hearing our elders

Celebrating Our Elders Who Led Us Across the Bridge: A Call to Action for the Academy

William D. Parham and Caroline S. Clauss-Ehlers

This issue of the *Journal of Multicultural Counseling and Development* launches an inaugural series, Hearing Our Elders, and introduces the Honorable Congressman John Lewis as the series' 1st guest. The social, environmental, and political contexts within which the civil rights and multicultural counseling movements were shaped and unfolded are highlighted as are the incredible contributions by this history-making icon to these 2 momentous and consequential social reform campaigns. The article, with excerpts from an interview with Congressman Lewis, illuminates central and overlapping themes of both movements that, in turn, represent cornerstones of the Hearing Our Elders series. The authors conclude with an invitation to guess the name of the next historic hero to be featured in the Hearing Our Elders series.

Keywords: Honorable Congressman John Lewis, Hearing Our Elders series, multicultural counseling, social justice

Este número del *Journal of Multicultural Counseling and Development* inaugura una nueva serie, Escuchar a Nuestros Mayores, y presenta al Honorable Congresista John Lewis como primer invitado. Se destaca el contexto social, medioambiental y político en el que se formaron y desarrollaron los movimientos por los derechos sociales y la consejería multicultural, así como también las increíbles contribuciones realizadas por este ícono de gran influencia en la historia a estas dos significativas y trascendentales campañas de reforma social. El artículo, a través de extractos obtenidos de una entrevista con el Congresista Lewis, ilumina temas centrales y comunes de ambos movimientos que, a su vez, representan los fundamentos de la serie Escuchar a Nuestros Mayores. Los autores concluyen con una invitación a adivinar el nombre de la próxima figura histórica heroica que protagonizará la serie Escuchar a Nuestros Mayores.

Palabras clave: Honorable Congresista John Lewis, serie Escuchar a Nuestros Mayores, consejería multicultural, justicia social

The context for the development of the Hearing Our Elders series emerged through a commitment to the expansion of the *Journal of Multicultural Counseling and Development* (*JMCD*). Journal expansion

William D. Parham, Department of Educational Support Services, Loyola Marymount University, Los Angeles; Caroline S. Clauss-Ehlers, Department of Educational Psychology, Graduate School of Education, Rutgers, The State University of New Jersey. This article represents the inaugural contribution to the Hearing Our Elders series introduced as a tool for illuminating lessons learned from the journeys of historic, vision-guided, and resilient luminaries whose impact on multicultural counseling continues to be felt. The authors are equal contributors to this article and will be rotating authorship during the writing for this series. Correspondence concerning this article should be addressed to William D. Parham, Department of Educational Support Services, School of Education, Loyola Marymount University, Los Angeles, 1 Loyola Marymount University Drive, University Hall Suite 1500, Los Angeles, CA 90045 (e-mail: William.Parham@lmu.edu).

had been discussed throughout the years as a way to make more space in the world for the publication of multicultural scholarship. As the 2011 incoming *JMCD* editor, Caroline S. Clauss-Ehlers began to develop the *JMCD* editorial board infrastructure, incorporate associate editors, and consider more flexible guidelines for manuscript page counts. As *JMCD*'s new infrastructure solidified, and in conjunction with the Association of Multicultural Counseling and Development (AMCD), a member association of the American Counseling Association (ACA), of which Michael Brooks was the 2013–2014 president during that time, Clauss-Ehlers wrote a report dated January 29, 2014, regarding possible *JMCD* expansion. This report provided a rationale and plan for expansion and was submitted for review in February 2014. Support was given by AMCD to expand the journal from 62 to 80 pages, with the first expanded issue published in January 2015.

As expansion unfolded, *JMCD* Associate Editor William D. Parham encouraged Clauss-Ehlers to talk with David B. Baker, director of the Drs. Nicholas A. and Dorothy M. Cummings Center for the History of Psychology at the University of Akron. These early discussions focused on the importance of documenting the history of multicultural counseling and development so that voices and experiences were not lost to future generations. These conversations stressed the significance of an ongoing dialogue that featured luminaries in the multicultural counseling field, as opposed to one article or even a special issue featuring several articles. Through both of these discussions, and the recent expansion that provided the room to do so, the Hearing Our Elders series was born. Each Hearing Our Elders article will feature an interview with a luminary in the field, presented in the context of the current status of the profession.

It was our great honor to invite the Honorable Congressman John Lewis to launch the inaugural Hearing Our Elders series. Congressman Lewis has made incredible contributions to the field of multicultural counseling, beginning at a time when even the provision of mental health services was not necessarily considered part of how to respond to someone in distress. In the pages that follow, we provide a context for the interview with Congressman Lewis by illuminating the social, environmental, and political contexts within which the multicultural counseling movement was born and by examining how diverse communities contributed to the civil rights movement. We then segue into the interview with Congressman Lewis and discuss his role as a representative of the civil rights movement to launch this special issue. Next, we describe how the interview was conducted and identify thematic categories from Congressman Lewis's interview, and how these themes reflect the overall mission of the Hearing Our Elders series. The article concludes with an invitation for the readership to guess who will be the next civil rights hero to be featured in the Hearing Our Elders series.

America's mosaic profile relative to race, ethnicity, culture, gender, sexual orientation, social class, disability, and all intersecting identities subsumed under the multicultural (broadly defined) umbrella is ever-changing. The

evolving richness and complexity of America's citizenry represents an ongoing invitation to witness legacies of strength, resilience, fortitude, and hardiness still in evidence despite decades of hardship and struggle. Twenty-four/seven access to media in all of its manifestations (e.g., visual, written, auditory) also represents invitations to see continued and intentional displays of systemic oppression, meritocracy, racism, sexism, homophobia, xenophobia, and have and have-not stratifications relative to education, housing, and employment.

