

Summer 2023

Severe Housing Problems in Santa Clara County, CA

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Severe housing problems, Santa Clara County, California

Severe Housing Problems in Santa Clara County, CA

Goal Statement: My goal for social change within the community is to prevent severe housing problems by educating individuals and families of low and middle-income levels on available home environment assessments and housing rehabilitation programs.

Significant Findings: Severe housing problems plague numerous mid and low-income households in Santa Clara County, leaving them vulnerable to significant physical and mental health problems. This social change portfolio discusses the scope and consequences of severe housing problems as well as potential risk and protective factors at the individual, relationship, community, and societal levels through a socio-ecological lens. In addition, this portfolio addresses two theories of prevention, Social Cognitive Theory and the Health Belief Model, as well as diversity and ethical issues, specifically how severe housing problems affect the subgroup of the Latino/Hispanic population. Furthermore, advocacy efforts at the institutional, community, and public arena levels regarding severe housing problems in Santa Clara County are also discussed.

Objectives/Strategies/Interventions/Next Steps:

1. Initiate Sirolli's (2012) Shut Up and Listen method by talking to the Latino/Hispanic populations within their communities and neighborhoods and listening to what they say they need.

2. Evaluate and address social norms influencing the Latino/Hispanic communities through qualitative and quantitative research methods.
 3. Partner with local community outreach organizations to educate mid and low-income households on how, who, and where to contact regarding help with severe housing problems.
 4. Collaborate with other counselors, social workers, legal professionals, and media outlets to initiate a public information campaign in an effort to increase awareness of severe housing problems in Santa Clara County.
 5. Lobby California government officials to implement scientifically supported home environment assessment programs that have successfully reduced severe housing problems in other states.
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INTRODUCTION

Severe Housing Problems in Santa Clara County, CA

Severe housing problems are a significant issue for many Santa Clara County, California residents. According to the County Health Rankings (2023), severe housing problems include overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing, or a combination of these. In addition, other potential health and safety hazards include structural, heating, and insulation deficiencies, as well as lead, asbestos, and mold issues in the home (County Health Rankings, 2023). I will focus specifically on the non or malfunctioning facilities and unsafe living conditions components of the severe housing problems that numerous Santa Clara County families face. These severe housing issues not only leave residents without properly functioning homes and exposed to health and safety hazards but also increases their risk of physical and

mental health issues (County Health Rankings, 2023). Implementing a prevention program to educate community members on options available to them could assist low and middle-income households in avoiding severe housing problems.

PART 1: SCOPE AND CONSEQUENCES

Severe Housing Problems in Santa Clara County, CA

Severe housing problems plague many individuals and families within Santa Clara County, California, which includes the major metropolitan areas of San Jose, Sunnyvale, and Santa Clara. Many low and middle-income families live in unsafe conditions and pay more than half of their income to rent due to the shortage of affordable housing in Santa Clara County (County of Santa Clara County, 2023). Low and middle-income households in Santa Clara County experiencing at least one of the following housing issues: overcrowding, high housing costs, lack of kitchen facilities, or plumbing are considered to be facing severe housing problems (County Health Rankings, 2023). While the overall prevalence rate of residents experiencing severe housing problems in the state of California is 26%, Santa Clara County lands slightly under that at 23% but higher than the national rate of 17% (County Health Rankings, 2023). Severe housing problems have only decreased by 1% since 2006 in Santa Clara (County Health Rankings, 2023). These severe housing problems, specifically non or malfunctioning facilities and unsafe living conditions, in Santa Clara County leave many in the community at risk for illness, injury, and mental health issues.

Consequences for individuals and families experiencing severe housing problems include a higher risk of infectious and chronic disease, injuries, and poor childhood development (County Health Rankings, 2023). In addition, residents facing severe housing issues often cannot

afford health care, healthy foods, utility bills, or reliable transportation resulting in heightened stress levels and emotional strain, making them vulnerable to physical and mental health issues (County Health Rankings, 2023). Furthermore, many low and middle-income families may not be aware of housing improvement programs available to assist them in making the necessary repairs to their homes to prevent them from becoming severe. My goal for social change within the community is to prevent severe housing problems by educating individuals and families of low and middle-income levels on available home environment assessments and housing rehabilitation programs.

