



Volume 19, Issue 7

## **President's Message**

Welcome, clinical mental health counselors, to our first newsletter for the 2019-2020 fiscal year!

## **Introducing Your 2019-2020 FMHCA Board**

This is my first month as President of FMHCA, and I have big shoes to fill. Erica Whitfield has been an inspiring and impactful leader. I believe her positive attitude, energy, enthusiasm, and leadership has truly led FMHCA into a new era, and we will all continue to benefit from her leadership as she transitions into the Past-President board position. At our last annual conference in February, we announced that Darlene Silvernail would be handing over the reins to Diana Huambachano, our new Executive Director. Diana has been a pleasure to work with, and we are fortunate that Darlene will be returning to the board as our newly elected Treasurer. Kathie Erwin was re-elected as our Secretary, and you elected our new President-Elect, Dr. Deirdra Sanders-Burnett. Deirdra will be bringing her experience as Past-President of the Suncoast Mental Health Counselors Association, our Tampa Bay area chapter, to the table here at FMHCA. I am always excited to see regional chapter leaders move up into state chapter positions. Joe Skelly, Barbara Hayes, Cindy Wall, and Elisa Niles will continue serving as our regional directors, and Michael Holler will continue serving as Parliamentarian. Last but certainly not least, Laura Giraldo will continue serving as our Executive Administrator at FMHCA's office in West Palm Beach. What a team!

https://fmhca.wildapricot.org/page-1075474

## **Update from AMHCA Annual Conference**

Each month, I will provide you with an overview of my activities as President as well as pertinent updates on board activities. Additionally, as Southern Regional Director for our parent organization, the American Mental Health Counselors Association (AMHCA), I will serve as your link to updates on a national level. Other board members and committee chairs will also be providing you with more detailed updates on regional and committee activities. I have a lot to share for my first update, as I just returned from Washington, DC after participating in several events connected to AMHCA's annual conference.

I started my trip last week by visiting the South Carolina Association of Licensed Professional Counselors (SCALPC) in Columbia, SC for their annual conference. I got to share a little about both AMHCA's and FMHCA's activities over the year, but I also learned about some of the innovations in South Carolina. As some of you know, AMHCA officially supports the verbiage "clinical mental health counselor" (CMHC) to describe our professional identity as counselors who can diagnose and treat mental disorders. SCALPC leaders were so enthusiastic about this position after last year's annual AMHCA conference that they changed their name to South Carolina Clinical Mental Health Counselors Association (SCCMHCA)! This is important, because the generic term "professional counselor" does not communicate to the public that we aren't school counselors, guidance counselors, or career counselors. The term "clinical mental health counselor," similar to terms in other mental health professions such as "clinical social worker" and "clinical psychologist," communicates to clients, other health professionals, and legislators that we are specialists with expertise in diagnosing and treating mental disorders.



An enthusiastic greeting from our colleagues at South Carolina Clinical Mental Health Counselors Association, 6/22/19

I went from South Carolina to Herndon, Virginia for an AMHCA board meeting, where several exciting new initiatives were rolled out (you will be hearing more about these I a later newsletter).



AMHCA Board Members Hard at Work, 6/25/19

That same day, we joined up with counselors from all over the country to be briefed on AMHCA's bi-annual "Hill Day" event, where we stormed the Capitol to advocate for legislative support for S. 286 and H.R. 945, which would give CMHCs the right to bill Medicare. FMHCA member and AMHCA co-founder Jim Messina, his delightful wife, Connie, and I went the offices of Senator Rick Scott, Senator Marco Rubio, and Representative Charlie Crist.



FMHCA Member/AMHCA Co-Founder Jim Messina and his wife Connie at Hill Day, 6/25/19



FMHCA President-Elect Aaron Norton with Senator Rick Scott, AMHCA Hill Day Event, 6/25/19



FMHCA Members with Jaime Varela, MPA, legislative correspondent for Senator Marco Rubio's office.



AMHCA members gather at the Hill Day reception after a long day of advocacy.

The next day, I attended AMHCA's Leadership Academy, where our new President-Elect, Deirdra Sanders-Burnett, and FMHCA members Mary Lutzo and Jim Messina were hard at work! We also got to see our dear friend Dr. Carlos Zalaquett, a former FMHCA President who now works at Penn State. I provided AMHCA state chapter leaders with an overview of FMHCA's "Legislative Days" event and the strategies we used to advocate for licensure portability on the state level.





FMHCA members and at the Leadership Acade-



other state chapter leaders my, 6/27/19

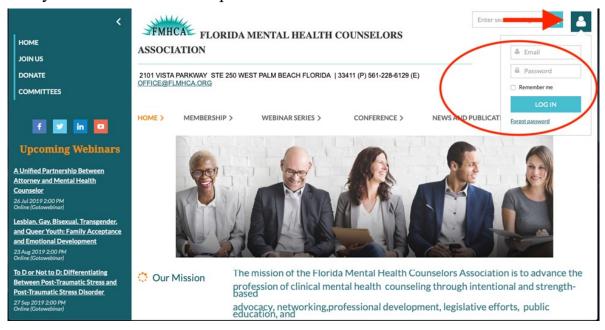
 $Former\ FMHCA\ President\ Dr.\ Carols\ Zalaquett\ with\ President-Elect\ Dr.\ Deidra\ Sanders-Burnett,\ 6/27/19$ 

I'm going to wait until next month to tell you about the rest of the annual conference, as we are still awaiting some photos and information about the conference from AMHCA's office, but I want to share that I feel energized and optimistic about both FMHCA and AMHCA, and some very impressive new programs will soon be rolling out, such as AMHCA's new Essentials of the Clinical Mental Health Counseling Profession book and a new credentialing program from AMHCA that will enable CMHCs at all stages of professional development to be credentialed at various levels of specialization.