The racial hate–fueled church bombing in Charleston, South Carolina, killing nine Bible study attendees including the pastor of the congregation—and the senseless deaths of Michael Brown in Ferguson, Missouri; Freddie Gray in Baltimore, Maryland; and Eric Garner in Staten Island, New York, to name only a few—raises the question, "Do Black lives matter?" The recent ruling regarding marriage equity for the lesbian, gay, bisexual, and transgender communities; the volatile conversations regarding immigration; and the amplified struggles with health care reform, child welfare, affordable housing, and economic injustice suggest that there is much work still to be done across many fronts relative to America living out the true meaning of its creed—that all persons are created equal. The call to professionals educated and trained to respond to marginalized communities and to advocate for individuals whose voices continue to be quashed has never been more apparent (Clauss-Ehlers & Wibrowski, 2007; Parham & Parham, 2008).

The aforementioned seditious and incendiary 21st-century social, political, and economic climates remind us of the enormous challenges that lie ahead. At the same time, current environmental realities mimic the fractious, defiant, and turbulent 1950s and 1960s decades that witnessed the birth of the civil rights movement. What, then, has really changed? We return to this proposed question later in this article. The fight for recognition, to stand up for equity and fairness, and to secure constitutionally granted rights and protections as "United" States citizens took many forms, across ethnic and cultural groups, with some events predating the acknowledged inaugural decade of the civil rights movement. These life-changing events took many forms, including boycotts; sit-ins; marches; speeches; and, when pushed to emotional boiling points, riots. These epochal events—including the Naturalization Act of 1870, the Chinese Exclusion Act of 1882, the Rock Springs Massacre (1885), the Watsonville Riots (1930), the Indian Reorganization Act of 1934, *Mendez v. Westminster* (1947), *Hernandez v. Texas* (1954), *Brown v. Board of Education* (1954), the Rosa Parks Montgomery Bus Boycott (1955–1956), the Little Rock Nine (1957), the Mexican American civil rights movement (1960–1972), the Freedom Rides (1961), the National Farm Workers Association founded by Cesar Chavez (1962), the March on Washington (1963), the Civil Rights Act of 1964, the Immigration and Nationality Act of 1965, the assassination of Martin Luther King Jr. (1968), and the Civil Rights Act of 1968 (inclusive of the Fair Housing Act of 1968 and the Indian Civil Rights Act of 1968)—signaled a collective move toward self-determination and a stance to no longer collude using quiet voices and silent acquiescence to systems of oppression and injustice.

The 1950s–1960s civil rights movement will forever remain historic for many reasons, not the least of which is that it also gave birth to professional ethnic minority counseling and psychological associations. AMCD is a case in point. AMCD evolved out of a history within the American Personnel and Guidance Association (APGA; later renamed the American Counseling Association) characterized by perceived APGA organizational insensitivities toward ethnic minority members' needs, issues, and concerns. The adversarial nature of the relationship between APGA leadership and ethnic minority members was evidenced in many ways, including APGA's twice turning down of the proposal authored by the Office of Non-White Concerns to become a formal division within APGA. After much persistence and strategic advancements on the part of many ethnic minority members of APGA, and despite the ongoing and systemic pushback from APGA leadership, the Association of Non-White Concerns (ANWC) came into existence at the 1972 Chicago conference. As a way to acknowledge the direction in which ANWC was headed, ANWC, in 1985, officially changed its name to the Association of Multicultural Counseling and Development.

At the same time, the Association of Black Psychologists (ABPsi), the Asian American Psychological Association (AAPA), the National Latina/o Psychological Association (NLPA), and the Society of Indian Psychologists (SIP) individually and then collectively took defiant stances against unfair and unjust practices, many of which were advanced within the American Psychological Association (APA) and other professional mental health organizations. Together, these ethnic minority organizations joined the fight for recognition, for self-determination, and to voice the concerns of the communities they represented where inattention by local, regional, national, political, economic, and educational leaders and governments relative to the mental health and wellness of marginalized communities was the unfortunate norm.

The importance of the birth of the ethnic minority counseling and psychological associations cannot be overstated, especially when viewed with the context of the 1950s–1960s zeitgeist now indelibly etched onto the mental and emotional scrolls of American consciousness. The reflective, thoughtful, strategic, and intentional push by pioneering forefather and foremother psychologists and other mental health professionals to use scholarship, teaching, consultation, service, and training venues to correct wholesale inequity and denial of access to basic rights relative to housing, jobs, schooling, and health care represented posturing that was nothing short of brave, courageous, resolute, and fearless.

Recalling the lives and legacies of early visionaries whose advocacy against marginalization and for the inclusion of all citizens in the available and abundant fortunes and opportunities that America offers is as needed as learning from their individual and collective stories of pain and progress. These life lessons provide today's advocates with templates and road maps to guide their modern-day push for inclusion, equity, and recognition. In keeping with this assertion, *JMCD* is launching a Hearing Our Elders series intended to share

stories that (a) highlight resilience, reconciliation, and reclamation; (b) acknowledge achievements despite adversity; (c) offer words of wisdom to fuel the ongoing struggle for recognition as whole, uniquely endowed persons; and (d) provide important historical documentation for future generations of multicultural scholars and practitioners to access.

interview context

Congressman Lewis was selected as a representative of the civil rights movement to launch the inaugural Hearing Our Elders series given that he, perhaps more than anyone else, is a bridge between civil rights era efforts and the need to address 21st-century challenges (Smith, 2005). Congressman Lewis's contribution during the civil rights era had a significant impact on the helping professions in raising questions to address and reconcile disparate health care practices. Smith (2005) summarized the major challenges of the civil rights era to end health care disparities in federally funded programs as

> (1) ending Jim Crow practices that segregated patients by race; (2) eliminating more subtle forms of segregation shaped by physician referral practices, insurance status, and residential location; and (3) ensuring that once racial and ethnic minorities had access to the same health care settings as whites, they would receive nondiscriminatory treatment. (p. 317)

Pressures from the civil rights movement addressed these disparities through desegregation or, as Smith aptly stated, eliminating the most "visible symbols of Jim Crow" (p. 317); through the introduction of the federal Medicare program, which promoted integration and forbid racial exclusion; and through the removal of rudimentary aspects of segregation.