PART 2: SOCIAL-ECOLOGICAL MODEL

Severe Housing Problems in Santa Clara County, CA

Working from a Social-ecological model framework is beneficial for developing prevention programs to address community problems. The Socio-ecological model consists of four levels, individual, relationship, community, and societal, and it considers the complexity of each one and how they intertwine (CDC, n.d.). For example, according to the Iowa Department of Public Health (IDPH) (n.d.), a person's behaviors influence their environment just as the environment affects their behavior. Therefore, prevention requires understanding how individual, relationship, community, and societal factors influence each other (CDC, n.d.). In addition, identifying risk and protective factors at each socio-ecological level is necessary to understand and address community issues fully. Biological, psychological, family, community, and cultural characteristics with increased potential for adverse outcomes are considered risk factors (Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.). On the other hand, characteristics that reduce a risk factor's impact and potentially decrease the chance of adverse outcomes are known as protective factors (SAMHSA, n.d.). Both risk and protective

factors can be fixed, meaning they do not change, or variable, meaning they may change over time (SAMHSA, n.d.). For example, socioeconomic status, employment, knowledge, and peer group may change over time, whereas genetics, race, or ethnicity will not. Therefore, prevention programs should strive to impact critical risk and protective factors, as well as the four levels of the Socio-ecological model.

Risk and protective factors should be considered at the individual, relationships, community, and societal levels when developing a prevention plan for the non and malfunctioning household necessities and unsafe living conditions experienced by many Santa Clara County residents. Biological and personal history factors, such as age, education, and socioeconomic status, are identified at the individual level (CDC, n.d.). Some potential risk factors for severe housing problems at the individual level include socioeconomic status, employment status, disability status, and age. For example, low and middle-income families or unemployed individuals may not have the means to repair or improve their homes. In addition, according to the Census Bureau estimates (2022), 4.7% of Santa Clara residents live with a disability, while elderly individuals over the age of 65 make up 14.5 % of the population. Elderly individuals or couples and persons with disabilities that prevent them from working may be living on a fixed governmental income that does not allow for extra expenses such as home repairs. In comparison, potential protective factors at the individual level include education and skills, health, ability, and attitude. For example, healthy, non-disabled individuals with knowledge, skills, and a can-do attitude may be able to make minor repairs and improvements themselves instead of paying a professional. As with the individual level, there are risk and protective factors to consider at the relationship level to help Santa Clara County residents confront severe housing problems.

In the second level, or the relationship level, social circle, family, partner relationships, and culture are considered (IDPH, n.d.). Family, social circle, and cultural beliefs could be potential risk or protective factors at the relationship level. For example, multigenerational households are relatively common in Santa Clara County, with 25.6% of the population reporting living in multigenerational homes (Silicon Valley Indicators, 2023). Therefore, someone with strong family ties, a close-knit social network, or from a collectivist cultural background may have roommates or live in a multigenerational home with family, resulting in a higher household income which may allow for home repairs. However, an individual or family with weak or lacking interpersonal bonds with others or with an independent cultural view could be forced to pay high living expenses on their own and not have the extra budget for home improvements. An additional protective factor could be neighbors who form strong bonds and volunteer to help each other with home repairs or upgrades. Moving from the relationship to the community level, we will explore additional risk and protective factors for Santa Clara residents facing severe housing problems.

Furthermore, environments such as schools, workplaces, neighborhoods, and places of worship where people spend most of their time and relationships are fostered are explored at the community level (IDPH, n.d.). Community level risk factors for Santa Clara residents experiencing severe housing problems include overcrowding in homes and neighborhoods. For example, California has a high percentage of overcrowded major metro areas and households, meaning more than one person per room, with San Jose holding the number two spot in the nation at 8.3% (CA.gov, 2018). While living with roommates or in a multigenerational home may be a protective factor at the relationship level, if it leads to overcrowding within the home or neighborhood, it could become a risk factor at the community level. Protective factors include

neighborhood, religious, or spiritual organizations that provide resources and support. For example, neighborhood, religious, or spiritual organizations may have volunteer groups to help low and middle-income households with needed household improvements.

