



IAMC Shades

Spring/Summer/Fall

Volume 1, 2015-16

Cross-Cultural Concerns

Inside this issue:

| | |
|--|----|
| Cross-Cultural Concerns | 1 |
| 2015 Conference Highlights | 4 |
| President's Message 2016 Conference | 5 |
| Cross Cultural Counseling | 6 |
| Violence Movements | 10 |
| Kudos to Counselors | 11 |

We are thrilled to announce our **IAMC Officers** for 2015/2016:

Linda Brown-Jackson,
President,
blinbrwn@aol.com (773-928-0814)

Maricruz Ramos,
Treasurer

Cherie Barnes & Matt Glowiak, Web masters

Kasia Wereszczynska,
President Elect

Tracy Heard,
President Elect Elect

Mildred Holmes,
Past President

Please feel to contact us with your ideas and suggestions for events, multicultural resources, and news.

A National Portrait of Hispanic Children in Need

Elizabeth Wildsmith, Marta Alvira-Hammond,
and Lina Guzman

February 2016

Communities and agencies at local, state, and federal levels have worked hard for years to meet the needs of the growing Hispanic population, particularly low-income Hispanics,² but challenges remain. For example, it has been documented that, at least in some cases, eligible Latinos are less likely to access available social services than other populations.¹⁻³

In part due to shifting demographics in the United States, there has also been an increased push for service providers to meet the needs of all children and families in ways that are culturally relevant. That is, there has been a push for providers to demonstrate "the set of behaviors, attitudes, and policies that come together in an institution, agency, or among a group of individuals, that allows them to work effectively in cross-cultural situations."⁴ A first step toward effective cross-cultural work, however, is a clear understanding of the populations who need to be served.

In this brief, we use nationally representative data from the 2014 American Community Survey^b to do two things:

- First, we show the number of Hispanic children who may be in need, based on their family's economic resources. These are children who might benefit from a variety of human or social service programs. Need can be variously defined, so we provide estimates for three separate groups of children: those in *deep poverty*, *poverty* (but not deep poverty), and *near poverty* (just above poverty) (detailed in Figure 1, and see the box on page 2). Consistent with some prior research,⁵⁻⁷ we identify *near poverty* as between 100 and 200 percent of the federal poverty level, as many experts believe that this level marks where the average U.S. family can just meet basic needs.⁸
- Second, we show what proportion of these low-income Hispanic children lived in households that reported receipt of SNAP or TANF^c in the past year.⁹ We describe children's circumstances across a range of available measures that are linked to program eligibility or to the availability of resources for children.

Definitions

In 2014, the federal poverty level (FPL) for a family of four was \$23,850 per year.

Deep poverty = Less than 50 percent of the FPL (i.e., \$11,925 for family of 4)

Poverty = Between 50 and 99 percent of the FPL (i.e., between \$11,925 and \$23,850 for family of 4)

Near poverty = Between 100 and 199 percent of the FPL (i.e., between \$23,850 and \$47,700)

In this brief, **low-income** refers to children living in households with income in one of these three categories.

Key findings

In 2014, more than 11 million Hispanic children lived in low-income households. However, as detailed in this brief, the circumstances of low-income Hispanic children are varied—economically and otherwise.

- Overall, 62 percent of Hispanic children (11.1 million) live in families with incomes *in or near poverty*:
 - 13 percent live in *deep poverty*,
 - 19 percent live in *poverty*, and
 - 30 percent live *near poverty*.
- More than 80 percent of Hispanic children in *poverty* or *near poverty* live in households where a parent or guardian is employed.
- Nearly two thirds of Hispanic children who live in *deep poverty* or *poverty* live in a household that received SNAP or TANF in the past year, and just over one third of those living *near poverty* received SNAP or TANF.
- The households of low-income Hispanic children vary in important ways by poverty status:
 - Hispanic children in *deep poverty* are more likely than other low-income Hispanic children to live in single or step-parent families, or to live in multiple-family households. They are less likely to live with both biological parents, have a foreign-born household member, or live with an employed adult.
 - Hispanic children living *near poverty* are more likely than other low-income Hispanic children to live with both biological parents, have an adult in the household who is employed or has some postsecondary education, and have private health insurance. They are less likely to live in crowded housing or receive public health insurance.
- Over 64 percent of all low-income Hispanic children live in a household with at least one foreign-born member; less than 20 percent live in a household in which anyone has any postsecondary education; and between 20 and 30 percent live in a linguistically isolated household—that is, in a household in which no adult speaks English very well.

