent on all counselors-in-training and practicing counselors to increase their competency in working with this population so that we can create safer, more accepting counseling spaces for LGBT individuals. Increased competency can come from many sources, including continuing education, conversation, volunteering, and advocacy, but it begins with the basic desire to learn, grow and understand. It’s on us.

References
This article provides [part one 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

Awareness: A fundamental step that all counselors must take is to develop their awareness of important issues in the disability community and educating others to achieve that awareness. Essential to developing a thorough awareness of more subtle forms of inequity against PWDs is an understanding of the concept of ableism. Like institutional racism and sexism, ableism refers to a form of systemic discrimination against people with functional and aesthetic differences due to disability. It is called ableism because it establishes performance requirements not on individual needs but on a single standard based on able-bodied capabilities. It is systemic because it has become pervasive throughout our social system. Because it is so ingrained in society’s norms, the evidence of ableism can only be revealed by questioning and deconstructing the assumed validity of relevant practices and performance standards that the dominant, able-bodied majority take for granted. This involves (a) becoming informed, observant, and sensitiveto what is going on in your organization and community that prevents fair and equal treatment of PWDs; (b) honestly examining existing policies, attitudes, assumptions, expectations, or requirements that everything should be done the “normal” or usual way; and (c) remembering that not all barriers are concrete and visible, so it is necessary to look broadly and reflect.

Accessibility. The term accessibility is used in regular conversation to refer to how easy it is to enter and move about a location or to obtain, use, and experience something. It has acquired heightened applicability to PWDs since we have become more aware and concerned that many settings or experiences are not easily (or not at all) approachable or available to them. When raised awareness reveals situations of disparity that are in need of change, it is important to investigate what the possible contributing factors are.

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Careful analysis of the aspects of the situation and listening to the complaints of those who have been marginalized or excluded should help identify whether there are physical, procedural, or attitudinal barriers that prevent or complicate access and full participation. Are there features of the natural or built environment that constitute physical barriers? Are there requirements in the process of participation that create procedural barriers? Are there assumptions or beliefs held by gatekeepers or staff in the situation that communicate attitudinal barriers that make some people feel unwelcome, mistreated, or denied equal opportunity? Reducing these barriers requires honesty about oneself and listening to the marginalized group, as well as commitment and creativity, in order to assess and then increase accessibility appropriately. Most architectural or environmental features that promote access and convenience for PWDs actually improve those functional criteria for the general public as well. Ramps and automatic doors, for example, help all of us when we are transporting heavy loads or pushing a baby carriage. Technology that allows us to give information by voice or by touching a screen is generally easier and faster than writing or typing. The term universal design refers to intentionally creating such characteristics and choices that will maximize all people’s access to and interface with environments, equipment, or everyday experiences (e.g., Null, 2014).

Accommodation. There is considerable overlap both in concept and in practical examples between accessibility and accommodation. Both are used to increase inclusion of PWDs. Accommodation has a few different definitions in both its singular and plural forms. Its major meaning was determined when it was written into the regulations for the nondiscrimination sections of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. It was recommended as a principal strategy for reducing the discrimination by exclusion that people with disabilities experienced, particularly in employment and education. It consists of a variety of strategies that substitute or compensate for the different or limited abilities of PWDs. Examples include: (a) modifying the setting, procedures, or schedule for performing vocational, academic, or leisure tasks, such as individualized work breaks for those with stamina or other health-related needs, or telecommuting options for people for whom reporting daily to the office would be especially problematic; (b) providing adaptive equipment or resources, such as screen-reading software or sign-language interpreters; and (c) substituting alternatives for accomplishing requirements, such as allowing a job coach to train a new employee on site or offering a low-distraction testing environment. The purpose of providing accommodations is to redress the inequities of opportunity experienced by PWDs. Nonetheless, the lawmakers also recognized that in many situations, there is a mix of legitimate needs between the PWD and the agency or company involved, and sometimes they may be incompatible. Therefore, the regulations to these laws use the qualified phrase reasonable accommodation. Thus, a limit was set on the extensiveness of adjustments and modifications that a responsible organization such as a business or school should be expected to provide to a qualified PWD. The term reasonable was purposefully not delineated by a list of specific examples or by a formula. Rather, the laws and regulations provide some guidance and criteria to be considered when accommodation requests are individually negotiated. Two main criteria for assessing the reasonableness of possible accommodations are: (a) business necessity, which examines the extent to which the desired accommodation comports with (or at least does not detract from) the purpose of the organization; and (b) undue hardship, which is based on the projected cost-benefit consequences of different options for achieving the requested accommodation, with the law stating that the cost of implementing accommodations cannot impose undue hardship on the responsible organization.

Giving Every Client Your “A” Game- Part 2 will be featured in our upcoming summer edition, so stay tuned!