Lastly, laws, policies, and social norms are examined at the societal level (IDPH, n.d.). Societal level risk factors include a lack of implemented programs to help low and middle-income households assess their homes for repairs, improvements, and unsafe conditions. For example, various scientifically supported strategies, such as healthy home environment assessments, have shown success but have not been implemented in California (County Health Rankings & Roadmaps, 2023). However, there are programs available, such as the Section 504 Home Repair program, that provides grants and loans to California residents to assist low and middle-income households in repairing and improving their homes, as well as removing health and safety hazards (United States Department of Agriculture (USDA), n.d.). The home repair programs available to single-family low and middle-income households in Santa Clara County are a potential protective factor. In the end, all of the risk and protective factors at each level of the Socio-ecological model must be taken into account when developing a prevention plan to help Santa Clara County citizens vulnerable to severe housing problems.

PART 3: THEORIES OF PREVENTION

Severe Housing Problems in Santa Clara County, CA

When creating a prevention plan, working from a theoretical perspective is essential. A theory systematically links relationships between variables to understand particular events or situations (National Cancer Institute, 2005). In addition, theory provides planners with the knowledge and tools to facilitate their prevention plan from intuition to design and evaluation

(National Cancer Institute, 2005). Furthermore, researchers use theory to help them explore the “how,” “what,” and “why” questions regarding health issues within a community (National Cancer Institute, 2005). Prevention plans grounded in theory have been shown to be more successful at addressing community health problems (National Cancer Institute, 2005). Developing a beneficial and effective prevention plan often requires a combination of theories.

However, choosing the correct theory to ground a prevention plan is not simple. There are many theories to choose from, but the theory must be a good fit. The theory must make logical, consistent, similar, and supported assumptions regarding behavior, health problems, target populations, and the environment being addressed (National Cancer Institute, 2005). Two theories that could be applied to a prevention program to address severe housing problems in low and middle-income households in Santa Clara County are the Health Belief Model (HBM) and Social Cognitive Theory (SCT).

The HBM explores how the individual perceives their susceptibility and severity of the threat, the benefit of avoiding the danger, and barriers to taking action against the threat (National Cancer Institute, 2005). Additionally, exposure to factors motivating action steps and their confidence to successfully perform an action also influence a person’s decision to take action (National Cancer Institute, 2005). The HBM targets community health concerns through health motivation (National Cancer Institute, 2005). Therefore, using HBM as a theory to develop a prevention program to educate low and middle-income households regarding severe housing problems would be a good fit.

For example, educating individuals of low and middle-income households on the potential medical and mental health issues, such as disease, injuries, increased stress levels, and

emotional strain, that they may be vulnerable to due to severe housing problems would raise their awareness of their susceptibility and severity of the issue. In addition to increasing their understanding of their susceptibility and severity, it is essential to educate persons of low and middle-income households on the benefits, such as improved living conditions and health outcomes and reduced hospital admissions and utility payments, of taking action to prevent severe housing problems. Furthermore, informing individuals at risk of facing severe housing problems about grants and housing programs available to them and providing the resources on how to utilize the programs would reduce their perceived barriers and increase their self-efficacy, allowing them to apply for assistance. Regarding exposure factors prompting action, television ads could be an option; however, many low and middle-income households may not be able to afford cable television and, therefore, would not see the ads. An alternative to television ads could be to place flyers or brochures in local neighborhood and community businesses to increase exposure. While HBM is a solid theoretical perspective for my severe housing problem prevention plan, combining SCT will further strengthen my project.

SCT focuses on the influence that environment, behavior, and individuals have on each other, known as reciprocal determinism (National Cancer Institute, 2005). SCT asserts that three main factors influence individuals' actions: self-efficacy, goals, and outcome expectancies (National Cancer Institute, 2005). When individuals have the knowledge and skills to master a behavior or action, they possess behavioral capability (National Cancer Institute, 2005). In contrast, it is known as self-efficacy when someone has confidence in their ability to overcome barriers, which SCT considers the most important personal factor in behavior change (National Cancer Institute, 2005). In addition, SCT is based on Social Learning Theory (SLT) which claims that individuals learn from their own experiences and by observing the actions and

benefits of others (National Cancer Institute, 2005). When a person learns by watching others' behaviors and outcomes, it is known as observational learning or modeling (National Cancer Institute, 2005). Furthermore, SCT asserts that responses to an individual's actions can increase or decrease the reoccurrence of the action by positive or negative reinforcements (National Cancer Institute, 2005). Integrating SCT into my prevention plan aimed at educating low and middle-income households on severe housing problems and options would strengthen the program.