## Important: How You Can Be a Part of Setting Our Agenda

Lastly, I want you to know that FMHCA's 2019-2020 board will be meeting in person on 7/27, at which time we will be finalizing our priorities for this fiscal year. I want to maintain a transparent board, where members are updated in a timely manner on what FMHCA's board and administration are doing, and where members are providing ideas and feedback to the board and administration on an ongoing basis.

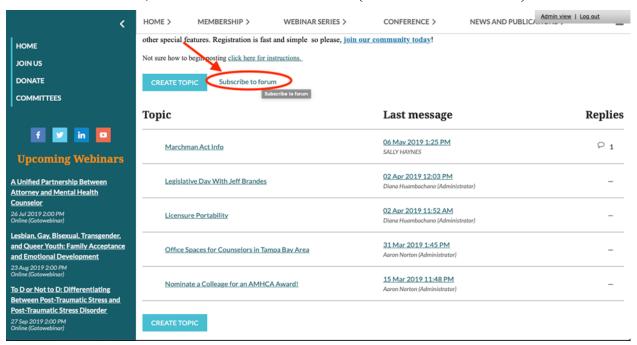
This is your chapter, and we're here to serve you. I would love to see us use our new "member forum" at fmhca.org as one way to keep the communication flowing. If you haven't already, please visit fmhca.org. In the upper right hand corner, you'll see an icon that looks like the profile of a person (see screenshot below). Click on that icon, and then enter your email address and password.



After signing in, click on "member forum" under the "Membership" menu option (see screenshot below). This will take you to the member forum, where you can post questions, share resources, and offer feedback to your peers.



Once at the forum, click "subscribe to forum" (see screenshot below).



Now that you are subscribed, you will see a green checkmark next to "Subscribed." This means that you will now receive a daily email digest summarizing any activity on the member forum. You can click the "create topic" button to create a new post, or you can reply to others' posts. When board members post updates for you, you can provide us with feedback. I'm very excited about this new feature.

Recently, I posted some initial notes about what I can foresee as a vision for our board's goals and objectives for this fiscal year. I have also pasted this chart below. I encourage you to go into the member forum and offer your feedback. Please keep in mind that this is just a rough draft, and that the other board members will be collaborating on a finalized version of our plan during our leadership retreat, so stay tuned for more! Until then, my ears are open, and I look forward to hearing from you.



Oven I Morton

Aaron Norton, LMHC, LMFT, MCAP, CRC, CCMHC FMHCA president, 2019-2020

Category	Goals	Objectives
Association Growth	Increase membership by 15% or more	Launch Counselor Education program
	1	Launch "Plus One" program
		Launch counselor education campaign, includ-
		ing social media kit and board presentations at
		universities (coordinated with regional associa-
		tions)
	Increase agency membership by 25% or more	Launch agency outreach campaign
	Improve social media presence	Launch a hashtag campaign at annual conference
		Establish a committee or position tasked with social media posting
Legislative Advocacy and	Pass licensure portability bill (H.B. 509)	FMHCA Legislative Days Event, coordination
Government Relations		with lobbyist, media campaign to members
	Pass bill revising F.S. 916.115	FMHCA Legislative Days Event, coordination
		with lobbyist, media campaign to members
	Support federal legislation for Medicare	Media campaign to membership, including so-
	parity (Mental Health Access Improve-	cial media posts, mass emails, article in FMHCA
	ment Act)	newsletter
	Increase conference attendance by 10% or more	Social media campaign, encouraged dissemination at local chapters
	Increase webinar attendance by 15% or more	Launch "webinar on demand" project
	Expand regional training program	Regional directors set up at least two trainings in
		their region per year
		Create at least one new regional training pro-
		gram
		Co-sponsor American Red Cross Psychological First Aid program
Inter- and Intra- Group	Improve relations with national and local	Launch "all three levels" campaign
Cohesion/Relations	chapters (AMHCA and regional chapters)	Distribute local chapter membership fly-
		ers/announcements at regional trainings
	Establish standards for agency partnership	Draft a procedure for addressing requests for
	Leanuage 401 December 1-1-1-1-	partnership from external agencies
	Improve 491 Board relations	Send a delegation of at least two board mem-
		bers and other LMHCs to every 491 board meeting
		Send an announcement to all members for eve-
		ry 491 board meeting encouraging them to at-
		tend
		Regional directors should ask regional chapters
		to send at least one board member to join the
		delegation
		Regional director should draft a report to the
		board identifying anything that should be com-
		municated to members about that meeting.
Board Efficiency	Reduce board meeting length without re-	Use "board member" forum and require board
	ducing productivity	members to review and discuss items that are
	,	put up for vote between meetings
	Clarify regional structure duties	Regional directors and President-Elect will cre-
	, ,	ate a system for documenting and monitoring
		regional director activities and establishing and
		enforcing minimal RD expectations
	Improve turnover communication	Launch and build board member pages
	improve turnover communication	Launen and build board member pages

Board of Directors 2019 - 2020

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**Aaron Norton** 

Erica Whitfield

**Past-President** 

Deirdra Sanders-Burnett

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Elisa Niles

**Regional Director SW** 

Michael Holler

**Parliamentarian** 

Diana Huambachano **Executive Director** 

Laura Giraldo

**Executive Administrator** 

**FMHCA Chapters** 

Broward County Central Florida Emerald Coast Gulf Coast Miami-Dade Palm Beach County Space Coast Suncoast

## **ED Message**

Thank you to our loyal and wonderful members!

