



— Volume 19, Issue 4 —



President's Message

Greetings members of FMHCA!

I am proud to report that our FMHCA Legislative Days in March were incredible! We met with elected officials who represented our members and stakeholders throughout the entire state of Florida! Our voices regarding licensure portability and other key issues were heard and we are successfully on track to establish Florida as state that is leading initiatives regarding licensure portability.

A great thanks to Cindy Wall, our FMHCA Northeast Regional Director, who coordinated this well executed event!

A tremendous thank you to Corrine Mixon, our FMHCA lobbyist, who always ensures that we are polished when we meet with our house representatives and senators.

A huge thank you to Aaron Norton, our FMHCA President Elect and Joe Skelly, our FMHCA Northwest Regional Director, who are both such naturals when it comes to meeting with our elected officials.

-and a great thank you to our Executive Director Diana Huambachano, the FMHCA team, our Board of Directors and our members and stakeholders for being so supportive of these efforts!

We are the Florida Mental Health Counselors Association and we are a mighty force championing for our field!



Make sure to visit us on Facebook to view pictures from our FMHCA Legislative Days! A detailed report regarding our legislative efforts is included in this newsletter provided by Cindy Wall.

As always, feel free to contact me if you should have any questions, concerns or feedback.

Erica Whitfield, MACP, LMHC, BC-TMH

President of Florida Mental Health Counselors Association

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ED Message

Thank you to our loyal and wonderful members!

~~If you are not yet a member, I encourage you to join our organization and let your voice be heard!~~

Our organization offers so many great resources for our members, including education (such as FREE WEBINARS), legislative oversight, networking, and FMHCA member discounts with partner organizations.

There is so much we are doing, and so much more we can do! We will to continue advocate for mental health counselors in Florida by supporting legislation that promotes our profession. We need YOU to make that happen. If you are already a member of FMHCA, we thank you. If you are not, please consider joining. Your support makes it possible for FMHCA to continue to grow and promote our profession, to maintain a strong voice and to promote change.

Have you ever wondered who promotes the legislation that recognizes and advances mental health counseling in Florida? YOU do, by supporting FMCHA! FMHCA wants to empower you to help make your professional dreams come true. You can read about what FMHCA is doing for mental health counselors in our bylaws.

Do you want to take a more active role in FMHCA? Consider volunteering to serve on one of our committees!

We are already looking forward to our 2020 Annual Conference. It will be held in Lake Mary, Florida at the Orlando Marriott - Lake Mary (the same hotel this year's conference was held at). Please visit

<https://fmhca.wildapricot.org/event-3222515>

Diana Huambachano



SAVE THE DATE

2020

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Annual Conference

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FMHCA Legislative Days in Tallahassee