For instance, through the concept of reciprocal determinism, educating low and middle-income households about how severe housing problems (environment) place them and their loved ones (person) at greater risk of health problems could influence them to look into their options for addressing and preventing severe housing problems (action or behavior). In conjunction with educating low and middle-income individuals on the health risks, educating them on the potential benefits, such as reduced hospitalization and disease, would set positive expectations. Another crucial aspect is providing low and middle-income communities with the proper resources to learn about their options and how to utilize them. Teaching people how, where, and who to contact regarding available home improvement grants and loans will increase behavioral capability and self-efficacy. Through observational learning or modeling and positive reinforcement, low and middle-income families could be influenced to take action. For example, say a family sees the positive outcome of another low or middle-income household in their neighborhood or community taking steps to address and prevent severe housing problems in their home with positive results; this could motivate them to do the same and, in turn, they would then be modeling for others as well. In addition, favorable responses from family and friends and the health benefits of taking action to address and prevent severe housing problems would act as

positive reinforcements. Therefore, combining SCT with HBM would be an excellent theoretical choice to ground my severe housing problem prevention program.

Evidence-based research supports both SCT and HBM. For example, developed in the 1950s by the US Public Health Service, HBM was one of the first behavior theories and has been extensively researched (Mckellar & Sillence, 2020). While there have been mixed reviews pertaining to the effectiveness of the HBM, its strength is that it was developed by researchers working directly with health behaviors (Connor & Norman, 2017). In addition, the HBM has shown moderate success in predicting various health behaviors (Connor & Norman, 2017). For example, a meta-analysis study on HBM interventions among sexual risk-taking behaviors of teenagers showed 83% of the investigations resulted in improved adherence, with 39% of the studies reporting moderate to large effects (Mckellar & Sillence, 2020). In comparison, SCT, which was founded in 1986 and based on Albert Bandura's Social Learning Theory (SLT), has been widely used in health promotion throughout the years (LaMorte, 2022). Like HBM, SCT has been extensively researched and has been shown to alter cognitive processes and increase self-confidence resulting in improved health behaviors (Smith et al., 2020). For example, a research study by Smith et al. (2020) proved SCT's effectiveness in improving health behaviors among adults suffering from Type II diabetes. Therefore, a prevention plan grounded in HBM and SCT would be beneficial for Santa Clara County's low and middle-income households facing severe housing problems.

Healthy home environment assessments and housing rehabilitation loan and grant programs are scientifically supported, evidence-based programs designed to help low and middle-income households facing severe housing problems. For example, one healthy home environment assessment designed to improve asthma management by reducing environmental

risks within the home has been tested and received consistently positive results (County Health Rankings, 2023). In addition, housing rehabilitation loan and grant programs providing low and mid-income families funding to repair, improve, or modernize their homes as well as remove safety hazards have also been tested and consistently resulted in positive outcomes (County Health Rankings, 2023). Therefore, programs like those discussed here could reduce the number of households experiencing severe housing problems and prevent others from reaching that point.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Severe Housing Problems in Santa Clara County, CA

While severe housing problems affect numerous low and middle-income households in Santa Clara County, it affects the Latino/Hispanic population at a higher rate. According to Santa Clara County Public Health Department (2012), a higher percentage of Latino and Hispanic residents live in overcrowded, severely overcrowded, and low-income households than any other racial or ethnic group in Santa Clara County. For example, when comparing household incomes in Santa Clara County, the Latino/Hispanic (13%) population, while Asian (7%) and White (6%) live below the federal poverty line (Santa Clara County Public Health Department, 2023). In addition, 31% of the Santa Clara County Latino/Hispanic population lives in overcrowded households, and 12% in severely overcrowded homes (Santa Clara County Public Health Department, 2012). Overcrowded and severely overcrowded homes often have limited use of facilities and lack financial resources to make necessary repairs (California Health Places Index, n.d.). Living in overcrowded households has been linked to the increased spread of communicable diseases, stress, and depression, as well as decreased mental health, placing the

Latino/Hispanic population at a higher risk than other racial and ethnical groups in Santa Clara County (California Health Places Index, n.d.). Therefore, Latino and Hispanic residents in Santa Clara County are more vulnerable to severe housing problems and related health risks than any other racial or ethnic population.