If you are not yet a member, I encourage you to join FMHCA 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

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## SAVE THE DATE

# 2020

Florida Mental Health Counselors Association Annual Conference

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Feb 6th-8th, 2020

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## Meet Your 2020 Keynotes For This Year's Annual Conference



Dr. Rachel Needle received her Psy.D. in clinical psychology from Nova Southeastern University. She received her B.A. in psychology from Barnard College, Columbia University. Dr. Needle is a Licensed Psychologist and Certified Sex Therapist in private practice at the Center for Marital and Sexual Health of South Florida. She is also the founder and executive director of the Whole Health Psychological Center, the Clinical Director at Seacrest Recovery Center, and the Executive of Legislative Compliance for Transformations Treatment Center. Dr. Needle is an Adjunct Professor of Psychology in three programs at Nova Southeastern University. She is the founder of the Advanced Mental Health Training Institute, and Co-Director of Modern Sex Therapy Institutes, which provide continuing education to Mental Health professionals and Sex Therapists around the world.



Ralph Carson, CED-RD, RD, PhD – Senior Clinical and Research Advisor to ERC (Eating Recovery Center and the Binge-eating treatment and recovery (BETR) program.

Dr. Ralph Carson is a clinical nutritionist and exercise physiologist with over 40 years of experience in the treatment of addictions, obesity and eating disorders. Prior to joining ERC, Dr. Carson was the Executive Director of FitRx in Brentwood, Tennessee, an outpatient program for people of size struggling with both medical and psychological complications of binge eating. He is also a clinical consultant to Pine Grove Behavioral Health and Addiction Treatment Center in Hattiesburg, Mississippi and contracts with Bradford Health Services in Warrior, AL as a consultant to their pain unit. In addition to his successful clinical practice, Dr. Carson is committed to community education and teaching the next generation of healthcare professionals specializing in exercise therapy, sports nutrition, eating disorders and obesity. He was a faculty member of the University of Alabama at Huntsville for over 20 years and a nutritional advisor to numerous university athletic departments (university of Alabama and Tennessee). He is a working board member of iaedp and recipient of their Lifetime Achievement Award for excellence in nutrition (2019). He speaks regularly to professional and lay audiences alike in the US and internationally. Dr. Carson is the author of Harnessing the Healing Power of Fruit and The Brain Fix: What's the Matter with Your Gray Matter, and has published more than 20 articles and book chapters.



Corinne Mixon is a registered professional lobbyist with more than twelve years of experience representing clients' state governmental interests. At Rutledge Ecenia, Corinne represents a broad client base with a particular emphasis on health care practitioners, education and regulated industries and professions. She has been instrumental in passing myriad legislation and killing or containing bills which would have negatively impacted her clients. Additionally, Corinne specializes in political campaigning having chaired the campaign for Senate for past Speaker Pro Tempore, Rep. Dennis Baxley and working in various others. Corinne manages a multitude of political action committees (PACs) on behalf of Mixon and Associates' clients. As the PAC manager, she oversees the accounting and delivery of approximately \$190-thousand dollars worth of campaign contributions per election cycle. Corinne hand-delivers many of these contributions directly to the candidates; thus, providing a benefit to clients with-and-without their own political action committees.



Elvis Lester is the "first and only" Licensed Change Master designated by Dr. Richard Bandler for his dedication and work in the field of hypnosis and NLP (Neuro-Linguistic Programming). He provides training in Hypnosis (Ericksonian and Design Solution Hypnosis<sup>TM</sup>) and NLP (Neuro-Linguistic Programming) through his 8-Day Licensed Practitioner of NLP In Hypnosis and Licensed Master Practitioner of NLP In Hypnosis programs as well as TranceMastery<sup>TM</sup> Hypnosis Practitioner Certification Immersions (6-Day programs). His unique courses combine NLP and Hypnosis with an experiential focus on deep integration of techniques and the models of influence known as the Meta Model and Milton Model language patterns. Programs are approved by the State of Florida for LCSW, LMFT and LMHC (491 Board), Licensed Psychologists (490 Board) and the Florida Board of Nursing (FBON) as well as NBCC and NBCCH.

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#### WHAT IS A TRANGENDER?

Myth: Transgenders are just a mixed-up teenager who is just following the crowd.

Fact: Transgender describes a person whose gender identity and sex are assigned at birth but do not match.

Chris and mom came to the office for the first appointment on a weekday afternoon. She describes her 16-year-old as above average (don't all moms say this) intelligence, slightly moody, and has been cutting for over two months. She and dad just found out about this. The 16-year-old was mostly silent during the first session but I peppered a few questions but were answered minimally. On the second session I met with mom first to check in and see if there have been any changes for the first part of the session (I typically do this when meeting with teens) then met with him for the rest of the session. I had barely gotten comfortable in my seat when the teen explained, "I'm a trans". Then he unloaded, for the first time he told me later, all that he had be keeping inside:

- --I have a female anatomy, but my gender identity is male. I understand myself to be male and I live as a male.
- --I started taking hormone blockers, dressing and acting like a male because that is who I am supposed to be.
- --My gender expression at home is more female because I'm afraid to tell my family, but at school and with friends its female and I only date males.
- --My internal identification (self-image) is female and this is my gender identity.

My response during his explaining this was:

- 1. Open-minded, using gender neutral language
- 2. Referring to him according to his preference
- 3. Asking questions
- 4. Intentionally showing acceptance with Chris which he says was the biggest contributor to him coming back for more exploration of these issues.