The proportion of Hispanic children in need

Overall, 62 percent of Hispanic children, or roughly 11.1 million children, live in families with incomes in or near poverty—that is, with incomes below 200 percent of the federal poverty level (FPL). This is similar to the percentage of black children *in or near poverty* (65 percent), and twice the percentage of white children (31 percent; see Figure 1).

Among Hispanic children:

- 30 percent (5.4 million) live *near poverty*,
- 19 percent (3.5 million) live in *poverty*, and
- 13 percent (2.3 million) live in *deep poverty*.



Discussion

In 2014, 62 percent of Hispanic children—11.1 million—lived in families with incomes in or near poverty (less than 200 percent of the FPL). This is a tremendous number. As we document here, low-income Hispanic families are varied—economically and otherwise.

Deep poverty. Children in *deep poverty*, regardless of race or ethnicity, face extraordinarily challenging life circumstances that are only hinted at by household characteristics such as those of the Hispanic children described here. Children in *deep poverty* are at increased risk of remaining poor as adults and often live with adults who struggle with addiction or homelessness, and/or who have a disability.^{9,10}

Using 2014 data, we found that 2.5 million Hispanic children are in *deep poverty*. For this group of children, adult unemployment is clearly a very serious issue; less than half of these children live with an employed adult. This creates a barrier to some social support programs, including TANF and the earned income tax credit, which have work requirements. Notably, almost 30 percent of Hispanic children in *deep poverty* lived in a household that reported no SNAP or TANF receipt in the past year. Research has documented that in many cases, barriers to employment for adults in *deep poverty*—such as lack of child care, transportation issues, criminal records, and health concerns—can also be barriers to seeking out public assistance.^{11,12}

We also found that Hispanic children in *deep poverty* are more likely than other low-income Hispanic children to live in a household with more than one family and less likely to live with both biological parents. Additionally, they are less likely to live in a household with any foreign-born members, suggesting that poverty in these families may span multiple generations in the United States.

Poverty. More than 3 million Hispanic children live in the next rung of *poverty*, between 50 and 99 percent of the FPL. The Hispanic children in this category tend to have somewhat more stable households than do Hispanic children in *deep poverty*; more of them live with their biological parents and the vast majority live with someone who works. Notably, however, the education of the adults in these households is low (only 1 in 10 have more than a high school diploma), suggesting that investments in education and training may be particularly helpful. Additionally, more than one quarter of Hispanic children in this category live in a linguistically isolated household, while three quarters live in households with at least one foreign-born member. These last two factors may create additional barriers to employment and public assistance.

Near poverty. Finally, 30 percent of Hispanic children live *near poverty*—that is, in households with incomes between one and two times the federal poverty level. In this brief, we find that Hispanic children living in *near poverty* are more likely than those in *deep poverty* to live with an employed adult and with both parents—similar to those in *poverty* (but not *deep poverty*). They are more likely than Hispanic children in *poverty* to live with an adult who has gone past high school (20 percent).

Despite these relative advantages, however, the struggles of children in this income bracket are real, across race and ethnicity. Research documents that children *near poverty* are more likely than children in households with higher incomes to move between homes and to go without health insurance coverage.¹³ These children also suffer from worse health outcomes than children in households with higher

incomes.^{14,15} Many programs and state-specific requirements stipulate income eligibility thresholds lower than 200 percent of the FPL.¹⁶⁻¹⁸ This means that many children in this income bracket are ineligible for public assistance or are very close to the threshold for ineligibility, which may leave them vulnerable during tough economic times.

