



COUNSELORS FOR SOCIAL JUSTICE

CSJ works to promote social justice by confronting oppressive systems of power and privilege that affect professional counselors and their clients.

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Letter from President Dr. Anna Flores Locke

Dear CSJ Members,

For the past five years, I have dedicated myself to CSJ, first as a Board member and now as your President. I am humbled and honored to be given this special opportunity to continue serving the ACA division that I love.



I love this division not only for its mission to promote social justice, but for its heart and soul. Our organization is comprised of members from diverse cultural backgrounds who share a unified goal: to be and live social justice.

For me, social justice simply means loving one another and not causing harm. All oppressive practices cause harm, and we as a division oppose such harm. As your President, I vow to continue promoting our mission of confronting oppressive systems of power through education, research, and outreach.

Some of my presidential goals for this upcoming year include:

1. Providing relevant and accessible webinars.
2. Creating an advocacy training certificate program
3. Promoting social justice research
4. Supporting graduate students
5. Collaborating with current ACA President, Dr. Simone Lambert, various other ACA divisions to promote social justice

I ask for your continued support and volunteerism. As social justice advocates, we can never do this work alone; we must seek allies and form partnerships. I hope you all will serve as my allies and partners over the next presidential year. I look forward to seeing how the heart and soul of CSJ will flourish!

Thank you,

Anna Flores Locke, PhD.

Dr. Anna Flores Locke
President, Counselors for Social Justice

Letter from Past President Rachel Goodman:

In the Shelter of Each Other

Serving as President of Counselors for Social Justice has been an incredible honor. Our organization has continued to grow and develop based both on our founding principles and our more recent endeavors. We began this year hoping to accomplish three main goals with your help: (1) increase communication to and among CSJ members, (2) increase social justice support and information to members, and (3) enhance clarity of purpose/ roles and engage in long term planning. As I look back at these goals, I see that we have made progress towards them and that we are well positioned to continue to further these efforts—and I know our board is in the process of doing just that.

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On a personal note, when I was diagnosed with breast cancer earlier this year, Dr. Anna Flores Locke graciously agreed to step into the role of president earlier than expected. Dr. Jane Goodman has also agreed to remain as co-past president with me until I can fully fulfil those responsibilities this fall. The entire board and extended CSJ leadership team have been incredibly supportive, and am forever grateful for their kindness, compassion, and

willingness to step in to serve when I was not able to do so fully. Special thanks to Dr. Judy Daniels, Governing Council Representative, and Dr. Lauren Shure, Secretary and new President-Elect, for their extra support during this time. I am reminded of a favorite Irish

proverb: *It is in the shelter of each other that the people live.* This saying has taken on a whole new and more powerful meaning for me both in my work and personal life—as I was treated for breast cancer while also welcoming a new baby this March, who is thankfully thriving and growing (very quickly!).

I thank you all for your support of CSJ and of each other as social justice counselors. I hope you will continue your involvement in CSJ—we have much more work to do to make our world a better place for our clients, our communities, and ourselves.

With gratitude,



Rachael D. Goodman, Ph.D., LPC
Past President, Counselors for Social Justice

Remembering Maslow: How to Better Serve Clients Experiencing Housing Instability

By: Zach Bruns and Luke Rosynek

How would you know if your client is homeless or at risk of becoming homeless? For counselors working in school or community settings, this seems like a simple question to answer. In reality, homelessness is a complex status that may be layered with shame, guilt, addiction, trauma, family strife, legal pitfalls, economic and employment barriers, and inadequate physical and mental health treatment. As professional counselors, we are tasked with meeting the

psychological and emotional needs of our clients. How do we properly treat individuals with mental health symptoms whose needs are so intricately interwoven into personal and environmental factors, especially housing instability?

We do not have all the answers or resources to solve the systemic societal issues of homelessness, but we would like to share our insights on practical ways to help individuals who are experiencing homelessness or at risk of homelessness. For context, we are a Licensed Professional Counselor and a Housing Program Evaluator who work with individuals who are homeless or at risk of becoming homeless in Milwaukee County, Wisconsin.