#### Reference

Equityproject.org. Understanding Sexual Orientation, Gender Identity, and Gender Expression



Scott Jones

LMHC (Licensed Mental Health Counselor)

CAP (Certified Addictions Specialist)

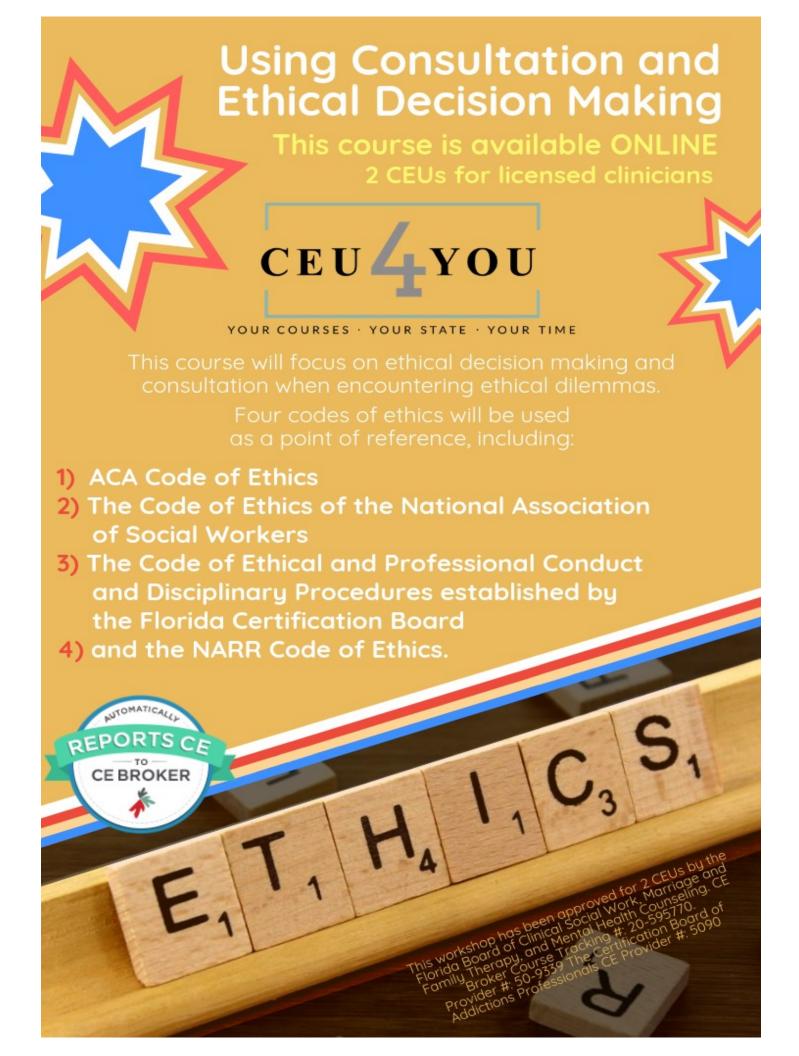
Qualified Supervisor, State of FL

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http://diddiscoveringhope.org/

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Email:

diddiscoverin me3435@yahoo.com





Join us at Florida Mental Health
Counselors Association's annual
conference in Orlando, FL for our preconference certification workshop
Thursday, 2/6/20, 8am-5pm EST and
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a lucrative and meaningful area of
specialization.



In partnership with the Florida Mental Health Counselors
Association (FMHCA), the National Board of Forensic
Evaluators (NBFE) is offering a forensic certification preconference workshop that is part of the process to become a
Certified Forensic Mental Health Evaluator (CFMHE).
Register at https://www.nbfe.net/event-3378523



The National Board of Forensic Evaluators (NBFE) has been approved by the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider, ACEP No. 6189. Programs that do not qualify for NBCC credit are clearly identified. NBFE is solely responsible for all aspects of the program.





This workshop has been approved for 8 hours of continuing education (6 general hours, 1 domestic violence hour, and 1 hour ethics/professional boundaries) with the Florida Board of Clinical Social Work, Marriage & Family Therapy, & Mental Health Counseling and Florida Board of Psychology, CE Broker Tracking # 20-551881 (CE Broker Provider #50-15823). NBFE is recognized and endorsed by the American Mental Health Counselors Association.



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### The Future of Focus

## Video games and VR tools to diagnose and treat ADHD are coming onto the market. Are we ready for digital medicine that aims to harness attention?

By Devon Frye, published March 5, 2019 - last reviewed on May 23, 2019

Two game-like, computerized devices are seeking FDA approval to make the diagnosis and treatment of ADHD—one of the most common childhoodmental health concerns—a digital phenomenon.

For diagnosis, a virtual reality tool known as the Virtual Classroom was submitted to the FDA by technology company Cognitive Leap in late 2018. If granted approval, it will be the first fully immersive, VR program available to help doctors diagnose ADHD. On the treatment side, startup Akili Interactive recently submitted AKL-T01, a video game specifically designed to improve attention in children with ADHD. It would be the first video game that's available only by prescription, like a traditional pharmacological intervention.

Both Cognitive Leap and Akili contend that their approaches will change the way ADHD is recognized and managed. Both have spent years collecting data to bolster their claims of effectiveness. But FDA approval may be just the first of several real-world barriers to overcome in launching new treatment modalities.

#### Digital Diagnosis

Commercial virtual reality regularly transports users to fictional worlds; Cognitive Leap's VR Classroom generates a more realistic environment. After putting on the headset, a child finds himself somewhere he knows well: sitting at a desk in a classroom at school. Cars drive by outside; paper airplanes glide; classmates sneeze.

The Classroom offers more than immersive graphics, however. It measures attention and inhibition via a neuro-psychological assessment called a continuous performance test (CPT), explains neuroscientist Crystal Goh, Cognitive Leap's chief scientific officer. Children are instructed to press a button when certain letters appear on the virtual chalkboard; they're scored based on correct hits, incorrect hits, and reaction speed. During the 13-minute task, the headset clocks how often they look toward the digital distractions, and additional sensors on the child's body track fidgeting. Both behaviors factor into the final score.