Diversity and cultural considerations are crucial to developing or adapting a prevention program. When prevention interventions are consistent with the community's values, beliefs, and desired outcomes, it is considered culturally relevant (Reese & Vera, 2007). Developing culturally relevant prevention programs is needed to help reduce and eliminate racial and cultural disparities (Reese & Vera, 2007). There are various mechanisms used for increasing cultural relevance in prevention programs. For example, ensuring that printed materials, such as brochures and flyers, are provided in the community languages in layperson's terms as well as a translator for face-to-face communication (Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute, n.d.). Linguistically isolated households make up 26% of homes in Santa Clara County, with Spanish being the top language spoken (University of Southern California, n.d.) In addition, 16.7% of Santa Clara city's population speaks English less than "very well" (City of Santa Clara, 2021). Therefore, ensuring that printed materials are available in Spanish as well as providing an interpreter, is imperative to helping Latino/Hispanic individuals understand the prevention program. Including members representing the target communities' diversity in planning and outreach efforts is another way to increase cultural relevance (Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute, n.d.). Therefore, including Latino and Hispanic individuals when establishing planning committees and outreach members for the prevention program is a way for the Latino/Hispanic community to feel connected and represented. Furthermore, I believe one of the most important

ways to increase cultural relevance is to listen to the people. According to Sirolli (2012), the best way to help someone is to shut up and listen; it is crucial to listen to what the people in the community say they need, not tell them what they need. For example, Sirolli (2012) listens to the community by talking to locals in their comfort zone, such as at cafes, pubs, etc., to hear what they need. Therefore, listening to what the Latino/Hispanic population needs regarding their severe housing problems and overcoming the barriers that prevent them from getting those needs met is crucial to the success of the prevention program.

Along with diversity and cultural considerations, ethical ones must also be included when developing prevention programs. It is essential that counselors abide by professional and ethical guidelines, such as the American Counseling Association (ACA) Code of Ethics. Informed consent, confidentiality, and stakeholder collaboration are just three areas to consider when working at a community level and with diverse populations. First and foremost, counselors must remember the meaning of confidentiality and privacy can vary between cultures; therefore, it is essential to maintain cultural awareness and sensitivity (ACA, 2014, Standard B.1.a). Counselors are obligated to provide informed consent both orally and in writing (ACA Code of Ethics, 2014, Standard A.2.a) In addition, according to Standard A.7.b of the ACA Code of Ethics (2014), when working at societal levels, counselors must secure informed consent prior to engaging in efforts to improve services or remove system barriers on behalf of clients.

Furthermore, counselors maintain the utmost respect for confidentiality by protecting all information provided by prospective and current clients except when legally or ethically justified or with the client's consent (ACA, 2014, Standard B.1.c). When working at a community level in an effort to develop and establish prevention programs with the goal of social change, counselors will often have to report information to stakeholders, such as public health departments or

housing authorities (CADCA, National Coalition Institute, n.d.). According to Standard C.6.b. of the ACA Code of Ethics (2014), when reporting to stakeholders is necessary, counselors are obligated to provide accurate, honest, and objective results. In addition, counselors must inform the client of any third-party reporting as well (ACA, 2014, Standard B.1.a). Therefore, when working with the Latino/Hispanic population in Santa Clara County, it is crucial that informed consent, confidentiality, and third-party reporting be fully understood by offering all written documentation and forms in Spanish and translated orally for those individuals who are not proficient in English.