The Latino children discussed in this brief face struggles that many other low-income children face. However, Hispanic children in low-income families (those below 200 percent of the FPL) may face unique barriers to employment or seeking public assistance. More than one in five low-income Hispanic children, regardless of which poverty category they are in, live in a linguistically isolated household, and over two thirds live in a household with at least one foreign-born member. Children in households where adults speak limited English, especially in regions not equipped to serve Spanish-speaking populations, may have a harder time receiving social supports, including public assistance.¹⁹ Additionally, if any foreign-born household members lack documentation of legal status in the country, there may be additional reluctance to engage with government officials.²⁰

A first step to better serving children and families in need is to clearly understand their life circumstances. This brief enables a fuller understanding of the lives of low-income Hispanic children, a large and diverse population.

Read entire article at [brief at 2016-15HispChildrenInNeed.pdf](#), National Research Center on Hispanic Children and Families.

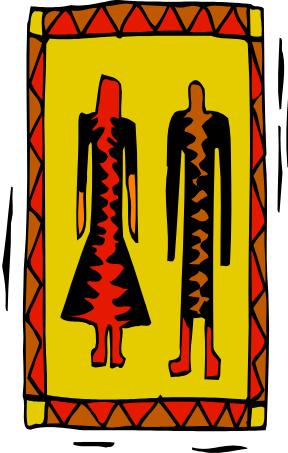
2015 Annual Conference
Trauma and its Impact: Counseling and Treatment concerns with Diverse Communities.”



Key Note Speaker:

Dr. Billie Terrell, Ph.D., LCSW, ACSW

Dr. Terrell has served as the Director of the Clinical Social Work program at the University of Saint Francis in Joliet, Illinois since 2005. Received raving reviews from all in attendance.



2015 Conference Theme:

Trauma and its Impact: Counseling and Treatment concerns with Diverse Communities.”

Inspiring and Enlightening Workshops:

Emotionally Focused Couples Therapy: Working with Trauma and African American Couples.

Presenter: Shea Dunham, Ph.D., Associate Marriage and Family Therapist

Don't forget the Middle Class: Burden and Psychopathology experienced within a Shrinking population.

Presenter: Matthew Glowiak, Ph.D., LPC, NCC

Comfort and Competence of Counselors: In training after a Spiritual and Religious Intervention based on the ASERVIC Competencies in Practicum.

Presenter: Nikki Ruffin, Ed.D, LCPC, NCC

2015-2016 President's Greeting

The baton has been passed on....

I am very grateful to the many members who continue to lend their time and talents to keep this division going and growing. Remember, we need your continued support.. This issue spotlights cultural statistics, counseling diversity, community and social information, a new prospectus on violence and medicinal connections to add to our counseling skill sets; while continuing the wonderful work of Mildred Holmes and the division's past presidents. We will continue to solicit division involvement from membership. There are several Meet and Greets scheduled for membership. Several other divisions have approached us regarding partnership (i.e. co-videoconferencing). We cannot wait to hear your ideas and suggestions to engage the current members and increase the visibility of IAMC. See you at one or all of the events on page 12.

2016 Annual Spring Conference

Illinois Association for Multicultural Counseling & Argosy University



\$40 IAMC Members
\$45 Non-IAMC Members
\$25 Presenters & Students

2016 Spring Conference

May 20, 2016

9 a.m. – 3 p.m.

Argosy University

**225 North Michigan Avenue,
Suite 1300**

Theme:

**Social Justice Perspective:
The Impact of Violence and
Aggression in Our Global
Community**

Key Note Speaker: Edil Torres Rivera, Ph.D., LPC, NCC, ACS

**Professor & Editor of the Inter-American Journal of
Psychology**

Cross-Cultural Counseling

Counselors Addressing Islamophobia and Working with Muslim Clients

Jahaan R. Abdullah

Since September 11, 2001 many Americans have found themselves questioning Islam and its teachings. After the terrorist attack on New York city's World Trade Center and the Pentagon in Washington D.C., there has been a noted increase in apprehension, fear, crime and discrimination against the Islamic community. Increased rates of hate crimes, violence and prejudice attitudes, towards Muslims since the 9/11 attacks have been noted throughout media and literature, across the United States. Among growing skepticism and reservation about Islam and Muslims, it is important for counselors to understand, recognize, and challenge Islamophobia. It is important to address this from a social justice perspective and to also foster an environment that is conducive for working with Muslim clients. Although there are various definitions of Islamophobia, many interpretations have the same underlying principles. Islamophobia is an irrational dislike, fear and prejudice towards Islam and Muslims. It can be characterized by the beliefs that Muslims are aggressive, threatening, violent towards non-Muslims or other Muslims that hold opposing beliefs, support terrorism, and are religious fanatics. Counselors must understand Islamophobia and implications of this increasing phenomenon. Discussed here is the importance of counselors understanding Islamophobia, ways for counselors to address Islamophobia and common misconceptions associated with the Islamic community.

“Misconceptions

Stereotypes

Generalizing

Stygmas”

can result in
perpetual damages

Counselors Challenging Islamophobia and Working with Muslim Clients

Within the role of counselor, there are times it is necessary to challenge the thoughts and behaviors of clients, colleagues and peers. Challenging discriminatory behavior and prejudice attitudes can be difficult. In the current political climate of increased negativity towards Muslims, it is important for counselors to understand that these acts are unjust and often originate due to lack of understanding or false information regarding Islam. At a time when Islamophobia is prevalent and clearly noted with the increased incidents of violence and discriminatory attitudes, the importance of counselors fostering a welcoming environment and one that is both a physically and emotionally safe for Muslim clients is crucial. Just like counselors identify themselves as safe to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) clients, we must also let Muslim clients know we as counselors are safe for them as well.



Counselors Addressing Islamophobia and Working with Muslim Clients (cont'd from page 6)

The ACA Code of Ethics calls on counselors to not condone or engage in discriminatory practices. Although there is no one clearly defined way to challenge discriminatory behavior and prejudice attitudes, there are many ways for counselors to effectively tackle conduct leading to Islamophobia. First, counselors must acknowledge and embrace any fears they hold about Islam and Muslims in general. Fear is a natural response to the unknown. However, it is important to understand that fear is a shared experience of many people and is also a much needed response to the dangers of the world, because it keeps us safe in situations that can result in harm. However, that same fear can also holds us back from life experiences and individuals that mean us no harm at all. Although fear is a natural response for many to the unknown, acknowledging fears and facing what we are fearful of is one of the best ways to move beyond the perturbation.

Second, seek knowledge about Islam in an effort to move from a place of unknown. With knowledge, fear of uncertainties about Islam and its teachings decreases. In addition to seeking knowledge, question commonly held views and other information given regarding Islam. By doing this, counselors can begin to look at Islamic view points and how they parallel other religious perspectives. This allows for the recognition of not only differences but also commonalities among Muslims and other people. It is understood that going against commonly held views is tough because there is separation that often occurs between those with differing views and feelings of isolation can be uncomfortable. This difficulty is noted even when challenging commonly held beliefs that are incorrect. However, emotional difficulty often signifies emotional growth and frequently happens when change is occurring.

Third, discuss fears openly and share newly acquired knowledge with others. With this, the aim is to decrease fears through providing accurate information. Talking about fears openly can take much effort and people often avoid subjects that are uncomfortable for them. However, counselors can begin to create an environment that is welcoming and one that values the views and opinions of all. A lack of communication can actually increase emotions such as fear, anxiety and tension. Accurate information is necessary for individuals to make good decisions and develop opinions based on factual information. Sharing accurate information is key to conveying positive messages and improving societal views. Accurate information in this case also aids in improving outcomes regarding increased rates of apprehension, fear, hate crimes, violence and discrimination against Muslims, because many hold misconceptions about Islam that are not true.



Counselors Addressing Islamophobia and Working with Muslim Clients

(cont'd from page 7)

Fourth, Counselors can begin to replicate these steps while teaching and when in practice. Within the field of counseling, teaching occurs at many levels. With this in mind, the ACA Code of Ethics calls on counselors to be culturally competent and to include multicultural components to counseling curriculum. Counselors can incorporate the Code of Ethics regarding multiculturalism by including Islam and Islamophobia in counseling curriculum and field experiences. Within the learning environment, students must be encouraged to reflect on their own views concerning Islam and actively listen to the views of others. Dialogue is important as uninformed views held by students can be challenged and corrected when views emerge that are counterintuitive to the multicultural counseling process. Students can be guided to a deeper understanding about Islam, Islamophobia and the impact it has on the Muslim community. Counselors need to work towards creating environments that are inclusive and respectful of various life perspectives, not just the views of a few select groups.