The environment has been designed to measure multiple ADHD-related symptoms at once, and the maker claims it is more realistic and engaging than monotonous two-dimensional CPTs, while remaining highly controlled. "The child believes that she is in a classroom," Goh says. "Because she's using her body, her sensory motor cortex is engaged in the same way as if she were really experiencing that setting. By purposefully manipulating the distractions, we know exactly at what point the child is reacting. We're not looking just at the traditional CPT score."

After the task is complete, a report outlines how the child's self-control, focus, hyperactivity, and other impairments differ from those of a typically developing peer. It doesn't provide a definitive yes or no on whether a child has ADHD, Goh says; rather, the data, by pointing out specific attentional strengths and weaknesses, can be used to determine the probability that a diagnosis is warranted.

#### Why VR?

The Classroom aims to bring objectivity to a notoriously subjective diagnostic process, says Cognitive Leap CEO Jack Chen. Chen founded the company to bring treatment options to China, where attentional problems, like many mental health matters, are undertreated and widely stigmatized. He then decided that the United States has its own need for improved diagnostic tools.

"The diagnosis of ADHD or attention issues takes a huge amount of training," he says. "Even with training, there's a well-known lack of objectivity." Since symptoms can be intermittent and hard to quantify, current best practices rely on standardized rating scales filled out by parents and teachers to assess inattention and impulsivity in various domains. The scales require a significant time investment, and because they're based on memory and subjective interpretations, ratings are subject to human error.

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The lack of objectivity and the limited technology available to clinicians inspired psychologist Albert Rizzo, now director of medical virtual reality at the University of Southern California and an advisor to Cognitive Leap, to build a primitive version of the Classroom in 1999. "We started to test it with kids who had ADHD and kids who were definitively neurotypical, based on good neuropsychological evaluations," he says. "We saw striking differences in performance—[particularly] when distractions were added in." Though CPTs have been used to measure attention (and to diagnose related disorders) for decades, the Classroom incorporates additional measures of distractibility and hyperactivity, Rizzo says.

He claims he has replicated his original findings in dozens of studies since. As he researched, VR tools improved in quality and decreased in cost, he adds. "The dream that I've had [for decades] is now doable."

Once Cognitive Leap partnered with Rizzo to commercialize the Classroom and seek FDA approval, they initiated a series of trials to test the tool's efficacy against traditional diagnostic methods and to build a bank of normative data.

Across multiple locations, the company has collected data from approximately 1,500 children between the ages of 5 and 12—500 with ADHD and 1,000 without any psychiatric or behavioral disorders, as determined by standardized neuropsychological batteries. According to Goh, the Classroom's ability to identify impaired levels of attention and hyperactivity is comparable to traditional assessment procedures that can take hours or days. "As our data pool increases, we can increase the accuracy," she adds.

#### Do People Want A New Diagnostic Tool?

Cognitive Leap views VR as a game-changer, but it isn't the first company that's tried to upgrade assessment. Over the years, "there have been a number of attempts to bring in more objective diagnostic tools," says David Rabiner, a psychologist who researches ADHD at Duke University. He points to simpler CPTs, as well as a quantitative EEG measure that uses brainwave patterns to assess attention levels. Although several of these secured FDA clearance, "none of them have been adopted in any meaningful way," he says.

Rizzo and Goh contend that parents apprehend the Classroom's value once their child tries it. The bigger hurdle may be clinicians, who are short on time and sometimes ill-trained in ADHD, Rabiner says. Even if the FDA clears the Classroom, he predicts that Cognitive Leap will have "a hell of a hard time" persuading doctors to adopt it, in large part because no major medical associations recommend the use of such "objective" diagnostic measures.

And rating scales, despite their faults, remain the gold standard because ADHD often manifests as academic and social challenges that extend beyond symptomatology. "Certainly parents crave something more 'objective' than what a teacher has to say," Rabiner says, which may explain why they're attracted to high-tech tests. "But if you don't know what's really happening in the classroom, then you're in the dark."

Rizzo bats down fears—not unique to VR—that any new tech will render psychologists obsolete. "I see this as a more precise, controlled way to assess function," he says. "It's not going to eliminate everything else. There's always going to have to be a human in the loop who can use this data—not just as an assessment but as a way to come up with a better treatment plan."

#### **Technological Treatment**

In the eyes of many who study ADHD, the "best" treatment plans—at least since Ritalin's introduction in 1960—often involve medication. But shortly before Akili Interactive was founded in 2011, cofounder and CEO Eddie Martucci observed "a pullback from the traditional pharma players and less research going into new therapeutics." ADHD patients began to push back against medication as the dominant approach to treatment, he says.

There was research at this time into video games that helped rather than harmed the brain—particularly a program called NeuroRacer, designed by neuroscientist Adam Gazzaley of the University of California, San Francisco to strengthen cognitive control. That program and others inspired Martucci and Akili cofounders to seek the first "digital treatment" for ADHD. AKL-T01 is their flagship product; similar games in the pipeline could one day target symptoms of autism, depression, and multiple sclerosis.

Designed in collaboration with Gazzaley—now Akili's chief scientific advisor—the game's true objective is to hone focus by forcing players to juggle multiple goals while tuning out deliberately deployed distractions. In many ways, Martucci notes, it's been designed to "feel familiar" to a child and to play much like a commercial video game, with rewards, music, and high-quality graphics. Players move rapidly through different worlds and react to stimuli flashed on the screen, Gazzaley says, requiring them to switch quickly between tasks and ignore extraneous information. "This goal-directed attentional control uses the prefrontal cortex and its networks with the rest of the brain," he says. EEG data taken from older adults and children with sensory processing disorder indicate that playing AKL-T01 may increase midline frontal theta activity, a measure of prefrontal cortical engagement that has been associated with improved attention.