Although these efforts underscore the contribution of the civil rights era, contemporary challenges remain, as discussed by Congressman Lewis in his interview and as reflected in the literature (Collins et al., 2011). The seminal Surgeon General's report on culture, race, and ethnicity relative to mental health (U.S. Department of Health and Human Services [USDHHS], 2001) highlighted differential access and utilization among diverse communities in the United States. The report shed light on the stigma of mental illness experienced by communities, which, in turn, influences rates of access and utilization (USDHHS, 2001). Therefore, contemporary challenges include the need for continued focus on the provision of culturally responsive services among diverse communities and the need to address discrimination, both in health care and in the society at large (Silvers & Francis, 2013; Snowden, Masland, & Guerrero, 2007).

These efforts are thought to have encouraged the field to recognize disparities in access and utilization among diverse communities (Silvers & Francis, 2013; Snowden et al., 2007; USDHHS, 2001). Therefore, the helping professions increasingly developed competencies to further culturally responsive prevention and intervention within a diverse context (APA, 2002; Arredondo et al., 1996; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015, 2016;

D. W. Sue, Arredondo, & McDavis, 1992). More recently, the helping professions have incorporated social justice and advocacy into the multicultural counseling paradigm (Vera & Speight, 2003). Congressman Lewis's interview is a call to action for the helping professions as we face the middle of the first half of the 2nd decade of the 21st century.

procedure

Through communication with Congressman Lewis's director of communication, Brenda Jones, permission was given to conduct a 30-minute interview. Interview questions were developed prior to the interview and sent to Jones by Jennifer F. Kelly, APA's recording secretary, for review and revision. Initially, 14 questions were developed for the interview, which were then scaled down to a final five questions. The interview was conducted at Congressman Lewis's office on May 20, 2015. Clauss-Ehlers was present at Congressman Lewis's office for the interview, and Parham called into the office to coparticipate in conducting the interview. The interview was then transcribed, and the coauthors independently read the interview and identified key themes. Each author then compared theme identification for interrater reliability. These themes are presented in the following sections.

thematic categories

Congressman Lewis's interview reflected key themes in the bridge between the successes of the civil rights era and current civil rights and social justice challenges. Our independent reflections on the interview with Congressman Lewis resulted in six agreed-upon themes. It is interesting that these themes parallel many of the calls among leading scholars and practitioners within the multicultural movement for equity, access, and fair treatment for all people, regardless of situation or circumstance. In no particular order, the themes that emerged from our respective reflections of the interview with Congressman Lewis were (a) enough is enough, (b) resilience, (c) stigma, (d) creative approaches to accessing services, (e) prevention and early intervention with a focus on young people, and (f) all people matter. A call to action for the profession was embedded within each theme, thus expanding the focus to encompass the need for a critical response by the helping professions. The call to action relevant for each theme is described next. (See Table 1 for a summary of the themes and implications for relevant action.)

It is also important to note that these critical themes are not dichotomous categories. Rather, they often overlap and influence one another. For example, prevention and early intervention with a focus on young people is a theme that also promotes resilience, thus influencing that critical category. Similarly, the theme of stigma interacts with the theme of prevention and early intervention with a focus on young people, in that individuals may not seek early intervention because of stigma and fears about mental health issues.

TABLE 1

Thematic Categories and Implications for a Professional Call to Action

Thematic Category	Implications for a Professional Call to Action
Enough is enough	Establish and provide ongoing support for separate and distinct organizational statuses that reflect diverse communities
	Support peer-refereed and non-peer-refereed journals that reflect diverse communities
	Continue to build partnerships and strategic alliances to support inclusion efforts
	Engage in social advocacy and community empowerment projects to provide research-based, solution-focused interventions
	Marshall political action efforts to increase accountability and promotion of equity
Resilience	Understand resilience from a sociocultural context
	Implement interventions that incorporate sociocultural community supports
	Continue to expand the science base through research that helps determine best practices that promote coping and decrease stress from a sociocultural context
	Be responsive to communities that lack multiple resources
Stigma	Conduct research on the relationship between demographic variables, cultural differences, and stigma
	Develop an evidence base to promote access to mental health services
	Implement mental health education programs that are responsive to the communities they were designed to serve
	Conduct research that explores how programming can best respond to within-group diversity
Creative approaches to accessing services	Use a public health approach to mental health services access
	Implement creative approaches that support a public health approach to mental health services (e.g., nonviolence workshops, telemedicine, programs developed for specific settings)
	Encourage diverse constituencies to work with one another to support a mental health services infrastructure
Prevention and early intervention with a focus on young people	Explore and develop evidenced-based prevention and intervention strategies
	Build evidence-based supportive infrastructures
	Encourage community stakeholders to use stigma-reduction strategies
	Consider evidence-based community intervention programs
All people matter[a]	Consider a public health framework for mental health services that encourages multiculturally competent research, training, and practice
	Consider connections between empathy and solidarity in work with diverse communities
	Support the continuous development of a pipeline of future multicultural researchers, educators, and practitioners

[a]Circles back to the purpose of the Hearing Our Elders series, which is to provide a historical voice for visionaries in our field.