Diversity of Housing Resources

Let's start with the basic concepts of homelessness. Each community in the U.S. has its own unique access to resources for people experiencing homelessness. Smaller rural communities may rely heavily on faith-based organizations to assist individuals experiencing homelessness or economic hardship. Larger urban communities such as Milwaukee often have emergency shelters, open year-round or seasonally, that cater to specific populations (e.g., survivors of domestic violence, single women, women with children, families, single men). Depending on funding source (i.e., private or governmental), shelters may enforce their own rules or be required to abide by certain rules and regulations that dictate who can and cannot be admitted, how long residents can stay, and what services are offered.

HUD

The Department of Housing and Urban Development (HUD) also organizes collaborative countywide [Continuum of Care](#) programs throughout the U.S. These programs seek to provide services to those who are homeless, including helping individuals, unaccompanied youth, and families transition into housing. Emergency shelters that receive funding through HUD are expected to track the types of services they provide to individuals and the dates of shelter stays. HUD also funds permanent housing programs such as the [Rapid Re-housing](#) and [Housing First](#) initiatives, which are required to provide documentation of a client's homeless status and verify existing substance use and mental health disabilities before enrolling individuals or families in services.

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Categories of Homelessness

HUD created criteria for classifying homelessness into [four categories](#): literally homeless, imminent risk of homelessness, homeless under other federal statutes, and fleeing domestic violence. Individuals are placed into housing programs based on their category of homelessness, the length of time they have been homeless (e.g., “chronically” homeless, which means having been homeless 12 months or more in the past three years), and their documented disability status.

Housing First



Maslow’s hierarchy of needs is a great, simple reminder that housing is essential and indispensable for health and safety. Without a stable and safe place to sleep, bathe, and attend to fundamental human needs, how can anyone make lasting gains in counseling and mental health? The Housing First

approach is congruent with Maslow’s core principles in that it focuses on housing stability first and foremost without requiring program participants to be in treatment, or even be sober, as a precondition of entering housing. Similarly, if a sober participant stumbles in recovery, Housing First programs that utilize a harm reduction approach would simply encourage them to begin again—they would not threaten to terminate the participant from the program. Everyone encounters pain, problems, and setbacks. Counselors and housing providers should support those they serve rather than punish clients for the same behaviors that brought them to us in the first place. Participants can work with case managers, counselors, doctors, and other professionals, but meaningful participation in services requires the basic foundation of housing.

Barriers to Housing—and Counseling

So how does shelter or street homelessness affect the counseling process? It’s complicated. Individuals who experience chronic homelessness often live for years with untreated or undertreated mental health and/or substance use disorders. In Milwaukee, many individuals served through the Projects for Assistance in Transition from Homelessness (PATH) and Housing First programs lack basic daily necessities, such as food, clothing, a cell phone, and protective gear, such as tents and umbrellas. They may not be connected to a primary health care provider, psychiatric services, or instrumental public benefits, such as Medicaid or state-based health insurance, the Supplemental Nutrition Assistance Program (SNAP), and/or unemployment insurance payments. A lack of transportation can also pose a major barrier for individuals attempting to obtain or maintain employment and/or attend appointments such

as counseling, supervised visits with children, or apartment showings. Legal barriers to securing housing include a history of eviction, violent crimes, sexual offenses, or crimes pertaining to the selling or use of illegal drugs.

It Always Comes Back to Advocacy

As community-based counselors, we can better advocate for our clients if we are willing to step outside the traditional role of counselors. We can do this by providing clients with resource guides on where to locate free food and hot meals; assisting with public benefits enrollment; making referrals for primary care and psychiatry services; and recommending case management services. We can also visit or volunteer at local emergency shelters, and raise questions and concerns about homeless prevention programs to local government officials. As always, advocacy is key.

Zach Bruns, a Licensed Professional Counselor and substance abuse counselor, has been practicing community-based clinical counseling since 2013. He serves as the mental health clinician for the multidisciplinary PATH team at Outreach Community Health Centers in Milwaukee. He can be contacted at zacharyb@orchc-milw.org.

Luke Rosynek is a Housing Program Evaluator for Milwaukee County Department of Health and Human Services. He works within the Housing Division’s Outreach Services Program to connect chronically homeless Milwaukeeans to permanent supportive housing utilizing a Housing First approach. Contact him at luke.rosynek@milwaukeecountywi.gov.