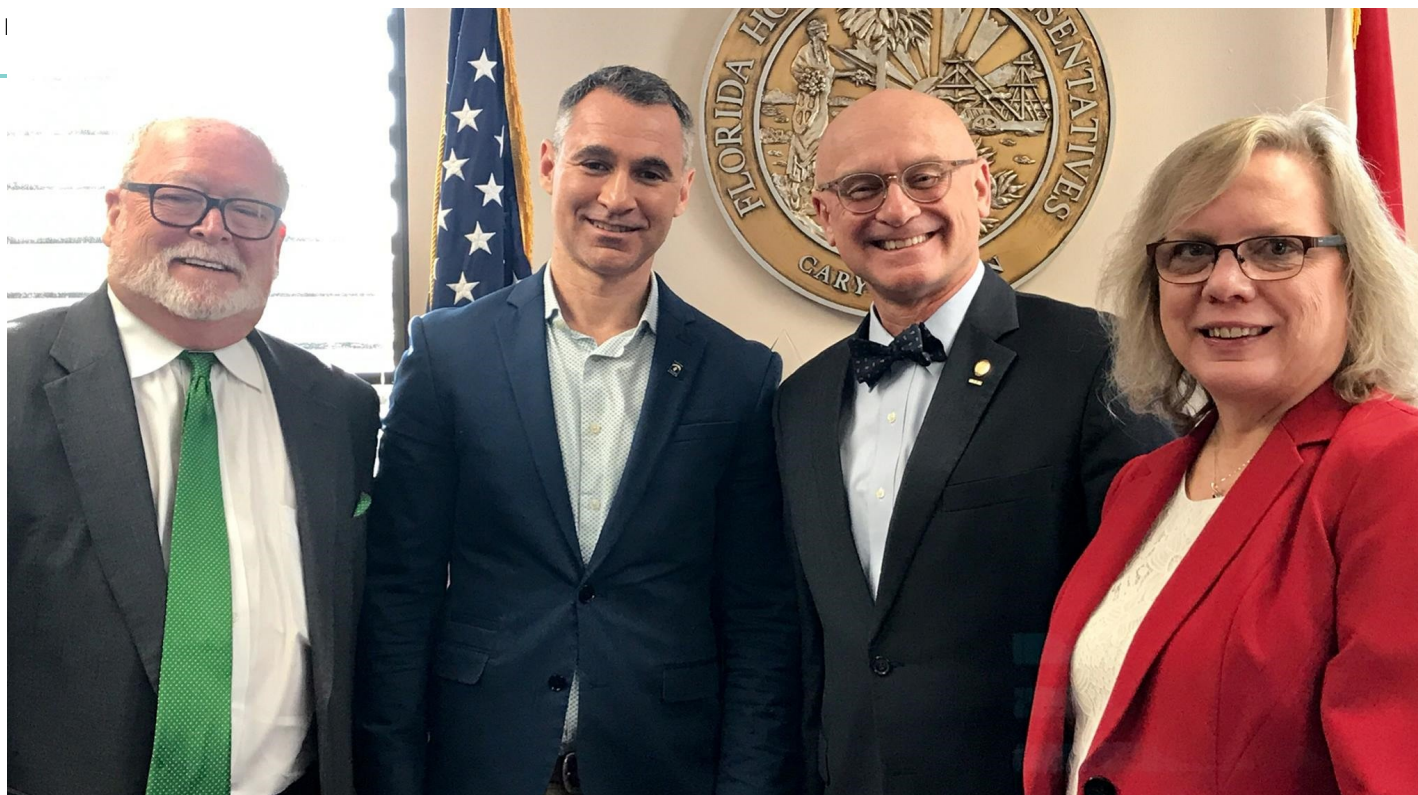
March 27th and 28th were Florida Mental Health Counselors Association's Legislative Days! Four members of FMHCA's Government Relations Committee and our FMHCA Lobbyist were in Tallahassee to talk to Legislators and Senators and make FMHCA's presence known to our state government. The GRC team attending were; Erica Whitfield, FMHCA President, Aaron Norton, FMHCA President-Elect and AMHCA Southeast Region Coordinator, Joe Skelly, FMHCA Northwest Region Director, Cindy Wall, Northeast Region Director and Government Relations Committee Chair, and Corinne Mixon, FMHCA Lobbyist.

The Florida Senate had passed the bill attached below, with the next step in the legislative process being that of passing the bill in the House of Representatives. To that end, on Wednesday, March 27th, the team visited the office of every legislator in the Capital and solicited their support for the bill. The outcome was very encouraging. The team also offered FMHCA's support in any future bills and encouraged the offices to involve FMHCA in any mental health issues that arise, and with some offices, spoke at length about some of those upcoming issues. The team also gave offices their contact information. The reception the team experienced was very positive and the conversations gave the team some ideas for how to work effectively with the legislators in the future.

On both the 27th and the 28th, the team had appointments with Senator Jeff Brandes, Representative Ana Maria Rodriquez, Representative Cary Pigman, MD., Representative Mel Ponder, Representative Ben Diamond, Representative Loranne Ausley's Aide, and Representative Clay Yarbrough's Aide. Where some good relationships were formed and contact information exchanged.

These two days were exciting, intriguing, informative, and made some very good strides towards cohesiveness between our organization and our senators and representatives. As a team, we noticed that we gained some valuable political knowledge, lost much of the hesitation and tentativeness we'd had about stepping into the political arena (largely thanks to Corinne's excellent guidance), and grew closer with each other as mental health professionals. It is safe to say that these Legislative Days will continue in the coming years and you are enthusiastically invited to join us in the next FMHCA Legislative Days!

[Mental Health Counseling Bill](#)



Meeting with Rep. Ben Diamond to discuss HB 7031 for Licensure Portability



Meeting with Cary Pigman, MD, a strong proponent of integrated care in Florida's healthcare settings .



Meeting with Senator Jeff Brandes to Discuss Legislative Priorities for Mental Health Counselors



Meeting with Representative Mel Ponder (District 4) to Discuss FMHCA Legislative Priorities

MOVING COUPLES “ALONG” IN COUNSELING

Eric and Erin came to my office for the intake session where they both complained of not communicating, fighting weekly, and due to that, having minimal intimacy. While these are typical patterns for couples who come to counseling in crisis after trying many other options themselves, it's easy for the counselor to get stuck in this cycle of not moving “along” in the therapeutic process.