ENOUGH IS ENOUGH

To state it clearly and directly, in the late 1950s and early 1960s, America was characterized as systems of oppression and exclusion rooted in institutionalized isms—that is, ideological philosophies and practices such as racism, sexism,

heterosexism, ableism, and ageism. These harsh realities represented contextual parameters within which individuals and cultural communities were forced to live. These ism-based ideologies fueled systems of marked disadvantage, compromised benefits, and lack of power for marginalized communities. Furthermore, those structural systems were designed and constructed to create and maintain inequalities across economic, educational, political, legal, and health care domains (Alexander, 2012; Andersen & Collins, 2007; Anderson & Middleton, 2011; Arnett, 2008; Aronwitz, 2003; Chin, 2009; Duran, 2006; Han, 2015; Ioanide, 2015; Jones, 1997; Jung, 2015; Ponterotto, Utsey, & Pedersen, 2006; Ridley, 2005; Roth, 2012; D. W. Sue & Sue, 2013; S. Sue, 2006).

Relatedly, these socially sanctioned systems of inequity resulted in fostering have and have-not communities in which the rich got richer, the poor got poorer, and the middle class struggled to avoid slipping into lower class status while simultaneously working to climb the ladder to higher social and economic standing (Ehrenreich, 2008; Shipler, 2005; Tirado, 2014). Arguably, the United States had not failed at leveling the playing field. It had succeeded at maintaining a playing field designed intentionally to be not level. Congressman Lewis, along with other luminaries at the time, including Martin Luther King Jr., Andrew Young, Rosa Parks, and a host of other civic, religious, and political leaders and social rights advocates and activists, raised their collective voices and proclaimed, "Enough is enough." The civil rights movement was effectively launched. In response to a question about the impact of the civil rights movement on positive changes and improvements in mental health treatment for individuals from diverse backgrounds, Congressman Lewis stated,

> I think the civil rights movement and the religious community had a profound effect. In many of the churches, many of the leaders that came out of the civil rights movement were religious leaders, ministers. They knew the congregations, they knew the community, they knew the neighborhoods. They were able to say, "Brother Joe or Sister Sue, I think you should seek some help." In many of the ministers today, they are more trained than ever before. So they get some pastoral counseling, and the ministers are in a position to recommend further intervention from the professionals. I know churches that are doing just this. In some of these communities, people have major issues, major problems. And mental health problems and issues need to be confronted.

As mentioned earlier, ethnic minority professional associations committed to serving diverse communities, such as AMCD, ABPsi, AAPA, NLPA, and SIP, echoed similar enough is enough proclamations in response to systemic prejudices that existed within their respective professional associations as well as within the profession. Arguably, mental health professional associations and the larger profession functioned in response to the larger social-political environment that characterized the United States during the 1950s and 1960s. Clearly etched in the minds and hearts of pioneering forefather and foremother mental health professionals and scholars was a commitment to no longer collude, using their heretofore collective silences, with systemically sanctioned practices of injustice.

Call to action relevant to the enough is enough theme. The active refusal to take part in perceived and real organizational invalidation and oppression took many forms, including, but not limited to, (a) the establishment of separate and distinct organizational statuses complete with charters, bylaws, membership categories, and 501(c)(3) designations; (b) the birth and maturation of peer-refereed and non-peer-refereed journals for the dissemination of scholarship germane to organizational concerns and challenges; (c) the development of strategic partnerships with other discipline-related and non-discipline-related organizations with the goal of building allies and promoting inclusion; (d) participation in social advocacy and community empowerment projects aimed at providing research-based, solution-focused interventions; and (e) the marshalling of political action efforts within their respective organizations as well as in the communities they serve in a purpose-driven manner to increase accountability and promote equity.

RESILIENCE

Throughout the interview, the resiliency of Congressman Lewis came through clearly. Physical and emotional attacks on civil rights activists of all races and ethnic backgrounds were promulgated as a matter of course with the goal of quieting the voices of dissent. The personal aggressions directed against Congressman Lewis registered an emotional toll that now appears altogether absent when one witnesses his modern-day fight against injustices of all kinds.

> *Caroline S. Clauss-Ehlers (CSC)*: Yes, I want to be sensitive to you in your recalling this [in reference to situations of violence]. How are you feeling by responding to that particular question right now? I realize it may be sensitive for you, and we certainly don't want to intrude upon you if it is personal.
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> *Congressman John Lewis (JL)*: Oh, no, I feel fine about it. I think that there are people who think that or may think that because of my involvement in the civil rights movement and getting arrested and going to jail a few times during the '60s, they think that I have or they think that some of us may have feelings or a bias towards police officers. And this may sound sort of strange, but I have the utmost respect and affection for the law, for police officials when I see them at the Atlanta Airport, when I see them on the streets of Atlanta, when I see them on the streets of Washington, in town, and on the streets of Atlanta on Capitol Hill. I'm calling, "How are you doing Brother today?" They come up and hug me. I hug them and they say to me from time to time, "You know, you are one of the few members of Congress that speaks to us." I think they just need, they are men. They have feelings of their own, and their own self-esteem needs to be appreciated and respected. They are out there doing a job that is very risky. To be a police officer, these young men get up each day and leave their homes and leave their families. They don't know if they are going to return or not.

Each decade since the 1960s seems to have added strength and determination to Congressman Lewis's signature accomplishments, especially relative to his advocacy for the mental health and wellness of marginalized communities. Out of his own resilience, Congressman Lewis encourages the academy to promote the resilience of others by addressing mental health concerns. In the interview, he shared his own experience about seeing people who are stressed and lack support. He derived questions from this awareness that ask what can we do to support people, promote resilience, and create positive change.

> *William D. Parham*: Well, we want to thank you for coming down, Congressman Lewis. We've asked you a number of questions. Is there anything else you would like to leave us with? Something perhaps that we did not cover in our questions?
>
> *JL*: No. I just think that there is some way, I don't know how you deal with it, but in rural America, I grew up in rural Alabama, and as I said at the very beginning, I see how people that have stress and people that are literally sick, and they are not all older people, but just some way, for very little, that people could do. Some way to minister with people who live in these remote communities, especially in the rural South. Whether they are poor Blacks or Whites, and poor Latinos.