Art Therapy and Social Justice Intersectionality: Interview with Dr. Chioma Anah and Molly Watkins

“Racism Hurts Us All”
© 2015 by Chioma Anah

As a school counselor, I am always looking for ways to be creative while maintaining intentionality in my interactions with students. Given the importance of self-care and offering various coping strategies for student use, I have a corner of my office dedicated to tools that students can use when needed such as stress balls, fidget toys, and art supplies. I quickly found that my students gravitated to the art supplies the most! While I’ve always been a proponent of artistic self-expression, I’ve more recently learned that art therapy can not only serve as a helpful tool for promoting academic achievement and mental health, it can also act as a mechanism for advocacy and

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activism. I recently reached out to Dr. Chioma Anah—a Professional Art Therapist with 15 years of professional counseling experience—who agreed to discuss her work pertaining to the intersectionality of art and social justice.

Watkins: How can art therapy be impactful with clients experiencing cultural and/or racial oppression?

Dr. Anah: For decades, artists have reflected on the social ills of their times through art and poetry; from German graphic artist and sculptor Kathe Kollwitz—who advocated for victims of social injustice, war, and inhumanity through her work—to poet and civil rights activist, Maya Angelou. In addition, artists like Adrian Piper have called out racial oppression in their work. Favianna Rodriguez also produced art to highlight the immigrant justice movement, and very masterfully, Kerry James Marshall painted what it means to be Black in America by highlighting Black stereotypes, tackling the civil rights struggles of the 1950s and 60s, and boldly advocating for racial and social justice.

Artists are observers, social critics of the world around them, and they help others see and sometimes give others the courage to work to change and transcend the ills of the world. Let's face it, our country is deeply divided, and there appears to be a lack of care for historical and daily cultural trauma and other social conditions for clients already living on the margins. With the new policies being introduced, those who live with marginalized identities are the most affected by our current political climate.

If art therapy is to be seen as a therapeutic intervention that positions art as a means of knowing, communicating, and healing, then it seems to be a natural and impactful means for clients experiencing cultural and racial oppression to work towards healing. The brilliance of art therapy is its ability to bring the unconscious to light, and to clear a safe path for faint voices of individuals who have been too culturally and racially traumatized to speak. However, before art therapy can be impactful for clients experiencing cultural and racial oppression, it is extremely important for practitioners of art therapy to acknowledge and understand systemic societal inequities and structures that give power to some and oppress others. Art therapists doing this work must fully work through their own self-awareness as it relates to microaggressions and implicit biases, so that they do not silence the voices of their marginalized clients. Often times, silencing is not intentional and may take the form of "color blindness" or devaluing the experience of the marginalized client without being aware of doing so. Art therapists truly hold a unique position to facilitate healing with clients experiencing oppression and marginalization and can promote empowerment, wellness, and social change.

"The brilliance of art therapy is its ability to bring the unconscious to light, and to clear a safe path for faint voices of individuals who have been too culturally and racially traumatized to speak."

—Dr. Chioma Anah

Watkins: Why should counselors utilize more creative and evidence-based art therapy interventions with their clients/students?

Dr. Anah: I must say that despite the fact that many art therapists work with marginalized clients, the art therapy profession, in my opinion, has been rather slow to engage in issues of diversity and social justice. However, I have noticed a shift in the last four years with some scholars addressing this issue. I saw this at the 2015 American Art Therapy Association (AATA) Conference where the focus was on "Building Cultural Terrains: Expanding the Lens of Art Therapy." At that conference, I was selected to present a workshop and paper about racial microaggressions. I was also thrilled to hear many other presentations about diversity and multicultural issues pertaining to art therapy—they truly broadened the lens of professional art therapy. Since the conference, although sporadic, I have seen an effort by some art therapy professionals to write about diversity and social justice.

Evidence-based research suggests that art therapy, creativity, and artistic expression can be a healing tool, and art can most certainly be used in conjunction with counseling—indeed, they are a happy marriage. In my experience, integrating art therapy and counseling has yielded promising results in healing and increased quality of life. Counselors play an instrumental role in providing culturally-specific and evidence-based care to marginalized and oppressed clients, and it is important to explore how this can be done in a way that promotes advocacy. Creativity and art can serve as powerful avenues for clients to voice their trauma, reflect, and heal.

Watkins: Can you share your path to art therapy and how you've intersected that work with social justice?

Dr. Anah: Very early on, I knew that art was a means of self-expression, awareness, and truth-telling. Art always helped me think, feel, and voice my feelings about things that I thought mattered. In this way, my paintings and drawings always had a therapeutic element to them, and intuitively, I knew that art was a safe but truthful means of expression that would always be a part of me.