The first couple's session for Erin and Eric included the intake which showed this stuck cycle of blame and hurt and sometimes avoidance by both parties. Neither is validating or accepting the other's position and neither tend to give up their side of reasons and their side of the story. While attempts by me as the counselor to move the couple towards less blaming and more agreement and compromise, sometimes they seem stuck. So how does the counselor move the couple along to get out of this “stuckness”?

In some situations, I try putting on my “solution-focused hat” and consider two areas that they have both discussed in the first couple of sessions and I have been waiting for a moment to address. Some of her frustrations have to do with not feeling like they are a team and creating teamwork, while his greatest need in the relationship is intimacy. So, I go to my ever-faithful whiteboard (which I use for almost all my sessions so that clients can see the issues we are discussing and give them a visualization) and I put at the top of the board the two topics of intimacy for him and teamwork for her. I ask each to describe what they would want from their partner regarding this topic and then discuss with the partner if the needs are realistic. As an interesting side note that even though they are coming for counseling due to not agreeing on most issues, when I ask them if they agree with what we are discussing they tend to be ok with what is discussed.

“Moving along” in this case is giving each a directive throughout the coming weeks before the next session to try to address the issues; for her intentionally creating intimacy as he spoke about it and for him being more intentional about teamwork as she described it.

Amazingly, his responding to teamwork as we discussed it and her responding to intimacy resulted in greater communication and the “moving along” of the relationship.

Early emotional trauma changes who we are, but we can do something about it.

Posted Aug 07, 2015 Psychology Today



Scott Jones
LMHC (Licensed Mental Health Counselor)
CAP (Certified Addictions Specialist)
Qualified Supervisor, State of FL
Email:
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Website: newdirectionscounselingfl.com
Based out of Orlando FL



For the month of April, we will be offering ½ our Autism Navigating a System of Care: A Parent and Siblings Perspective. 16 CEUs for \$25.00

AUTISM NAVIGATING A SYSTEM OF CARE: A PARENT AND SIBLINGS PERSPECTIVE

This course provides an overview for counselors, lay staff and paraprofessionals. The goal is to help providers better understand the obstacles families experience in maneuvering the health care and educational system. Overview of Autism, cause of Autism, diagnosis and early intervention assistance programs, financial planning, safety concerns, caregiver burnout, and discipline strategies are all topics discussed within the course.

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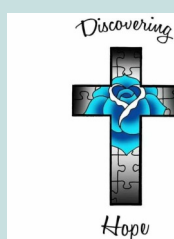
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DID Discovering Hope is a nonprofit ministry. Our purpose is to give love, understanding and compassion to those who struggle with depression, trauma disorders and dissociation disorder from childhood abuse. We speak, educate, offer support groups, resources and remove stigma of Dissociative Identity Disorder in the church and in the Tampa Bay community. Discovering Hope connects with therapists to share life examples of people in recovery from trauma and dissociation.

Website

<http://diddiscoveringhope.org/>

Contact Information

510-343-6581

Email:

[diddiscoverin me3435@yahoo.com](mailto:diddiscoverinme3435@yahoo.com)



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Title: How to be Calm in Your Heart

Life is Stress

I don't know about you but the heavy traffic and crowded restaurants and crabby grocery shoppers have me at my limit. Yeah, we love the "season" too, it brings in the people and revenue...but please...go home already! Not really. Here's another angle:

"Strive to be a non-anxious presence in an anxious system" my coach had said during a wilderness hike in the high mountains of California. "Families, corporate teams and community organizations often develop fear, turbulence and dysfunction

when anxious and become less effective." A "non-anxious presence" (coach, parent, manager, guide, therapist) can bring welcome clarity and resilience.

On retreat, I learned to calm my thoughts and relax my body using my breath awareness and exercises to release tension held in my body. The result was an immediate increase in mental focus and available energy. No experience since has more powerfully changed my view of helping others. Lowering and strengthening our basic "emotional set point" can bring calm and greater awareness during stress and experiences of high emotion, especially sorrow, frustration and anger.

The Lizard Brain

Being highly aware is a great habit. Constant "hyper-vigilance", not so much. Some of the primitive parts of our brains, like the tiny, almond shaped amygdala, promote a constant state of readiness below our awareness. Like other animals, we are hard wired to maintain a state of alert, like a "force field" carried unconsciously using energy wastefully. Research has shown that it can elevate pulse and blood pressure, increase emotional sensitivity and cause pervasive worry, including excessive rumination over past events. No surprise that depression is so prevalent in our culture.