Mental health professionals have been resilient and steadfast since the 1960s in their efforts to use their expertise, talents, education, and training to close achievement gaps in education, employment, housing, and economic arenas. The ever-present systemic social and political impediments with which marginalized communities continue to be challenged—and against which mental health professionals continue to fight in advocating for their home communities—remain frustrating. At the same time, the aforementioned structural resistance serves as a constant reminder of the work that needs and continues to be done by mental health professionals, the communities they serve, and the allies with whom they have built alliances to maintain a commitment to social justice (MacLeod, 2013; Parikh, Ceballos, & Post, 2013).

Call to action relevant to the resilience theme. In light of Congressman Lewis's words and the model he personally embodies, several implications for the profession emerged. Resilience refers to the ability to overcome adversity (Rutter, 1985). Although early literature tended to take a trait-based approach to resilience, more recent work has suggested that resilience derives from the interaction between individual traits and a person's context (Clauss-Ehlers, 2008). Sociocultural approaches to resilience have considered resilience within the cultural context of the individual and his or her community. This work has considered how sociocultural supports can promote resilience among American Indian communities (LaFromboise & Medoff, 2004), Latina/o communities (Cardoso & Thompson, 2010), African American communities

(Williams & Portman, 2014), and Asian/Asian American communities (Gee, Ro, Shariff-Marco, & Chae, 2009), as well as among lesbian, gay, bisexual, transgender, and questioning youth (Farmer, Welfare, & Burge, 2013) and individuals with differing abilities (Wright & Reese, 2015).

The helping professions are encouraged to continue to consider the sociocultural context in their construction of resilience. From a sociocultural understanding of stress and coping, interventions can reflect the positive coping strategies valued in one's community. Bringing in these supports can increase well-being and decrease stressors (Cardoso & Thompson, 2010; Farmer et al., 2013; Gee et al., 2009; LaFromboise & Medoff, 2004; Williams & Portman, 2014). Continued research is needed to expand the science base through the development of empirically based best practices to promote resilience among diverse communities. As the interview continued, Congressman Lewis encouraged the helping professions to ask tough questions about gaps in our ability to promote resilience and coping among underserved populations, such as rural communities, economically disadvantaged communities, and communities with little to no medical infrastructure. His words encourage us to recognize that these examples are not discrete categories, in that many communities lack multiple resources. Congressman Lewis stated,

> Maybe they're not part of the Affordable Care Act [i.e., the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010]. The doctors are so far away, how do we reach them? What do we say to them? We no longer have doctors, or many, that do house calls . . . how do we do justice to these people? It's almost like being in a prison. Their relatives don't know what to do, and they just leave them there. So Uncle Joe, Baby Sue, I wish that there was just some way that the academy or some group or some force can come together and deal with the problem with the life of mental health or mental health intervention among the poor in the rural communities.

STIGMA

The concept of stigma introduces questions such as "If someone has a mental health issue, why hasn't he or she sought treatment?" and "If someone has started treatment for a mental health issue, why hasn't he or she seen treatment through to completion?" In the following excerpt, Congressman Lewis spoke to the impact of stigma on people's decision to access mental health care.

> *JL*: We need to find a way to say it is okay if you need help or if you need support. Ask somebody, it's okay. We shouldn't demonize people trying to seek out help, you see, that's a bad thing.
> *CSC*: Right. If you have the flu, you go to the doctor.
> *JL*: You have the flu, you go to the doctor, you get a shot. Go to the psychologist or go to a psychiatrist. Talk it out, come in as a family.

Stigma refers to "four social-cognitive processes: cues, stereotypes, prejudice, and discrimination" (Corrigan, 2004, p. 615). Corrigan (2004) also

differentiated between "public stigma (what a naive public does to the stigmatized group when they endorse the prejudice about that group) and self-stigma (what members of a stigmatized group may do to themselves if they internalize the public stigma)" (p. 616). This conceptualization considers how both public and self-stigma influence decisions about whether someone who can potentially benefit from mental health treatment actually seeks it out (Corrigan, 2004).

Stigma about mental illness persists within diverse communities, with perceptions of stigma and rates of service utilization being influenced by demographic variables (Corrigan, 2004). Analyses of the Epidemiologic Catchment Area Study found that African Americans and Latinas/os were less likely to use mental health services compared with their White American counterparts (Corrigan, 2004). Results suggested that communities of color felt that the medical system did not provide appropriate mental health care and instead identified other sources of support to deal with mental health issues. This finding has been replicated in other research. For example, Matthews, Corrigan, Smith, and Aranda (2006) found that religion and spirituality were sources of coping among African American participants in their study.

Developing strategies to combat myths about mental illness, health, and wellness and to encourage communities in need to seek mental health interventions for individuals, families, and couples remains a formidable challenge. Congressman Lewis's story about the fate of a veteran experiencing mental distress highlights this point.

> We had a case in Georgia not too long ago, where there was a veteran returning and apparently he was mentally distressed from something that happened when he was abroad in the war. He was running through the streets naked and a police officer thought he had a weapon. He didn't have any clothes on and they shot him and killed him. So if we can get some of these health centers to spend more time being conscious and aware of some of the psychological problems and issues facing people, I think we can save more people and set them on a better path to a fuller life.

By addressing stigma in diverse communities, the profession encourages access to services. Thus, reducing stigma is connected to two other thematic categories—prevention and early intervention with a focus on young people and creative approaches to accessing services—given that we can train law enforcement agencies to be more aware of mental health symptoms. It is hoped that this kind of systems change subsequently gets individuals connected to the help that they need.