My parents were very supportive of my artistic endeavors, and were delighted when I pursued a Bachelor's degree in Fine Arts, and later a Master's degree in Creative Art Therapy. During that time, I had begun to see art being used as a natural agent of change by many artists, including the art of Kathie Kollwitz, and her cries of social injustice through her drawings. What Kollwitz highlighted in her work was not unlike the injustices of Black and brown

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people. So moving from art to art therapy to social justice was a natural progression for me, and I knew that I could make an impact in helping those whose voices had been blunted by trauma, oppression, and pain.

The realities of today's society make social activism even more relevant for counselors and practitioners of art therapy. As a woman of color, the coexistence of privilege and marginality is a reality for me, and I often talk about intersectionality as a way to understand human experience from multiple perspectives and social identities. Professor Kimberle Crenshaw, who coined the term intersectionality as a means of analyzing identity for the purpose of social empowerment, noted that the lives of women were multi-layered and complex. This view of intersectionality has helped my own self-awareness about who I am as a person, a woman of color, an artist, an art therapist, a counselor, and a social justice advocate.

Watkins: Has there been a memorable experience with a client or student where you used art therapy for social justice?

Dr. Anah: My group work for African American men focused on race-related issues and corresponding resiliency has been by far my most rewarding and successful experience. In this instance, art therapy, specifically the use of collage, contributed to the collective identity of Black men going through daily microaggressions via shared stories of lived experience. The participants described the group as "cathartic," "lifesaving," and "a relief." For so long, they had been overlooked by other mental health professionals, or their problems had been devalued. Having an outlet like collage to voice and translate their pain and struggle was transformative for them. There was also power in discussing the importance of their images and hearing affirmation from other group members. I found it an incredible honor to be part of the men's journey.

Watkins: What art therapy tools or interventions might you recommend to our CSJ readers for use with their clients/students?

Dr. Anah: Rather than discuss specific art therapy tools or interventions, I think it is important to answer this question in terms of power, privilege, and oppression. I think it is fair to say that professional art therapists have been mostly composed of White women, yet the clients they serve are culturally diverse. This makes it especially important for practitioners to understand their possible biases and how social constructs contribute to power, privilege and oppression. Those who live with marginalized identities are the ones who are suffering the most in our current political climate, and we must create a much safer therapeutic environment to compensate. Practitioners must understand theories of whiteness that continue to influence current values and biases in art therapy, and acknowledge the potential power and privilege they hold that could possibly

undermine the therapeutic process. Therefore, any tools or interventions used must ensure that the voices of the clients and communities being served are being heard, supported, and empowered.

It is important to note that while other professions are encouraged to use art therapy tools and interventions with proper training, the American Art Therapy Association (AATA) is very clear that only individuals who hold a masters or doctoral degree in art therapy can call themselves an "art therapist" or "professional art therapist." I have seen many clinicians refer to themselves as "art therapists" simply because they use art-based interventions in their practice. AATA is very clear that this is a no-no!

Watkins: Where can our readers go to learn more about art therapy, training opportunities, and interventions?

Dr. Anah: I am grateful for the advancement of technology as it has made it possible to attain and share resources quickly and efficiently and keep up with news about art therapy, trainings and interventions. On a personal note, social media has even made it possible for me to grow my business and make many valuable connections with colleagues. AATA also has a great website that has a wealth of resources for anyone interested in art therapy. Individual state branches also have websites.

Seminal works by Edith Kramer, Margaret Naumburg, and Janie Rhyne are all very important resources for any art therapist in the beginning of their training. And although not about art therapy, Derald Wing Sue's book, *Race Talk and the Conspiracy of Silence: Understanding and Facilitating Difficult Dialogues on Race* is an important book for all counselors to read.

Of course, there is no substitute for face-to-face connections and networks, getting together with colleagues, talking with professors, attending art therapy conferences and trainings, and joining associations. I was lucky enough to receive my Master's degree training at Hofstra University, where I had a great network of professional art therapy professors such as, the late Dr. Frances Kaplan, and the incredible Dr. Beth Gonzalez-Dolginko, who later became one of my doctoral dissertation chairs.

Watkins: You recently founded Maryland Counselors for Social Justice (MCSJ) and are serving as the division's first President. What has this process been like for you? What were some of the experiences and obstacles you encountered?