Students also need encouragement to broaden their perspectives' and to critically think about information received regarding Islam. As with counselor in the academic environment, it is important for counselors in clinical settings to understand Islam, Islamophobia and its implications as well. Information regarding Islam is also important knowledge for counselors in clinical practice, as many clients rely heavily on their faith, and for those who practice Islam, it may play a big role in their everyday lives. Because of this, it is important for counselors to have an awareness of the beliefs and practices of those in the Islamic faith.

Common misconceptions about Islam and Muslims

Misconceptions are incorrect views, opinions, or beliefs that are based on a lack of understanding or inaccurate thoughts. Sadly, many have misconceptions and preconceived notions about Islam. Many people have little formal knowledge about the religion and its teaching. Regrettably, for many ideas about Islam and what it is do not come from the Quran (Muslim Scripture) or research, but rather from the media or conversations with peers and friends. Unfortunately, some acquire misconceptions through those with ill intent to purposely falsify or alter information about the religion. Many who are misinformed believe they have accurate knowledge about Islam and what it represents. Misconceptions lead to presumptions and assumptions that have little to no validity. Fortunately, a good deal of people have some knowledge that is partially correct to build upon and advance their understanding. The following are some commonly held misconceptions regarding Islam and Muslims.

One immense misconception about Islam is that Muslims support terrorism and violence and Muslims are not heard vehemently opposing terrorist acts. This is not true and the implications of terrorism have affected many Muslims personally in similarly unimaginable ways as non-Muslims. For example, there were thousands of people killed on September 11th and among some of those killed were American citizens who are Muslim and believe in what American democracy stands for. There were Muslim police officers and firefighters who served and lost their lives on that dreadful day working to save lives of their fellow Americans. This information is easily searchable, yet rarely talked about. A second noted misconception is that most Muslims are Arab and live in middle eastern countries. This is not true, as there are large populations of Muslims who are of Asian, Indian,



Counselors Addressing Islamophobia and Working with Muslim Clients

(cont'd from page 8)

African and European decent. One of the largest Muslim populations according to The Association of Religious Data Archives is on the continent of Asia. There is a sizable amount of Arabs that are also of Christian faith living both in and out of the United States. In addition, there is a well-documented Caucasian Muslim population that many only seriously began looking at after the Boston bombings. Third, misconception regarding Islam is concerning the concept of Jihad. Many believe Jihad is a “Holy war” that Muslims fight with non-Muslims. This is inaccurate, as nearly all people who believe it is a higher power (no matter the religion) and practice religion struggle with currently or have had an internal struggle of some kind. The meaning of literal Jihad is struggle and within Islam there are many struggles that are referred to as Jihad. The biggest is personal Jihad which is a struggle with one’s self and their desires to sin and not be at one with the word of Allah. Another common misconception about Islam is that Muslims don’t believe in Jesus Christ (Peace be upon him). Muslims do believe in Jesus Christ. It is taught that Christ is a Prophet, one of the greatest messengers of God. He is highly regarded in Islam for his teachings. He and his birth are discussed in several Hadith (Islamic teachings) within the Quran.

The saliency of counselors understanding, recognizing and challenging Islamophobia is clear. As demonstrated by the increased acts of apprehension, discrimination, violence, and hate crimes, Muslims have been plagued by Islamophobia. Misconceptions have tormented the Islamic community for decades. The implications of this have affected Muslims dramatically. Because of this, counselors must take an active stance against Islamophobia. Like with many other multicultural groups, efforts must be made to promote racial equality for Muslims. Counselors must work to decrease acts leading to Islamophobia to advocate for this community and to support Muslim clients.