Call to action relevant to the stigma theme. Various strategies emerged from the story shared by Congressman Lewis. Although the knowledge base about the role of mental health stigma among communities of color has increased, additional research is needed to further our understanding about the relationship between demographic variables, cultural differences, and stigma (Corrigan, 2004; Matthews et al., 2006; USDHHS, 2001). Having a better understanding of these connections will allow us to consider strategies to promote access to mental health services among diverse communities. Education programs

about mental illness have been found to have a positive effect on reducing stigma; however, it is important that these programs are tailored to the culture in which they are being delivered (Corrigan, 2004; Matthews et al., 2006). Given that there are vast differences within racial and ethnic groups, it is also important that programming reflect a community's within-group diversity. Future research is needed to identify these processes.

CREATIVE APPROACHES TO ACCESSING SERVICES

Of key importance to the helping professions is Congressman Lewis's consideration of providing access to services in creative ways. Access to services refers to the extent to which individuals and communities can access mental health care, which can subsequently influence decisions about whether to seek treatment (USDHHS, 2001). In essence, access refers to "probability of use, given need for services" (USDHHS, 2001, p. 16). Access to services is influenced by insurance coverage, the type of coverage provided if there is insurance, attitudes toward mental illness, presence of trust in the provider, and consideration of cultural competence in the delivery of services (USDHHS, 2001). Access to services is also shaped by the location of where services are provided and whether they are centrally located or fragmented. For example, with the advent of the school-based mental health movement, services are increasingly offered to children in the school context in which they experience their daily lives, rather than in a separate, private practice office space (Ghuman, Weist, & Sarles, 2002).

Although the helping professions have focused attention on the provision of services where people are rather than at remote locations, more can be done to promote access to mental health services at a community level. Congressman Lewis stated,

> To say that we are only going to be fair and we are only going to treat people of a certain age, a certain race, or a certain income . . . people have issues. We all have issues . . . and those issues must be dealt with to make all human beings, all citizens, equal. Get the same type of treatment, and I think there are so many people in America today because of our history that have been sort of left out or left behind when it comes to counseling, or been excluded. That's not right. That's not fair, that's not doing the right thing.

Congressman Lewis's comments underscore the importance of the provision of mental health services and supports to all citizens in the society. In being inclusive of all citizens having access to mental health treatment, we echo earlier research and writing that argued for a public health approach to mental health (USDHHS, 2001). Public health in the United States is focused on the health of the entire nation. Public health goes beyond the consideration of traditional medicine to explore "disease surveillance, health promotion, disease prevention, and access to and evaluation of services (Last & Wallace, 1992)" (USDHHS, 2001, p. 12). A public health approach also considers intervention prior to the development of mental illness, thus engaging in prevention and early intervention efforts to potentially offset the first onset of symptoms.

Call to action relevant to the creative approaches to accessing services theme. Similar to Congressman Lewis's assertion that people should not be excluded from receiving treatment, a public health approach to mental health services considers access and integration for all citizens (Levin, Hennessy, & Petrila, 2010). Goldman, in his foreword to the book *Mental Health Services: A Public Health Perspective* (Levin et al., 2010), discussed how

> parity implies integration. Equal coverage is predicated on the view that mental health services should be valued just like the rest of health services, and sometimes the best approach is to integrate the two. . . . The focus is no longer on the specialty mental health services sector but on the broad array of human services sectors, where people who experience a mental disorder find themselves as they pursue their lives in their communities. Transformation also implies integration—but at a different level. It means recognizing the role of mental health in mainstream public policy. (p. xxiv)

Congressman Lewis presented creative ways that the academy and the helping professions can address mental health concerns within the public arena, thus expanding their approach, which ultimately expands their reach. He stated,

> We need massive intervention on the part of psychiatrists and psychologists just to deal with human beings, with human relationships, how to deal with people. Sometimes I feel like we should have nonviolent workshops for our citizens, including police officers. They are human, and we all have to learn to live together as human beings. I think some of our officers, because of their training from the military, the only thing they only really know how to do is to use force and not how to speak to people, to different people in a humane way. We have to be able to get people to be a little bit more human.

During the interview, Congressman Lewis continued to provide more detail about creative approaches to reaching people and communities. Among other approaches, he suggested conducting nonviolence workshops, using telemedicine, encouraging people to develop programs to fit a specific setting, and using videos to train health providers.

Congressman Lewis also discussed how access to services is furthered when there is mutual understanding among different constituencies. In the following excerpt, for example, he discussed furthering an understanding of mental health issues among providers and law enforcement agencies. The potential to support a mental health services infrastructure by bringing together diverse community groups is an important call for the helping professions (Hawkins et al., 2008; Levin et al., 2010).

> *CSC*: If I could ask briefly, because you were talking about this call to action. You talked about a strategy or an idea for nonviolence workshops? I thought that is so interesting because it is one way to advocate for change, and I guess I was just wondering what those workshops would look like?
>
> *JL*: There is some way, maybe with telemedicine, or you could hook up and get with someone like Jim Lawson, who is in his 80s and retired in LA

[Los Angeles], who conducted nonviolent workshops for us as students during the '60s and others too . . . there's all kinds of people out there who can come up with programs to reach people in a setting. Or you can, you can have videos to send to health providers. These are the 123s, these are the ABCs of what we should be doing. But I think they have to get providers, including the law enforcement people, to understand when something is going on, how do you deal with someone who has mental health issues? Rather than drawing a gun, or throwing someone in jail, how do you treat people? Treat people like human beings.

PREVENTION AND EARLY INTERVENTION WITH A FOCUS ON YOUNG PEOPLE

The science base consistently points to the importance of prevention and early intervention to circumvent or address mental health issues early on (Kumpfer & Summerhays, 2006). Prevention research "seeks knowledge about prevention interventions to help parents, teachers, and other caring adults in their efforts to promote resilience and positive outcomes in children" (Kumpfer & Summerhays, 2006, p. 152). Research has consistently shown that efforts to engage in preventive efforts, such as those that address family situations to prevent problem behaviors in young people, are effective (Kumpfer & Alvarado, 2003).