While these natural bodily reactions served us well when dinosaurs threatened, they've remained a vestigial, "out of whack early warning system" with nothing real to fear. Some people "medicate" this discomforting "uptight-ness" with alcohol, drugs and caffeine, even food...thereby shortening lives and reducing the quality of experience. We can manage anxiety naturally with guidance and practice. The benefits of regular, methodical slowing down and increasing our sensory perceptions are many and can bring about rapid feelings of strength, energy and enjoyment.

Peace is Every Step

Try it next time traffic grinds to a halt in front of you. With red brake lights as your cue: Relax your hands and shoulders. Breathe deeply. Be grateful for life. Notice the sky and trees. Remind yourself that this will soon pass. Go about your journey more mindfully. The late and great Albert Ellis of REBT Therapy fame suggested we take an approach called ULA, or "unconditional life acceptance". Whatever happens needn't bother me. (much)



The increased capacity for self-regulation of physical and emotional states I've gained from practicing a few basic disciplines like yoga and meditation has increased my strength, patience and my ability to listen. The awareness has shaped my life and professional practice profoundly. Our kinder, resilient, more generous "Buddha nature" lies within us. I think of it as our "higher power". We can access this unique and life changing force with every breath and every step.

If you'd like to be stronger, less anxious, more focused and more in charge of your life, perhaps we can help. John Davis, LMHC is a Licensed Mental Health Counselor in private practice in downtown Delray Beach. He can be reached at 561-213-8030...better yet, text him for an appointment!

TeleMental Health Ethics

Michael G. Holler, MA, NCC, CCMHC, CFMHE, CCCE, LMHC

Past President, Parliamentarian Ethics Committee Chair

Florida Mental Health Counselors Association



Any time a new area of the field opens up, we need to look at the ethics and/or legality of the dynamics of that particular practice. Having recently become board certified in TeleMental Health, I have become aware of several aspects that we all need to know. There are some basic tenets that stand out. The current research shows that TeleMental health is one of the waves of the future. For example, the research is indicating that TeleMental Health psychotherapy sessions are more effective than in person sessions. This certainly surprised this writer. However, we cannot argue with the research!

I attended a 491 Board meeting several months ago in which the board was discussing the impending wave of the use of TeleMental Health. Several old-school guys (like me) were joking that they did not see themselves utilizing this genre. I turned to them and said, “There are two kinds of LMHC’s out there now: Those who ARE using TeleMental Health sessions, and those who WILL use TeleMental Health sessions.” We will be doing this in the future, folks, especially in reaching out to the less populated and less served areas. And it is already being utilized heavily in the VA.

There are also important logistical and ethical considerations. One aspect of this is that there are several “rules of thumb” That will probably become law in the not too distant future. At first glance, it may seem that this might be a ticket to doing an “end around” the lack of licensure portability. However, the rule of thumb is that we should not practice across state lines, but should be licensed in the state in which the client resides or is located. There could be an argument that, if a client is on vacation, or a business trip, but resides in our state, and will return back to that location. But that could also be questionable.

If we think about it, our licensing laws are designed to protect the public from us, and, if they are in another state, they would have no recourse in complaints of malpractice. If you live in Florida and counsel a client in Georgia, and they have a complaint, they would have no standing in Florida, correct? Consequently, they might call the Georgia board with their complaint. But Georgia has no jurisdiction over us. Right? Maybe. But the Georgia board could call the Florida board and demand that Florida address the complaint. This could produce sanctions on us from the Florida board for practicing unethically, if not illegally. As of now, to the knowledge of this LMHC, there is only one state that makes this illegal: California. But it is generally believed that this will be the universal legal standing, going forward.

Other issues include those of safety. If we are doing a remote session with a client, we need to assure their safety. We must know where they are where they say they are. What if we are having said session and the client threatens to eminently commit suicide or self-harm? There have been instances of TeleMental Health providers sending the police to the location where they thought the client was, only to find out that the client was not at that location. There are quite a few other issues to think about in the practice.

The 491 Board is implementing a change in the statute that will require 3 hours of continuing education units every third biennium. So we know this is coming down the pike.

In closing, I remind the reader that, if we are going to use any technique, ethics require that we become trained in that practice. Consequently, I encourage all of you to become trained in this practice. Currently there is a board certification offered by NBCC.

Dear FMHCA Members

I was on Zoom talking with a class of Carlos Zalaquett at Penn State in February and said: "With the new Bipartisan congressional and senate bill there is a chance we could get Medicare approved for Mental Health Counselors." I went on to say: "The good news is we get Medicare the bad news we get Medicare, because not many of our mental health counselors have been trained nor do they have experience with geriatric patients." And then I said a big no no, I said "I guess I will have to get on this now to be sure you folks get the training you will need to work with the elderly." I immediately went to work and last week I completed my pledge. It is now located on my website known as *Gerontology-A Training Resource* at: <http://coping.us/gerontology.html>.