PART 5: ADVOCACY

Severe Housing Problems in Santa Clara County, CA

Advocacy within the counseling field comes in various forms and levels. For instance, counselors can advocate for clients at an individual level through personal empowerment or within an institution, at a community level through community collaboration or identifying systemic issues, and at a public arena level by alerting the public to macrolevel injustices or through policy and legislative change (Toporek et al., 2009). Taking action collaboratively with the client or on the client's behalf, counselors work to change external and institutional barriers (Toporek et al., 2009). In an effort to guide counselors in their attempt to promote social justice through advocacy, the Association for Multicultural Counseling and Development (AMCD), a division of the ACA, created the Multicultural and Social Justice Counseling Competencies (MSJCC).

Section IV of the MSJCC (2015) addresses counseling advocacy and interventions at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels. Barriers at an institutional level include inequities within social institutions may consist of schools, churches, and community organizations (MSJCC, 2015). When advocating with and for low and middle-income households, specifically Latino/Hispanic members experiencing severe housing problems, an institutional barrier is that resources and information may not be available in their native tongue. As discussed earlier, a large percentage of Santa Clara County households are linguistically isolated or speak limited English. The linguistic inequity between Spanish-speaking and English-speaking individuals makes it more challenging or even impossible for Latino and Hispanic families to know where and how to receive help to address and prevent their severe housing problems.

Marginalized groups can face oppressive community barriers, such as spoken and unspoken norms, values, and regulations embedded in society that impede human growth and development (MSJCC, 2015). As pointed out earlier, a significant portion of the Latino/Hispanic population resides in overcrowded or severely overcrowded homes, which can impede development and create health risks. Therefore, a community barrier that Latino and Hispanic low and middle-income individuals could be that severe housing problems are the norm in their community. For example, suppose Santa Clara County low and middle-income Latino/Hispanic households often see other low and middle-income Latino/Hispanic households, such as family, friends, neighbors, and colleagues, also experiencing severe housing problems; they could believe that is just the social norm and help does not exist.

Local, state, and federal laws and policies that hinder the growth and development of marginalized groups are known as public policy barriers (MSJCC, 2015). Another type of public

arena barrier is a lack of public awareness and knowledge of the issues marginalized groups experience (Toporek et al., 2009). A public barrier Latino/Hispanic low and middle-income households face could be that other Santa Clara County residents may not be aware of their severe housing problems. For example, I was not aware of the severe housing problems in Santa Clara County until I started researching for this assignment.

Multicultural and social justice competent counselors help marginalized clients identify, understand, explore, and lobby for change at institutional, community, and public levels, both with them and for them. Earlier, I talked about ensuring that my printed materials be available in Spanish as well as having translators available when working with the Latino and Hispanic populations during my prevention program. I could help the Latino/Hispanic population at risk for and experiencing severe housing problems at an institutional level by advocating for Spanish materials and speakers to be available at institutions. For example, first, I could start by talking to Latino and Hispanic low and middle-income households in an effort to explore which social institutions are not supportive (MSJCC, 2015). Next, I could contact non-supportive institutions and advocate for websites, printed materials, and forms to be available in Spanish, as well as Spanish-speaking individuals for Latino/Hispanic individuals to talk with when they attempt to obtain information regarding severe housing problems. Understanding what type of support the Spanish-speaking community needs and advocating for non-supportive institutions to accommodate their language barrier could allow the Latino/Hispanic population facing severe housing problems better access to available housing programs. In addition, at a community level, I could evaluate the societal norms of severe housing problems in the Latino and Hispanic populations through quantitative and qualitative research (MSJCC, 2015). For example, I could explore with the Latino/Hispanic population how societal norms in Santa Clara County regarding

severe housing problems influence their growth and development (MSJCC, 2015). Exploring societal norms, their effects, and available housing programs with Latino and Hispanic individuals and families could increase their desire to advocate for equalitarian standards, values, and regulations within society. Furthermore, as a public intervention, I could work to increase public awareness and knowledge of the severe housing problems many Santa Clara County Latino and Hispanic residents face. For example, I could work with other counselors, social workers, community organizers, and legal professionals to start a public information campaign (Toporek et al., 2009). Bringing awareness, informing, and educating the public about the severe housing problems the Latino/Hispanic population of Santa Clara County face could show the need for social policy change. There is a multitude of ways multicultural and social justice competent counselors can advocate for marginalized groups at varying levels; all can have an impact on the individuals to federal laws and policies.

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