A review of the prevention and early intervention literature shows that "many of the precursors of serious adolescent problems can be reduced or eliminated through early intervention to improve parenting and family systems dynamics from prebirth to adolescence" (Kumpfer & Alvarado, 2003, p. 458). In summary, these reviews found that family therapy, parental skills training, and family skills training were effective interventions in families with youth with concerning behavioral issues (Nixon, Sweeney, Erickson, & Touyz, 2003; Webster-Stratton & Taylor, 2001).

Other prevention efforts, such as the Communities That Care (CTC) system, mobilize diverse community stakeholders to enhance "coalition outcomes by providing structure, processes, and tools designed to enable coalitions to use prevention science as a basis for community prevention services" (Hawkins et al., 2008, p. 179). Substantial efforts have been made by diverse mental health professionals to address primary prevention and early intervention within diverse community contexts with the goal of being culturally responsive to youth and their families (Clauss-Ehlers, Serpell, & Weist, 2013). Congressman Lewis shared how prevention and early intervention in work with young people promotes civil and human rights.

CSC: Do you think that mental health prevention and early intervention is really providing the preventive supports, getting to the problems early? Like working with kids, do you think this is a way to promote civil and human rights?

JL: Well, I believe strongly, and definitely so, that we don't intervene enough— or early enough—in the problems and issues that affect people. You see the children growing up and young people with problems. And the

problems and issues continue to fester without anyone saying, "I think you need some help. Can I help you?" And many people in many communities don't have any place to turn because the facilities are lacking in a lot of the places or just not there. They get very little help, when they are in school, and with their families. Or they are without resources and don't know where to turn. The Affordable Care Act that the Congress passed, I think there is a vision to include mental health.

As the interview continued, Congressman Lewis talked about the importance of a free society, in which people are accepted for who they are. He shared his concern about young people who commit suicide because of a lack of support regarding their sexuality. He encouraged the academy to play a critical role in supporting young people, both in this century and in the next.

CSC: So, 100 years from now, when we are in the 22nd century, what do you envision as the next step for civil rights? And two related questions: What research questions should we be asking in the 22nd century, and how can the academy preserve and share the legacy and contributions made by visionaries like you?

JL: Well, I think it is important for the academy, even today before we move to the 22nd century, there are so many problems facing people in America today and around the world, but especially young people. Children, during this period when people are discussing same-sex marriage, issues of whether someone is gay or straight. There are so many students, so many young people. You read about it, you hear about it in your community, in your neighborhood, in your church, where there are a number of people committing suicide because they cannot deal with their own sexuality. And we need to confront it and not hide it, and prepare people for the next century. The civil rights people, religious leaders, and politicians, we need to be free and we need to liberate our own feelings and our own minds in order to have a free and liberated citizenry at large. I think the academy can play a major role where young people, I'm not sure what you call it in psychology, are just stressed out. They cannot cope.

CSC: Right, they are overwhelmed.

JL: They don't have people to talk to, to receive their counsel. They don't know where to go and we need to deal with it. I don't know what the literature is that is coming out or what the researchers are saying about it, but I run into people, I run into young people and you can tell they are going through things. They become separated from their parents, their grandparents, their sisters and brothers. They need help, they need intervention, and I hope and pray in the years to come, by the 22nd century, we will have changed the attitudes and the feelings of how we deal with people. If not, then I think we will just continue to pile on the suffering. And that's not the type of society you want in the future.

Call to action relevant to the prevention and early intervention with a focus on young people theme. Congressman Lewis's words have implications for the prevention and intervention sciences. His observation about how we do not intervene enough or early enough is a call to the academy to further explore and develop evidenced-based prevention and intervention strategies, such as family skills training for families and community supports in schools. Furthermore, when supports are available, it is important that children and their families not be influenced by stigma to the point that they do not want to access services (Corrigan, 2004). Thus, perhaps by training community stakeholders who have direct contact with youth and their families in stigma-reduction strategies, prevention and early intervention efforts with young people may become more successful.

The prevention and early intervention with a focus on young people theme also introduces creative approaches to providing access to mental health services. For example, in discussing the prevalence of suicide among youth who are unable to cope with their sexuality, Congressman Lewis mentioned the need for civil rights people, religious leaders, and politicians to address this issue—an interesting parallel to the CTC system, which brings together diverse stakeholders to implement a specific, but community-based, prevention science program.

ALL PEOPLE MATTER

Humanity is paramount. Evident in much of the interview with Congressman Lewis is an "all people matter" mantra that fueled his drive and the forward movement of the broad and increasingly multiculturally diverse base of civil rights activists as they engaged in 24/7 hard-fought battles for justice and equality. It is important to note that the civil rights movement was not solely about Black versus White. It rose out of the collective angst, disappointment, and anger at the socially sanctioned indignities that marginalized communities were forced to endure. The movement through bad times and better times underscored the assertion, "I am my brother's keeper." Persons of all faiths, creeds, and levels of social consciousness embraced one another and, in doing so, conveyed the applicability of equal opportunity, fairness, justice, and equity for all. In the interview, Congressman Lewis made important parallels between the civil rights era struggles and those that reflect the 21st century. In the following excerpt, Congressman Lewis described one such parallel.

> Right. You see, the movement was about equality, total equality. And for people around our country . . . and it's getting better, much better when we talk about it, when we talk about same-sex marriage. I used to hear Dr. King answer a question when he talked about interracial marriage. He would say races don't fall in love and get married; individuals fall in love and get married. So we need to say to people, just be yourself, just be human.