I notified our Troy University Dean, Program Chair and regional directors and staff at our Tampa office of the finished product earlier and I am now working with Troy to create an online Gerontology Graduate Certificate Program with 5 courses and internship. I also am prepared to role out a "free" program with 10 different 3 hour CEU programs for a Certificate Program in Gerontology for both FMHCA and AMHCA. You can see the Training outline online at: <http://coping.us/gerontology/trainingingerontology.html> .

You will note that in this Gerontology product I have placed the notice about The Mental Health Access Improvement Act (S. 288/H.R. 945), along with the link to the National Council for Behavioral Health's website for readers to submit support of the bill to their congress and senate representatives. I believe as we move forward in lobbying for the passage of the (S.288/H.R. 945) we need to use the latest information about the mental health, physical health and neurological health of seniors in America which I hope you will find I have outlined on my new project. Please if you have not already done so go to the National Council for Behavioral Health's link and let your congressmen and senators know about the need to meet the needs of our Seniors. The link is: <https://www.votervoice.net/BroadcastLinks/fU-1bEEC6KrARVektqMOvg> Also please spread the word that we need all LMHC's on board lobbying and working to get this important legislation passed this year.

Thanks

Jim Messina, Ph.D., CCMHC, NCC, DCMHS-T Treasurer of FMHCA



Meeting at Representative Yarborough's office with legislative aide, David Allen.

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Greetings Southwest Florida Counselors!!

I am Elisa Niles, your SW Region Director. I use this opportunity to introduce myself and the wonderful happenings in your region. The Gulf Coast Mental Health Counselors Association has a new and fresh website, please check it out. If you live in the Collier, Glades, Lee and Hendry Counties, this is your local chapter. Please take advantage of joining.

www.gcmh.net. Next, we have the Suncoast Mental Health Chapter which covers Desoto, Manatee, Pinellas, Hillsborough, Sarasota, Polk, and Hardee, check out their happenings

www.suncoastmhca.org.

On a another note, I would like to plan a networking event for Charlotte, Sarasota and Desoto counties as well as the Nature Coast counties (Citrus, Dixie, Hernando, Jefferson, Pasco, and Levy), if you live in these counties, please reach out to me if you are interested in hosting a networking event so that we can discuss dates and times and possible venues. My goal for the SW region is to have a new chapter. Let us work together to make it happen!!

Below are flyers to other events happening in the SW Region. If you are having an event please let us know so that we can support you and spread the word.

Did you know that April is Counseling Awareness Month?

Happy Counseling Awareness Month, spread the news

Submitted by: Elisa Niles

Elisa_niles@yahoo.com

Contact #:340-514-7950

healthy mind/ healthy body

Please Join Us as we Celebrate Self-Care

MAY 18, 2019

9:00 AM - 12:00 PM



*Meet a variety of local vendors
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For additional information, or to be a vendor at this event,
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or via e-mail at daniellebishop@swfcc.net



Southwest Florida Counseling Center

Overview of Sex Therapy and Diagnosis of Sexual Dysfunction and Disorders

26 Apr 2019

2:00 PM - 4:00 PM CE Broker Tracking :# 20-640139

Webinar

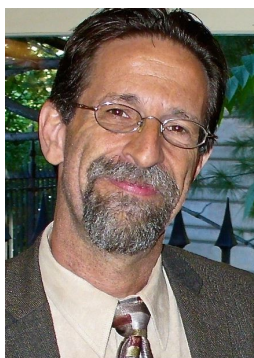


This course serves as an introduction to and a brief history of Sex Therapy; an overview of sexual anatomy & physiology as a template for understanding sexual response and phase-related dysfunction as first described by Masters & Johnson. The major bio-psycho-social forces that shape sexual functioning are introduced, as are DSM-5 Categories of Sexual Dysfunctions and Disorders. Primary focus of the course is on assessment and psychosexual evaluation of dysfunctions and disorders affecting men and women, learning to differentiate between physical and psychological causes of sex dysfunctions.

Learning Objectives

1. Explain the practice of sex therapy as an integrative, biopsychosocial, cognitive behavioral modality with a psychodynamic underpinning, which often benefits from combined medical treatment.
2. List all of the DSM-5 male and female sexual dysfunctions, and explain the diagnostic criteria for each.
3. Explain the prevalence and presumed etiologies of male and female sexual dysfunction
4. Describe some treatment interventions for each of the DSM-5 sexual dysfunctions and disorders, including the role of combining psychological and pharmacological treatment for many sexual dysfunctions.