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Akili tested AKL-T01 in a proof-of-concept study, published in PLOS One in January 2018. Forty children with ADHD and 40 without played the game five days a week, 30 to 45 minutes at a time, for 28 days. At the end of the study, those with ADHD showed significant improvements on the Test of Variables of Attention, or TOVA, an FDA-cleared CPT that measures attention and inhibition; children whose initial scores were poorest showed the largest gains, while children without ADHD saw no notable changes.

But whether the improved CPT scores translate to better performance at home or school—of paramount interest to most parents of children with ADHD—wasn't firmly established. And ultimately, FDA approval hangs largely on a different study, a clinical trial known as Software Treatment for Actively Reducing Severity of ADHD (STARS for short). The randomized controlled trial of the game's efficacy studied nearly 350 children who had been diagnosed with ADHD. Participants were randomly assigned to play AKL-T01 or a similar-looking control game at the same frequency as the proof-of-concept study (the "dose," 25 minutes a day, was slightly decreased).

As in the proof-of-concept study, the game was shown to have statistically significant effects on attention and inhibitory control as measured by TOVA scores. But participants in the STARS trial were also assessed for real-world symptom changes using rating scales—and though scores on the scales did improve for the AKL-T01 group, the improvement was the same for control subjects.

Akili doesn't see the lack of differentiated scores on rating scales as cause for concern. "The real-world transfer that I expect to see—like how well a child deploys attention when reading a book, for example—isn't really sampled in those outcome measures," Gazzaley says. "[Rating scales] are a lot more responsive to hyperactivity changes, rather than to the actual attentional abilities of a child." He argues that larger studies will highlight real-world metrics more reflective of the type of cognitive improvements the treatment is aimed at.

#### **Potential Pitfalls**

Martucci believes FDA approval will distinguish AKL-T01 from other "brain-training" programs claiming to improve attention, memory, or overall cognition. But not everyone is convinced such a distinction exists—at least, not without more evidence or full release of the data gathered so far. (The complete results of the STARS study will eventually be published in a peer-reviewed journal, Martucci says; to avoid looking as if they're attempting to influence the FDA's ongoing review, Martucci and other Akili spokespeople decline to discuss much of its data publicly at this time.)

Dan Simons, a psychologist at the University of Illinois who assesses brain-training claims, points out that Akili's marketing materials highlight just two peer-reviewed papers: the proof-of-concept study and another published in Nature in 2013. The latter found that older adults between the ages of 60 and 85 who played NeuroRacer saw improvements in memory and focus and began to show brainwave patterns similar to control subjects in their 20s, who hadn't experienced age-related cognitive decline. Though the paper triggered wide-spread news coverage, it was criticized by some in the field (including Simons) for small samples, imperfect control conditions, and oversold results.

Simons, who authored a large, damning review of brain-training research in 2016, says that generalization across populations is a common trap in the literature. Martucci counters that "the types of benefits that were shown in those older adults mapped closely to the core deficits in ADHD."

But because both the STARS and the proof-of-concept studies relied on the Test of Variables of Attention, a computerized continuous performance test, they may struggle to provide the same real-world data as do rating scales, Rabiner says. "It's always easier to find improvements on highly controlled measures like a CPT," he explains—and in fact, some researchers hypothesize that the score of anyone taking the TOVA more than once will improve. "But what does that actually mean in terms of kids' functioning?"

The game's effects on real-world performance haven't yet been demonstrated, Simons argues—and until they are, it may be premature to promote AKL-T01 as a treatment. "The game isn't likely to cause direct harm," he observes. "But it presents an opportunity cost." It could be a waste of patients' time, energy, and money.

Martucci acknowledges that families dealing with ADHD have been burned before by tools that promised improved focus but didn't deliver. If FDA approval is granted, "It's going to be incumbent on us to be very clear about what we can promise," he says. "We believe we'll be a potential treatment for some patients. For [others], we won't be the right option—and that's OK."

Akili may have an advantage over Cognitive Leap—it fits more closely with clinicians' established habits. Says Rabiner, "They're trying to get doctors to do something they're used to doing: writing a prescription."

"Psychologists are traditionally conservative about tech," Rizzo observes—which means both Cognitive Leap and Akili face an uphill battle. Still, he believes, initial skepticism about VR has started to fade, which gives him hope that clinicians are open to change. "My vision is to drag psychology kicking and screaming into the 21st century, for its own good," he says. "There's certainly more research that needs to be done. But if you think this technology doesn't have value or that it's going to go away, you're going to be left behind."

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Thursday Feb 6th and Friday Feb 7th, 2020 8:00AM-5:00PM Lake Mary, FL

## **Critical Incident Stress Management: Grief Following Trauma**

Presented By Dwight Bain, NCC, LMHC

Earn 16 CEUs in this 2-Day Workshop

This complex grief and trauma course is taught by Dwight Bain, an ICISF.org certified crisis response trainer who worked at Ground Zero after the terrorist attacks of 9/11 and has equipped thousands of counselors with rapid psychological recovery skills. Dwight describes this course as the most useful he has ever found to rapidly manage complex grief and loss, both for practitioners and for their work with clients facing complex grief and trauma.

This course is designed for counselors and caregivers who work with people experiencing complex grief and distressing loss following a REPORIS CE BROKER major traumatic event.

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CE Broker Course Tracking #: 20-720228

This complex grief and trauma course is taught by Dwight Bain, an ICISF.org certified crisis response trainer who worked at Ground Zero after the terrorist attacks of 9/11 and has equipped thousands of counselors with rapid psychological recovery skills. Dwight describes this course as the most useful he has ever found to rapidly manage complex grief and loss, both for practitioners and for their work with clients facing complex grief and trauma.