Another parallel considers the experiences of undocumented immigrants, whom Congressman Lewis described as "living in the shadows." He stated,

And we need to get people to respect the humanity of all people, without putting people down because of race or color, gender, sexual orientation, or whether someone was born here or born someplace else. That's why I think comprehensive immigration reform is so important. We don't need to have hundreds and thousands and millions of people living in the shadows. I don't know, all the young Latinos and others growing up in America, how they feel. But how long can you keep a large group of people, in a sense, in the dark, in the shadow? I ran into a young man just today in a hallway who came up to me and said, "Congressman Lewis, Congressman Lewis, I read about you. I am from Kennesaw, Georgia; but I'm in school in Massachusetts." I said, "You have kin here?" He said, "No, I am there because I am not legal. So I can go to school here, but not to a college in Georgia." That destroys something within a person. It probably has some kind of mental impact. Not just on that person, but on his brothers and sisters, on his mothers and fathers. So I think the academy's got to, this is all a part of one big ball I guess. But we have to deal with it; we have to confront it head on.

During their early history, ethnic minority mental health associations focused much of their efforts on giving voice to the urgent needs of the specific ethnic and cultural groups that they represented. Although these organizations' current interventions and advocacy efforts remain largely centered on their respective primary ethnic or cultural group, they are more inclusive of a greater diversity of individuals whose struggle for equity is similar.

Call to action relevant to the all people matter theme. Congressman Lewis's words related to the all people matter theme have professional implications. The parallels he made between the civil rights era struggles and contemporary struggles are a model for the professional community. When we consider the all people matter theme within the public health framework for mental health services, what emerges is the importance of research, training, and practice in multicultural competence.

To accomplish this goal, mental health professionals must think beyond their own experiences to consider the perspectives of others. Empathy is one concept that can help forge connections between one's personal/contextual experience and the all people matter theme. Having an empathic disposition allows multicultural scholars and practitioners to have authentic respect for the multiple identities—and the intersectionality of identities—presented by the people with whom they work (Sleeter & Soriano, 2012). When we talk about all people mattering, we are also talking about solidarity. Solidarity has been conceptualized as "empathy that includes a shared sense of struggle among people across differences in culture and power" (Sleeter & Soriano, 2012, p. 4). Solidarity allows us to be truly present in interactions and to question the status quo of the way things are or appear to be.

The need for research, practice, and teaching centered on understanding the experiences of others calls the profession to continue to invest in the next generation of multicultural scholars, educators, and prac-

titioners. Undergraduate and graduate programs that mentor students are critical to creating a pipeline of multiculturally competent providers. Having such a pipeline provides us with culturally and linguistically diverse practitioners who, because of their multicultural awareness, can address issues (e.g., stigma, access to services) relevant to the communities that they serve. The training of multiculturally competent researchers also has the potential to promote investigation in areas such as prevention and early intervention among youth, thus expanding the knowledge base.

This process takes us back to the aforementioned stated purpose of the Hearing Our Elders series. Through documentation, reflection, and theme identification of the elders who have shaped the world; the profession; and, hence, our experiences, the series aims to provide future scholars, educators, practitioners, and leaders with access to the voices of the luminaries who came before them. In building on the collective knowledge of our elders, we hope to further a commitment to social justice for the future.

conclusion

Congressman Lewis's involvement in the civil rights movement paved the way for major changes in health care, including decreases in health disparities among racial and ethnic minorities, and laid the foundation for multicultural counseling. This movement prompted the generation of knowledge concerned with multicultural scholarship, research, teaching, and supervision. The development of the multicultural professional associations was influenced by the civil rights movement, and these organizations have provided significant leadership in efforts to further multicultural scholarship and practice (APA, 2002; Ratts et al., 2016; D. W. Sue et al., 1992).

Just as Congressman Lewis has continuously engaged in efforts to promote civil and human rights, so too the helping professions are encouraged to move forward with a commitment to social justice action. Several thematic categories emerged from the interview that embody a professional call to action, including (a) enough is enough, (b) resilience, (c) stigma, (d) creative approaches to accessing services, (e) prevention and early intervention with a focus on young people, and (f) all people matter.

On March 7, 1965, Congressman Lewis (then chairman of the Student Non-Violent Coordinating Committee), along with hundreds of other activists en route from Selma to Montgomery, Alabama, in support of voting rights crossed the Edmund Pettus Bridge and triggered an event that came to be known as Bloody Sunday. The tumultuous and adversarial political and social climate of that time did not deter civil rights activists from stepping up to the plate to raise their collective voices against injustice. Fifty years later, arguably, not much has changed. Strategic and ongoing political and social action spurred on by marginalized and privileged communities working together has resulted in some changes in laws, policies, and procedures that govern society. Nevertheless, adversarial relation-

ships fueled by ongoing political and social inequities persist, and these systemic and structurally sanctioned exclusions represent the call for this generation to stand in formation and join the march across the bridge leading to equity in education, health care, employment, and housing for the next generation.

Congressman Lewis's words take us a step further, presenting an action component for each theme. As conceptualized in Table 1, the distinctive actions that cut across all themes are research, practice, and advocacy. Taken together, our contention is that these categorical themes and implicit actions provide a public health framework for mental health services. The call to action is for the academy to implement this framework in professional endeavors to further professional outreach and the dissemination of knowledge about mental health to all people. Congressman Lewis stated,

> I learned so much from my participation and involvement in the American civil rights movement. First of all, you cannot leave any segment of the society out or behind. There must be equality for all of us. You cannot discriminate against people because of their race, their color, their nationality, or because of sexual orientation. We are all human, we are all citizens, and must be treated alike and have a place. If not, then it is not fair, it is not right, it is almost immoral.

We encourage the professional community to cross that bridge.

sneak preview

In the current assembly of marchers, and the elder hero featured in our next issue, is a Congressional Gold Medal winner whose courageous stance against injustice, along with other like-minded adolescents, was asserted in the 25th state of the union 7.5 years prior to Bloody Sunday. These "diamonds" in the rough at the "hub" of the turmoil went on throughout their respective lives to contribute in important ways to the fight for equity and justice for all.

Until next time . . .

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