About the Presenter

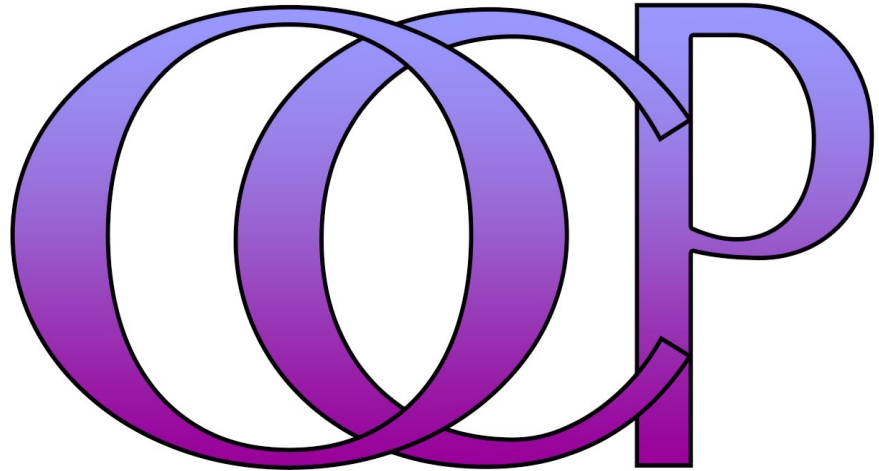


Richard M. Siegel, PhD, LMHC, CST, is the Director of Modern Sex Therapy Institutes, a postgraduate continuing education institute that trains sex therapists and sexual medicine specialists at multiple sites throughout the country. Dr. Siegel is a Florida-licensed mental health counselor and Board-certified sex therapist, and is certified by the American Association of Sexuality Educators, Counselors and Therapists (AASECT) as a sex therapist and supervisor. He has a rich experiential background, including over 25 years working in sexuality education and addiction treatment, teaching on college campuses and maintaining a private sex therapy practice. He enjoys a reputation as a seasoned and in-demand workshop and conference presenter, in addition to his work in training and supervising sex therapists. Dr. Siegel completed his Doctoral dissertation at the American Academy of Clinical Sexologists in Orlando, FL, with research on Sexuality Issues in Addiction, Treatment & Recovery. He has worked enthusiastically to integrate traditional sex therapy into the emergent specialty of sexual medicine, as well as the addiction treatment field. Having written several chapters and journal articles over the years, Dr. Siegel had his first title published as co-editor of "The Art of Sex Therapy Supervision" (2018, Routledge), the first-ever textbook on the subject.

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Feb 6th—Feb 8th, 2020 in Lake Mary, Orlando

**PRESENTER PROPOSALS DUE BY
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FMHCA's goal is to provide education, legislative oversight, and networking opportunities, our Annual Conference provides an opportunity for advanced professional training.

Take advantage of this opportunity and present at the FMHCA 2020 Annual Conference!

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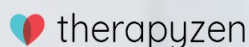
- ♦ Have received specialized graduate or post-graduate level training in subject of presentation; and/or
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1/25/19 Sleeping Soundly and Sedative Free: The Clinical Mental Health Counselor's Role in Treating Insomnia

Presenter: Aaron Norton CE Broker Tracking #: 20-690478

2/8/19 Becoming a Military Culturally-Competent Counselor: Effective Rapport Building and Counseling Intervention Techniques when Working with Service Members, Veterans, and Their Families

Presenter: Maria Giuliana CE Broker Tracking #: 20-690480

3/22/19 Reduced Substance Use in Suicidal Veterans After Receiving Spiritual-Based Crisis Intervention: Preliminary Study Results

Presenter: Christina Javete CE Broker Tracking #: 20-640141

4/26/19 Overview of Sex Therapy and Diagnosis of Sexual Dysfunction and Disorders

Presenter: Richard M. Siegel CE Broker Tracking #: 20-640139

5/24/19 Play Therapy Basics: Entering a Child's World

Presenter: Eric S. Davis CE Broker Tracking #: 20-640143

6/14/19 Below the Surface: Using Yoga to Treat Complex Trauma

Presenter: Heather A Champion CE Broker Tracking #: 20-640145

7/26/19 A Unified Partnership Between Attorney and Mental Health Counselor

Presenter: Adam Rossen CE Broker Tracking #: 20-690502

8/23/19 Lesbian, Gay, Bisexual, Transgender, and Queer Youth: Family Acceptance and Emotional Development