Dr. Anah: I just thought it was time for the Maryland Counseling Association (MCA) to have a division specifically devoted to social justice. In the past four years, we have seen the tragic shootings of numerous unarmed Black men which have illuminated racial and social biases and brought them into public consciousness. We have also

witnessed anti-immigrant and anti-LGBTQ sentiments and policies, which have had a traumatic effect on people and communities. In addition, here in Baltimore, I personally witnessed the 2015 citywide uprising following Freddie Gray's funeral. With all of these things going on, I just thought that it was time to create this division and I didn't want to wait any longer for someone else to do it! Creating a division out of an already existing organization is less stressful, particularly when you have the support of that very organization. MCSJ's board members are phenomenal professionals, which has also made the process less difficult. So far, things have been going well and folks are very committed to the cause. Everyone is ready to roll-up their sleeves and get to work. We have a lot of workshops and professional development opportunities coming up, and a big conference scheduled for April 27, 2019. Everyone mark that date on your calendars!

To learn more about Maryland Counselors for Social Justice, information on joining this organization, and conference registration, please visit www.mdcounseling.org/MCSJ.



Chioma Anah, Ed.D., ATR, LCPC-S, NCC, ACS, is the Founder and CEO of **PerceptA Therapeutic & Training Center, LLC** located in Towson, Maryland. Dr. Anah has over 15 years of counseling experience, and is currently an Adjunct Faculty at Argosy University, Northern Virginia. Her research interests include social justice advocacy, racial microaggressions,

the psychology of racism, and art and creativity as tools for healing. Dr. Anah is also a founding member and President of Maryland Counselors for Social Justice.

NONPROFIT SPOTLIGHT

Open Path Psychotherapy Collective: Bringing Therapy Within Reach

By Paul Fugelsang

It's been a little over five years since Open Path Psychotherapy Collective was launched in the spring of 2013. The intention from the beginning was clear: to build a community of altruistic mental health professionals that were willing to see 1-3 clients in their caseloads at a rate

that ranges between \$30-50 per session.

It felt like a tremendous risk at the time—would therapists want to join? Would we be able to connect them with lower and middle income clients that could not access affordable care elsewhere?

I'm thrilled to say we're exceeding our initial goals on all fronts.

We currently have more than 4,500 participating therapists with member clinicians in each of the 50 states. We've also recently expanded into Canada. At last check, we've connected more than 14,000 people to affordable care, and that number should surpass 20,000 in early 2019.

Offering Options in a Time of Uncertainty

The need for this service continues to grow as health care remains a contentious topic in our society. Like many in the field, I was buoyed by President Obama's Affordable Care Act (ACA) and the promise it held for reducing inequality in the mental health paradigm. The ten essential benefits insurance companies are required to provide have alleviated much of the stress for those that were previously denied coverage. However, in some plans that are purchased outside of the ACA, prohibitively high deductibles and copays have continued to keep certain people on the margins of affordable, quality mental health care.

Even more recently, the ACA has been weakened by the Trump Administration and Republican lawmakers. The future of healthcare in the U.S. feels uncertain. During this time of uncertainty, Open Path and its community of dedicated professionals are working to find those who are uninsured (or underinsured) and connect them to the care they need and deserve.

Serving Clients and Therapists

Keeping clients' needs in mind, our website contains a publicly accessible directory of all participating therapists. For many clients, it is immediately reassuring to learn that there are clinicians right in their own community, ready to provide services for a reduced fee. We streamline the process so that clients can get started with the therapist of their choice as soon as possible.

To help manage the costs of our nonprofit and to ensure an upfront commitment from the client, we ask each client to pay a one-time, lifetime membership fee of \$49. Our model is built to offer first-class private practice care for those that would otherwise be left with very few alternatives.

open path
psychotherapy collective

"Our model is built to offer first-class private practice care for those that would otherwise be left with very few alternatives."

“While there are large “online therapy” companies that are swimming in investment capital, Open Path has always been the little engine that could.”

To help build the collective, we offer a [bevy of incentives](#) for therapists to join Open Path. Upon applying and being accepted into Open Path, a member therapist receives a free, professional profile on our site. We advertise this service to clients nationwide via Google AdWords and various social media channels. There are never any fees for member therapists to participate. We offer our member

therapists a meaningful way to give back to people and families in need.