The Movement towards Violence as a Health Issue

Co-Chairs:
Dr. David Satcher
Dr. Al Sommer
Dr. Gary Slutkin



Mission:

We intend to fundamentally change the discourse on and approach to violence from the prevailing paradigm that understands violence as moral corruption or human failing that applies punitive strategies to address the issue, to one that includes an understanding and addressing of violence as a health problem – a contagious epidemic. To do so successfully, we are activating voices and resources throughout our comprehensive health system and establishing violence prevention as a health sector responsibility and imperative. A health response to violence prevention offers a solution to the devastating and destructive effects of all forms of violence, stabilizing families and communities in a healthy manner - moving the nation towards equity.

Our Charge:

In the United States, violence claims an enormous \$450 billion toll and nearly 60,000 lives annually. The epidemic clusters, spread and transmits in a contagious fashion – leaving not only direct physical wounds for those who survive, but also mental, social and neurological damage to everyone in its path. Even so, violence is still not universally understood as a public health issue. We are a movement that strives to re-envision violence as a barrier to health and ultimately a national priority. In light of this philosophy, we advocate the following: (1) enacting social and behavioral campaigns to reduce violence; (2) using the comprehensive healthcare system as a point of intervention to interrupt the spread of violence; and (3) developing public health and epidemiology tools for community-based violence prevention programs.

Who We Are:

A group of over 70 health experts representing more than 15 of our most violent cities across the nation has gathered under the leadership of Former U.S. Surgeon General Dr. David Satcher, Dr. Al Sommer of Johns Hopkins University and Dr. Gary Slutkin of Cure Violence/University of Illinois at Chicago. Community leaders across the country are sharing and leveraging evidence-based approaches to violence prevention to save lives and create a model that can be implemented nationwide in impactful, sustainable and equitable ways.

“over 70 health experts representing more than 15 of our most violent cities”

“sharing and leveraging evidence-based approaches to violence prevention”

Kudos to Counselors at Work in the Community

Tracy Theard, President Elect Elect, partnered with Community Lifeline Ministries to establish the mentoring program *What Does It Mean to Be Me*. *What Does It Mean to Be Me* is an 8-week program that allows girls ages 10-18 to address the issues that affect them most in today's society. The program is designed to inspire and promote self-love, self-esteem, and motivation. It also serves to help young girls develop life skills, healthy coping skills, and decision-making skills. The program is to guide young girls to think about the importance of creating healthy bodies, relationships, educational goals, and future careers. It also empowers and equips them with the necessary tools needed to achieve their goals.



The program began on January 14, 2016 and ended on March 3, 2016. The program met weekly on Thursday evenings for eight weeks. There were a total of 11 girls registered for the program; and the facilitators of the sessions ranged from licensed medical doctors and clinical professional counselors to community leaders/workers.

The program was a great success. Participants reported that they learned about healthy relationships, self-esteem, career and life choices, and how to become strong young ladies to better serve their community. The participants were excited about the program and are looking forward to the next phase of the mentoring program to begin.



SAVE THESE DATES

Friday, April 8, 2016—Meet & Greet

- 5:30 pm until 8:30 pm
 - Chicago Lake Shore Café 4900 S. Lake Shore Drive next to the Ramada Inn Hyde Park
 - Seafood Buffet from 5:00 p.m. until 10:00 p.m. @ \$20.95/pp
 - Live Jazz from 7:00 p.m. until 10:30 p.m.

Saturday, April 16th, Meet & Greet With the IAMC northwest suburbs

- 5:00 pm until 7:00 pm
 - Holts in Park Ridge on 43 S. Prospect Ave in Park Ridge, close to Metra in downtown Park Ridge

Friday, May 20th

- 2016 Annual Spring Conference (9:00 am until 3:00 pm)
- 2015 IAMC Award Presentation (12:00 noon)
 - Trophy presentation EMAGES, Inc.

Tuesday, May 31th

- Deadline to submit proposals for ICA Conference

Thursday—Saturday, November 3-5, Springfield, IL

- 2016 ICA Conference in Springfield, IL.

Friday, November 4th Time and Place TBD

- 2016 IAMC Business Meeting, Springfield, IL