"Complex grief affects every human. Going deep into your own grief journey as a counselor will prepare you to help more people than you could imagine. This course is an emotional healing experience designed to equip you to help others heal from grief."

-Dwight Bain, LMHC

#### Critical Incident Stress Management: Grief Following Trauma

#### **Course Description:**

In the course of nearly everyone's life, they will, at some time, encounter grieving people following trauma or loss. This course is designed to equip counselors and counselor interns with a comprehensive understanding of working with grieving people following complex trauma.

The United States Center for Disease Control (2018), records approximately 2 million deaths annually in the USA with the life expectancy is at 78.6 years. Based on the figures that each individual death affects from 8-10 family members, it is calculated there are 16 to 20 million new mourners each year. Some estimates show as many as one in three bereavements result in "morbid outcomes or pathological patterns of grief". Application of this statistical outcome would indicate that potentially, 5-6 million new cases of complicated mourning annually. These statistics may not consider others touched by the death including neighbors, friends, co-workers, students or others outside the immediate family. Considering these affected individuals, some would argue that these numbers would be significantly higher.

Every counselor must guide clients in managing grief, but not every counselor is skilled in guiding clients through complicated grief after trauma. Unresolved complex grief from trauma ripples across every level of society leading to multiple psychological and physical reactions. Gaining new skills for evaluating and guiding persons through their own grief map after experiencing traumatic loss will be a technique counselors can use every day in work with clients.

Course content includes how to identify characteristics of complex grief after the trauma of sudden death from accidents or death from diseases like cancer; as well as complex grief recovery following events like natural disaster, suicide, homicide or filicide. Participants will gain skills in the normalcy of traumatic grief reaction become skilled at identifying warning signs of complex grief and learn the importance of early interventions and support for rapid traumatic stress reduction.

Upon completion, participants will be able to: identify types of traumatic events and the characteristics of trauma and grief; describe factors that may complicate the healing grief process; learn practical and effective methods of death notification and preparation for guiding clients with body identification; identify the primary needs of people experiencing grief following trauma; outline techniques for supporting people grieving a trauma; and providing clinical self-care assessment and techniques to protect counselors working with complex grief as well as gaining new skills of rapid grief recovery for clients. (14 Contact Hours; 14 CE Credits for Psychologists; 14 CE Hours for Calif. MFTs & LCSWs; 14 Contact Hours for National Certified Addiction Counselors OR 1.4 General CEUs from UMBC) (Pending Approval:14 PDHs for EAPs; 16.8 Nursing Contact Hours). Completion of the "Grief Following Trauma" course and receipt of a certificate indicating full attendance (14 Contact Hours) qualifies as a required class in ICISF's Certificate of Specialized Training Program.

### **Target Audience:**

This course is designed for counselors and caregivers who work with people experiencing complex grief and distressing loss following a major traumatic event.

#### **Course Objectives:**

By the end of the course the participant will be able to:

Identify types of traumatic events and the characteristics of trauma and grief.

Identify normal and pathological grief responses.

Describe factors that may help or hinder the traumatic grief process.

Perform essential skills for assisting grieving people including death notification, preparing people for body identification, and effective support services.

Apply a practical application of the SAFER model to Rando's theory of the grief process.

Review techniques for supporting grieving people and identify resources for linking them to continued care.

Complete a personal loss grief map with trauma history to develop a personal self-care plan.

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## A Unified Partnership Between Attorney and Mental Health Counselor 26 JUL 2019

2:00 PM - 4:00 PM CE Broker Tracking # 20-690502

Webinar



**Description:** Mentally ill or addicted patients that are also facing legal troubles need a multi-dimensional support system in order to have the best chance of success both inside and outside the courtroom. In my experience I've noticed that there is usually a lack of partnership and communication between attorney and mental health counselor/therapist that is often detrimental to both the patient and the court system. This presentation is focused on giving you an in-depth overview of how the criminal justice system works for defendants. It will focus on:

- · The arrest process
- · Getting a person into mental health/drug court
- · Mental health/drug court process
- Additional/different requirements for this population that regular defendants don't face
- · Complying with mental health/drug court
- · Pitfalls of these specialized courts
- The discrepancy between what may be best for the patient vs. what is best for the judge, and how more education can help remedy that.

#### **Learning Objectives**

- 1. Identify how to establish an effective partnership with your client's attorney that will help his/her case.
- 2. Learn how to navigate the criminal justice system and develop an understanding of what your client is going through.
- 3. Explore pitfalls of the justice system/mental health court, and how serious misunderstandings/lack of education hurt your client's case.



About the Presenter: Adam Rossen, Licensed Attorney

An award-winning attorney and former prosecutor with over 10 years of experience in both criminal and DUI law, Adam is a skilled lawyer who takes a multi-dimensional approach to get his clients the best results possible. Adam believes attorneys are named "counselors" for a reason: because their impact needs to go beyond the law. A high school basketball coach for over 10 years, Adam is a mentor and motivator who keeps his clients involved and on track all the way through so they'll continue to see long-term success well after their case is over. A life-long South Florida resident, Adam has spent his entire career practicing here. He's successfully conducted over 50 jury trials and has handled hundreds of DUI, criminal and domestic violence cases. A frequent lecturer, Adam regularly speaks on DUI, criminal law, and drugs, drug court and

addiction at various institutions including DUI schools, Broward College, FAU, and a number of mental health treatment facilities.

The ITM Group is a for-profit provider of behavioral health services based out of North Central Florida. We have more than thirty years of providing specialized treatment for court-ordered individuals in the community, as well as, at locked facilities, and overlay programs. The program is currently looking to hire qualified full or part-time clinicians in the Orlando and North Central Florida regions. We presently offer sexual offender treatment in more than 15 separate locations and are seeking experienced sex offender therapists in several locations to fill anticipated vacancies. We currently need a Spanish speaking therapist to run two groups in Kissimmee.