Building Community

We’ve been concerned since day one with creating a welcoming, vibrant community for the therapists that make up our collective. Anyone who has been in private practice can attest to the fact that often we end up isolated from one another. This isolation, along with the rigors of the work, can add to the sense of malaise that many therapists experience once the initial sheen of the job

has worn off. To help reduce this isolation, we moderate a closed group in Facebook for our members, where they can connect with each other and offer support.

Therapists who join us want to nourish their communities by offering affordable psychotherapeutic care to those in need. Clients who join Open Path often go on to recommend the service to friends, family members, and colleagues. Additionally, Open Path therapists have shared that their Open Path clients generate additional referrals for their practice, some of which are insurance-based or full-fee.

Continuing to Grow

So, what comes next for Open Path? We’ve been committed to slow, responsible growth since day one. While there are large “online therapy” companies that are swimming in investment capital, Open Path has always been the little engine that could.

We offer affordable in-person care and we’ve figured out a way to do it as a nonprofit organization that isn’t beholden to investors or outside interests. It is crucial to

our success that we only bring in qualified, concerned, compassionate clinicians, and that these therapists, and allied organizations, continue to spread the word



about Open Path and the work we’re doing. Our member therapists are truly the backbone of this organization.

I created Open Path Psychotherapy Collective because I saw the need for more compassion in the field and a gaping hole where access to affordable psychotherapy should have been.

Now that we’ve built the foundation for both and are linking increasing numbers of clients with affordable care each month, I’m excited to steward our growth into the next phase of what has been an incredibly promising, exciting, and hopeful beginning.

***Paul Fugelsang, MA, LPC**, has worked in the mental health field since 1996 with a focus on projects committed to improving mental health services for lower income individuals and families. Before beginning his own private psychotherapy practice, he spent five years as counselor and supervisor at Esperanza, a community-based agency designed to implement procedural reform throughout the juvenile justice system in New York City.*

Fostering Agents of Change Through Sentipensante

By: Dr. Alexia DeLeon

The importance of social justice training and education is paramount to the counseling profession. Counselor educators must continue to challenge themselves to think outside the box in terms of incorporating social justice elements into counselor training. This process involves continued self-reflection and education in the realm of social justice. Counselor educators, I invite you to evaluate yourselves in a very honest, humble, and vulnerable manner. For example, what would your students from marginalized groups say about your classroom instruction? Would they see you as a social change agent? What assignments and experiential activities are you incorporating in your classes to promote social change? How much planning and preparation do you spend cultivating your own identity as a social change agent? I often ask myself these questions and spend a lot of time reflecting on how I can improve in my role as a social change agent so that I can excite and inspire students to become agents of change within and beyond the classroom.

Sentipensante

One suggestion for fostering social change agents in the counselor education classroom is the utilization of Laura

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Rendón's pedagogy, *Sentipensante* (2009). The name *Sentipensante* combines the Spanish words *sentir* and *pensar*, which mean to sense and to think. It highlights the high value that Rendón places on learning experiences that involve both sensing and thinking. Rendón (2009) also describes her pedagogy as being "rooted in social justice" (p. 92). This pedagogy is a great fit for the counseling profession for this very reason. Its integration of sensing and thinking seems like a natural fit for the counseling profession, as much of what we already do in counselor training involves a focus on self-reflection and personal growth. A few suggestions on how to promote and foster agents of change with classroom instruction are listed below.



Service Learning

One strategy discussed in *Sentipensante* that strives to nurture social change agents is service learning. Service learning can help foster agents of change because it gives students hands-on practice in confronting community injustices. For example, counselor educators can connect students with local agencies that work with underserved populations. Students can learn how to professionally address issues of inequity through such partnerships. Service learning also affords students opportunities to engage with people from disenfranchised communities firsthand. A concluding reflection-based assignment encompassing what students experienced while working with underserved communities can also be beneficial in cultivating agents of change.

Contemplative Practices

Another strategy implemented within *Sentipensante* pedagogy is the use of contemplative practices to promote the integration of mind, body, and spirit. Contemplative practices, such as mindfulness, can help students focus with less distraction, take their learning experiences to a deeper level, and make meaning out of them. In this instance, the use of contemplative practices can help students gain



awareness of their thoughts and feelings surrounding social justice issues. They can also aid in fostering compassion for oneself and others (Rendón, 2009).