Presenter: Julie Basulto CE Broker Tracking #: 20-690504

9/27/19 To D or Not to D: Differentiating Between Post-Traumatic Stress and Post-Traumatic Stress Disorder

Presenter: David San Filippo CE Broker Tracking #: 20-690506

10/25/19 Mindful Strategies for Counselors

Presenter: Jackie Small Darville CE Broker Tracking #: 20-690508

11/8/19 Trauma in the Family System

Presenter: Kathie T Erwin CE Broker Tracking #: 20-696510

12/13/19 Mindfulness Applications for Clients with Sex and Gambling Addictions

Presenter: Rory Reid CE Broker Tracking #: 20-640149



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Thank You! Rep. Ana Maria Rodriguez for meeting with our Legislative Day Team this afternoon. Rep. Ana Maria Rodriguez co-drafted HB 7031, the bill that includes licensure portability. — with Ana Maria Rodriguez.



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Building Your Practice

Three Reasons to Add Forensic Evaluations to Your Practice

REASON #1: Forensic Mental Health Evaluation Is a Lucrative Means of Diversifying Your Practice

How would you like to earn a six-figure salary that is fairly stable even during times of economic recession?

Many clinical mental health counselors (CMHCs) I have spoken to who earn more than \$100,000 per year do so in part because they conduct forensic mental health evaluations, evaluations intended to be used in court or for legal proceedings.

Most forensic evaluations cost \$1,000 to \$5,000, with evaluators often charging \$150 to \$500 per hour for their service. One evaluator in my state told me that he works three to 15 hours per week and earns \$250,000 a year. Why does forensic evaluation pay so much? Because forensic evaluators provide a vital, highly specialized service. They have expertise above and beyond the average CMHC, and attorneys, courts, and clients involved in critical legal proceedings often recognize the importance of a highly skilled expert when the stakes are high.

REASON #2: Forensic Mental Health Evaluations Is Meaningful, Interesting, Important Work That Benefits Society



In the judicial system, *everyone* is a stakeholder—individuals, children, families, employers, employees, law enforcement officers, school systems, government

Aaron Norton's conference presentation will be held Thursday, 6/27, from 10:30 AM–12:00 PM on, "Diversifying Your Practice with the Lucrative Specialty of Forensic Mental Health Evaluation." For information about the conference, visit amhca.org/conference.

This is the first article in the new "Building Your Practice" department.

By Aaron Norton, LMHC, LMFT, MCAP, CCMHC, CRC, CFMHE

Aaron Norton provides psychotherapy, clinical and forensic evaluation, clinical supervision, and professional consultation at his practice, *Integrity Counseling*, integritycounseling.net, in Largo, FL. Awarded Mental Health Counselor of the Year by AMHCA and Counselor Educator of the Year by Florida Mental Health Counselors Association (FMHCA) in 2016, he is an adjunct instructor at the University of South Florida, executive director of the National Board of Forensic Evaluators, and president-elect of FMHCA. Consulting editor of *The Advocate Magazine* and also AMHCA's Southern Region director, he is finishing his doctoral dissertation in Counselor Education and Supervision at USF. Learn more at anorton.com; email him at: me@anorton.com.



system needs qualified experts who can align several data points to formulate a clearer picture of a client's mental health. Many CMHCs find this task intellectually stimulating and impactful, considering their work a vital service to the community.

Many states and jurisdictions have lengthy waiting periods for forensic evaluations, and shortages of qualified forensic evaluators have resulted in lawsuits alleging violation of due process. The courts need more evaluators, and our profession can supply them.

REASON #3: Forensic Mental Health Evaluation May Sharpen Your Clinical Skills

Five years ago, I decided to pursue certification as a forensic mental health evaluator. Though I

had been conducting forensic substance abuse evaluations for a few years, I lacked some degree of confidence in my work. I remember thinking, "Even if I never do very many forensic evaluations, I bet this training will sharpen my clinical skills. It should make me a better diagnostician." Today, I'm all the more convinced that this is true, and I believe that my therapy clients have benefitted from this professional growth as well. Additionally, training in this specialty area has helped me to become more confident in my skills and more accepting of my professional limitations.

Ethical, Legal, and Professional Challenges

Forensic mental health evaluation may be rewarding and meaningful, but it has its challenges. First, CMHCs are generally more accustomed to their role as therapist rather than to the role of an independent evaluator, and they struggle with adopting this role. In the world of forensic evaluation, you are not a client advocate, nor are you helping a client to accomplish goals. Instead, the truth is your client, and you must maintain objectivity (see Section I.D4 of the AMHCA Code of Ethics; download free from amhca.org/learn/ethics).