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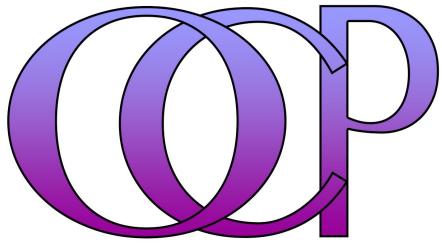
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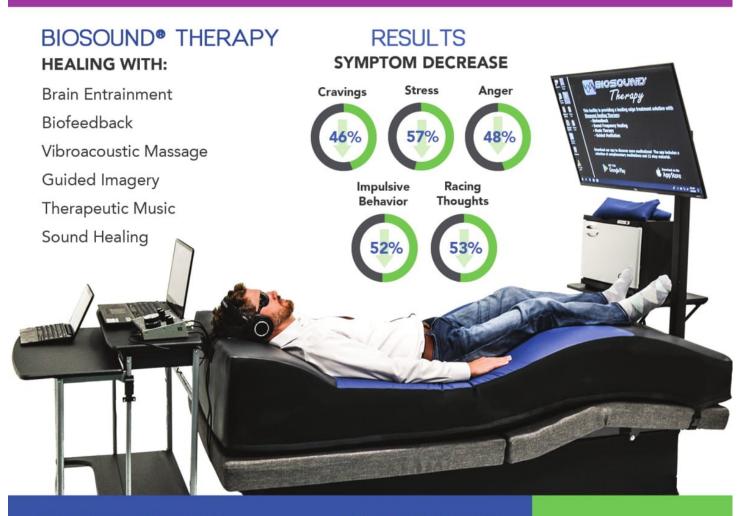
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## 2019 WEBINAR LINEUP

## Don't miss this! 2:00pm-4:00pm

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

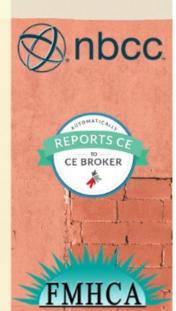
11/8/19 Trauma in the Family System

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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# Board of Clinical Social Work, FLORIDA | Marriage & Family Therapy and Mental Health Counseling

## Legislative Update SB 1418

The Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling is dedicated to ensuring our licensees have the most current regulatory information related to licensure.

Senate Bill 1418 (SB 1418) adds additional circumstances when information from the confidential clinical record may be released to ensure that communication of a specific threat to cause bodily injury or death is timely reported to law enforcement. It further requires that when a patient communicates a specific threat against an identifiable individual to a mental health service provider, the provider must notify law enforcement of the potential threat. The language provides that the disclosure of the threatening confidential communications may not be the basis of civil and criminal legal action. To assist with understanding the changes in law, words stricken are deletions; words underlined are additions. *The law is effective July 1, 2019*.

More specifically, SB 1418 amended section <u>394.4615</u>, F.S., to provide additional confidential records release circumstances and section <u>491.0147</u>, F.S., to require persons licensed or certified under chapter 491, F.S., to notify law enforcement if a patient or client communicates a specific threat to cause serious bodily injury or death.

To review the amendments and the full Bill text, please click here.

Sincerely,

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Florida Department of Health - Board of Mental Health Professions 4052 Bald Cypress Way | Bin C-08 Tallahassee, Florida 32399-3258





88% of human trafficking victims seek health care at some point during their trafficking. The problem is so widespread that American Hospital Association created unique ICD-10-CM codes for data collection on child forced labor or sexual exploitation in 2019. Why are so many clinicians uneducated on how to identify these victims? <a href="https://bit.ly/2KHbS9U">https://bit.ly/2KHbS9U</a>

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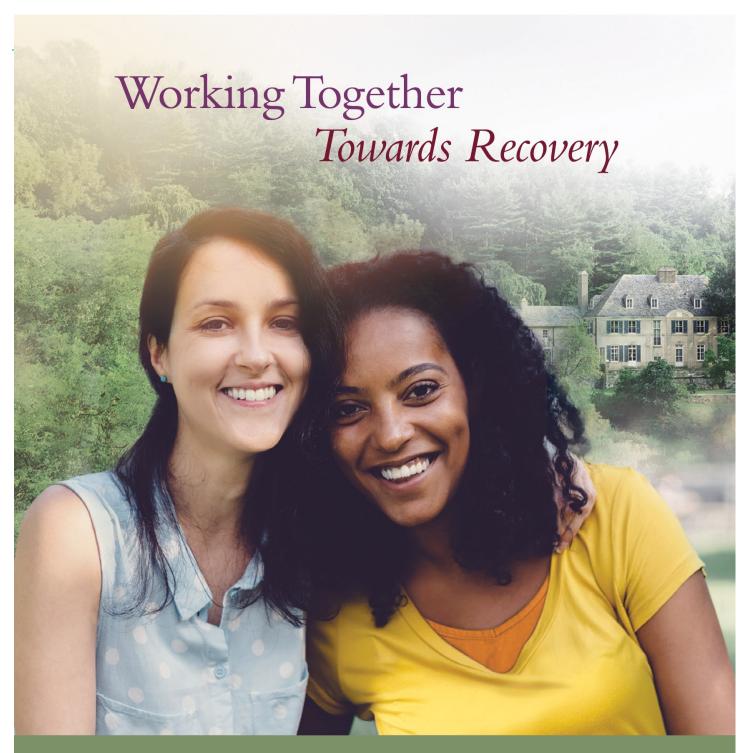
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