In addition to mindfulness, journaling and listening to music can serve as effective contemplative practices in the classroom. Counselor educators can ask students to journal about their past experiences of oppression as a way to have them connect to their learning on a deeper level. Students can also watch videos related to social justice issues and then journal about what they were sensing and thinking as they watched. These suggestions can help students gain more insight into their reactions to social injustice which may move them into action—thus the advancement of agents of change.

These are only a few suggestions that can help foster agents of change. I invite all of us to continue cultivating our own roles as change agents; let us get creative and step outside our comfort zones. As counselor educators, we are the models that students look to when learning about the counseling profession. What better way to model what it looks like to be a change agent than by continuing the work within ourselves?

Dr. Alexia DeLeon is an assistant professor at Lewis & Clark College in Portland, OR. She teaches in the PMHC-A (Professional Mental Health Counseling-Addictions Specialization) program. She has interests in the intersection of communities of color and addiction counseling, anti-oppressive pedagogical practices and creating access to treatment for underserved populations, such as for Latinx communities.

References

Rendón, L. I. (2009). *Sentipensante pedagogy*. Stylus Publishing: Sterling, VA.



Statement of Solidarity

As our presidential year begins in 2018, we wanted to share with you a collective commitment to multiculturalism, diversity, advocacy, and social justice.

Beginning about 19 months ago, we began having conversations about how our divisions can join forces and collaborate to serve our members and promote the mission of our divisions and ACA. From these conversations, this inter-divisional presidential statement emerged.

We are dedicated to:

1. Joint webinars, once a quarter.
2. Joint advocacy statements.
3. Continued support for the task force addressing the “elephant in the room.”
4. Joint service days at ACA conferences and expositions.
5. Continued, collaborative and advanced support across divisions.
6. Strong presence in the field and the governing council as a whole to promote mutual interests.
7. Promoting and implementing our divisions’ endorsed competencies through clinical professional practice and research.

It is our hope and presidential goals to promote unified support to our membership and clients who are experiencing oppression and marginalization related to political, social, and professional issues.

In our current divisive political and social climate, unity, respect and collaboration is needed now more than ever. As your president for 2018-2019, we provide this statement as our pledge to you that we will serve and lead in an equitable, inclusive, and competent manner that is grounded in the mission of each of our divisions and ACA.

In Solidarity,

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ANNOUNCEMENTS

■ Seeking Officer Nominees

CSJ is currently organizing nominations for the following officer positions:

President-Elect (3 year commitment: 1 year as President-Elect, 1 year as President, 1 year as Past President)

Student Rep (1 year term)

Officers must commit to maintaining CSJ and ACA memberships; conducting CSJ affairs in compliance with bylaws; being knowledgeable of ACA and CSJ organizational policies and procedures; and serving as liaison between the CSJ Board and assigned CSJ committees. Please note that the President-Elect must have served at least one full term as an officer in the Association and/or as a committee chair. **Deadline for nominations is September 4th.**

Please contact Dr. Jane Goodman at goodman@oakland.edu if interested.

■ Upcoming CSJ Conference Presentations

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) conference

Date: September 5-7, 2018

Location: Portland, Oregon

CSJ presentations at this conference:

Moving advocacy to action for political activism for LGBTQ+ and Trans* clients

Dr. Anna Flores Locke, Dr. Alexia DeLeon, and Dr. Tamara Tribitt

Applying the Multicultural and Social Justice Counseling Competencies (MSJCC) to counseling families of LGBT youth

Dr. Anna Flores Locke and Dr. Lauren Shure

North Atlantic Region Association for Counselor Education and Supervision (NARACES) conference

Date: September 27-30

Location: Burlington, Vermont

CSJ Presentation at this conference:

No es la isla del encanto: Aiding in our Recovering Efforts post-Hurricane Maria in Puerto Rico

Dr. Anna Flores Locke, Dr. Edil Torres Rivera, and Dr. Ivelisse Torres Fernandez

■ Inter-divisional Webinars!

CSJ has partnered with the following ACA divisions to organize quarterly joint webinars on multiculturalism, diversity, advocacy, and social justice:

- Association for Multicultural Counseling and Development (AMCD)
- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)
- Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)

Specific webinar dates will be announced in the months of September, November, February, and May—stay tuned!



For other announcements and information about future events and webinars, please follow CSJ on Facebook (@[counselorsforsocialjustice](https://www.facebook.com/counselorsforsocialjustice)), Twitter (@[CounselingCSJ](https://twitter.com/CounselingCSJ)), and **ACA Connect!**



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