Continued on page 11

Building Your Practice

continued from page 10

Second, remember that historically, this specialization was the domain of clinical and forensic psychologists and psychiatrists, not CMHCs, nor our master's-level allies in clinical social work and marriage and family therapy. Some state and local jurisdictions still have statutes, guidelines, and practices that discriminate against non-psychologists in the forensic mental health arena. For example, the ability to administer and interpret psychological tests—a vital component of quality forensic evaluations—has been limited by at least five states, despite the fact that our national counseling organizations concur that testing clearly falls within the scope of practice of CMHCs (for more on this, download National Board of Forensic Evaluator's (NBFE) "Can Licensed Mental Health Counselors Administer and Interpret Psychological Tests?" from tinyurl.com/ydxjde6w). Additionally, some statutes appear to exclude CMHCs from conducting forensic evaluations.

The good news is that thus far, every statute sent to me from any state that appears to exclude CMHCs from forensic evaluation has on further scrutiny been found to only slightly limit CMHCs. Typically, such statutes govern only one or two types of

forensic evaluations, such as competency or civil commitment. Many other types of forensic mental health evaluations (e.g., violence potential, criminal responsibility, domestic violence, substance abuse, child custody/divorce, personal injury, immigration, sentencing variations, etc.) are available to CMHCs.

A Call to Action

I won't be happy until every U.S. court agrees that the professional identity of a licensed mental health professional—clinical mental health counselor, clinical social worker, marriage and family therapist, clinical or forensic psychologist, psychiatrist, psychiatric nurse practitioner—shouldn't determine whether that professional is a suitable expert witness. Rather, the individual's unique training, experience, knowledge, and expertise should be determining factors. In jurisdictions where this is not the case, I call on state chapters of AMHCA to advocate relentlessly for professional equality, perhaps using the shortage of qualified evaluators in the court system as a major talking point. ♦

Forensic Mental Health Evaluation—How to Get Started

Consider watching a free, two-hour webinar I presented last year ("Introduction to Forensic Mental Health Evaluation for Counselors," viewable at youtu.be/WFBbbvvrSv8). It covers:

- The definition of forensic mental health evaluation,
- Differences between forensic and clinical evaluations,
- The role of the expert versus the fact witness,
- An overview of different types of forensic evaluations,
- Qualifications required to administer and interpret psychological tests used in forensic evaluation,
- Ethical considerations for forensic evaluation,
- The admissibility of testimony by expert witnesses,
- How counselors can become forensic evaluators, and
- An overview of resources.

If you are interested in forensic evaluation after viewing this webinar, then I recommend that you consider becoming a Certified Forensic Mental Health Evaluator (CFMHE). Though not required to conduct forensic evaluations, certification is an excellent way to ensure that you are following an established national standard and to demonstrate to the courts that you are a recognized, vetted expert. To learn more about the credential, visit the National Board of Forensic Evaluators (NBFE) nbfe.net, a nonprofit public charity founded in 2003 by Norman E. Hoffman, PhD, EdD, LMHC, LMFT, NCC, CCMHC, CFMHE.

Whether or not you pursue forensic certification, it will be important to establish yourself as an expert witness and a forensic evaluator. Here are some additional strategies:

- **Participate in formal training in forensic evaluation and the role of an expert witness**, whether with NBFE or with other organizations, such as the Global Institute of Forensic Research (gifrinc.com).
- **Obtain credentialing in your area(s) of specialization within the forensic realm**. For example, AMHCA offers the Diplomate and Clinical Mental Health Specialist (DCMHS) credential in several specialized areas of clinical mental health counseling, attesting that you are an advanced practitioner (amhca.org/career/diplomate).
- **Create a detailed curriculum vitae (CV)**. To establish yourself as an expert, in addition to the components of a typical resume, include in your CV a transcript of every professional training you have taken, every presentation you have given, and every article you have written in your specialization area. You should also keep a list of all the court cases and case numbers you have worked on.
- **Forge relationships with referral sources**, such as attorneys, probation officers, government agencies, and other forensic evaluators. Take attorneys out to lunch to discuss your services. Offer in-service training in your area of specialization for the Public Defender's Office, District Attorney, or local law firms. Consider clinicians and other forensic evaluators as allies, not competition. They may have different specializations than you, or want to refer to you if they have a conflict of interest with a potential client or if they are not available.



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- Learn how to support others to disarm the fearful heart through love, forgiveness, and self-compassion so that personal intimacy can be achieved.

Presented by:

Louise Sutherland-Hoyt, M. Ed., LMHC, CCMHC, NCC, MAC
Ambassador, Opus Peace, Veteran,
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