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REFLECTION FROM GLOBAL TRAUMA RESEARCH TRIP

BY: AMANDA DILORENZO, ED.S

In December 2019, I had the opportunity to be a part of the Global Trauma Research (GTR) team in Kwadébouke (Croix-des-Bouquets), Haiti. The team, composed of counselor educators, psychologists, and doctoral students, continued training local community leaders and members in leadership and supportive mental health skills. GTR’s objective is to increase access to culturally competent trauma counseling to underserved populations. To do this in Kwadébouke, the training of lay counselors is employed to support the local community and create a process for referrals for professional help when needed. Furthermore, the ongoing dialog GTR facilitates is about the intentions of the community leaders and members to understand what is helpful for them and how they want to proceed with the skills they are developing.

As a counselor educator in training, facilitating training with GTR fostered my growth in several ways: (1) it created a network with counselor educators who are passionate about international work and research, particularly in Haiti; (2) furthered my cultural competence and awareness; (3) and molded my role as an advocate for international mental health training. A meaningful part of the trip was spending time connecting with counselor educators who share my passion for international work and research. These conversations were motivating for me. It reminded me of the value of collaboration in our field and the necessity to partner with international communities.

Among my favorite experiences of the trip were interactions with the community members and discussing their goals and intentions. Furthermore, on our day off from training, our team was able to go out and experience a day in Kwadébouke. We went to a local metal artisans’ market and explored the shops. Additionally, we had a cooking lesson to learn how to make pikliz (pickle), a spicy food condiment, before having lunch at MyaBel, a restaurant that employs local community members and provides vocational training. Although this was not my first trip to Haiti, I greatly enjoy participating in new opportunities to engage with the local community and to learn more about the Haitian culture. I think about it in this way: I have worked in partnership with the Cap Haitian, Haiti community before, however this was my first time working in Kwadébouke. Similarly, I am accustomed to the Gainesville, Florida community and working in Miami, Tampa, or another community would be a different experience that I could enjoy learning from.

My intentions are to continue engaging with international communities and to be an advocate for trainings and partnerships. I believe these experiences are personally and professionally invaluable. I am grateful to have connected with GTR and contributed to their long-term work in Kwadébouke.
Division Highlights

On Friday, February 26th, FAMCD’s African American Concern’s Chairperson Tanisha Pelham hosted an interview in honor of Black History Month with the current President of the Association of Black Psychologist (ABPsi), Dr. Huberta Jackson-Lowman. During this conversation, Tanisha and Dr. Jackson-Lowman discussed the history of ABPsi, which included the history of scientific racism and the effects of systemic racism on the mental health of Black people throughout the diaspora. This conversation also addressed the current and future goals of ABPsi in the advancement of Black Psychology.

Click Here To Listen To The Interview!

On Thursday, February 28th, FAMCD’s Secretary Maria Davis-Pierre, LMHC hosted the Autism & The Black Family Webinar. The webinar covered cultural factors that interfere with identifying and serving black children with ASD, fostering cultural sensitivity in clinicians, and applying culture to therapeutic style. The webinar recording can be found on FAMCD’s website: https://www.flacounseling.org/ FAMCD
Division Scholarship
Opportunity Now Open
Until April 6th. Application
Information Can Be Found Here:

FAMCD Officer
Nominations Now Open Until March 29th.
Apply Here:
https://goo.gl/forms/k0X8iJG7WAUHP6bz2
FAMCD 2019 Upcoming Webinar Series
Schedule:

Friday, April 26th, 2019
Multicultural Development: Considerations in Counselor Education and Supervision
12:00pm - 1:30pm
Click Here To Register!

Friday, May 24, 2019
Culturally Responsive Calculations: Considerations When Administering Assessments
12:00pm - 1:00pm
Click Here To Register!
In the Spotlight

Facebook Page
The National Association of Multicultural Rehabilitation Concerns is a diverse group whose purpose is to advocate for the rehabilitation needs of multicultural persons with disabilities.

Facebook Page
The Institute addresses both struggles & strengths related to the wellness of the Chicanx community, including historical factors of oppression as well as ancestral wisdom.
Upcoming National Conferences

American Counseling Association 2019 Conference and Expo
New Orleans, LA: March 28-31, 2019
https://www.counseling.org/conference/

AMCD Multicultural and Social Justice Summit
Orlando, Florida: June 21-22, 2019
https://multiculturalcounselingdevelopment.org/events/amcd-summit/
Upcoming Florida-Based Conferences

**Traumatology Symposium**
Jacksonville, Florida: May 17-18, 2019
https://www.flacounseling.org/event-3233105

**Florida Counseling Association Convention**
Tampa, Florida: October 4-5, 2019
Call For Proposals Now Open!
https://www.flacounseling.org/2019-Convention-Call-for-Proposals