INSESSION



The Official Magazine of the Florida Mental Health Counselors Association, a Chapter of the American



Mental Health Counselors Association.

OCTOBER 2019

| ISSUE no 6

TABLE OF CONTENTS

Licensure Portability and Its Connection with Medicare, Online Counseling and Military Counselings. Pg. 3-5

Counseling Organizations Propose New Portability Process To Increase Access To Care

Pg. 12-14

Mental Health Counselors – Walking Alongside

Pg. 16-17

FREQUENTLY ASKED QUESTIONS ABOUT THE MARCHMAN ACT

Pg. 20-22

Counselor Roles and The Effect of Empathy on Therapeutic Relationships

Pg. 25-27

Licensure Portability and Its Connection with Medicare, Online Counseling and Military Counseling

Greetings, colleagues! The term "licensure portability," as defined by Gladding's *The Counseling Dictionary*, refers to "the ability to transfer a license in one state to another state and have it be accepted and valid." We have 50 states, so we have 50 different licenses for clinical mental health counselors (CMHCs) with 50 different sets of requirements. Though there are similar requirements, there are many well-documented "horror stories" of experienced, licensed counselors moving from one state to another only to find that they aren't eligible for licensure in another state.

This is a significant problem for at least three reasons:

- 1. If you ever want to get licensed in another state, whether because you are moving, living in two different states seasonally, or wish to practice online counseling in another state, you may have to endure tremendous time and expense (e.g., having to take additional college courses) before you are eligible for licensure, and in rare cases you may be completely ineligible.
- 2. If we want to attract the "best and brightest" counselors from other states to meet the growing mental healthcare needs of our growing population, we need a process that better attracts CMHCs to our state.
- 3. The more dissimilar counselor licensure requirements are state-by-state, the harder it is to get the federal government to include CMHCs in federal mental health care issues such as being able to bill Medicare and counselors being able to serve in the military as uniformed medical officers, just as psychologists and social workers can.



Fortunately, our parent chapter, the <u>American Mental Health Counselors Association</u> (AMHCA), has been working tirelessly for several years in partnership with the National Board for Certified Counselors (NBCC), the Association for Counselor Education and Supervision (ACES), and the American Association of State Counseling Boards (AASCB) to hammer out a national portability plan that each state can make peace with. It's called the National Counselor Licensure Endorsement Process, known as *NCLEP 2.0* to differentiate it from the original *NCLEP* plan that has been tweaked and updated over the years based on feedback from state licensure boards. You can read all about it at https://www.amhca.org/advocacy/portability. I'm very excited about NCLEP 2.0, and I hope you feel similarly when you read more about it.

Now that a plan has been developed, it is up to us on the state level to lobby for legislation that would implement NCLEP 2.0. As states pass NCLEP 2.0-consistent legislation, it becomes easier for us to secure the "Holy Grail of Licensure Portability"—an interstate compact that is similar to what nurses have in place that makes it easier to become a "traveling nurse" who practices in various states.

Because FMHCA's Government Relations Committee has made licensure portability a primary goal for 2019-2020, be on the lookout for an announcement about a new bill that would make Florida an NCLEP 2.0-consistent state! It's coming.

A UNIFIED AMHCA

Right now, our colleagues in Michigan are fighting a battle to ensure that they do not lose their ability to diagnose mental disorders. If they aren't successful, then counselors will have to refer clients out to psychologists and psychiatrists to be evaluated and diagnosed before they can provide psychotherapy for which diagnosis is required.

But you're here in sunny Florida, so why should you care about what happens in Michigan? Because a threat to CMHCs in one state is a threat to us all, that's why. Here are two potential implications for us in Florida:

- 1. If CMHCs lose their scope of practice in Michigan, this may create a precedent that ushers in a "domino effect" in which lobbying groups for psychologists and psychiatrists are able to get similar legislation or board rules passed in other states. I want to make it clear here that I am in no way "anti-psychologist." Generally speaking, I consider our colleagues in the other mental health professions to be our allies. Yet, they sometimes try to limit our scope of practice, and I cannot stand for that. There is plenty of work for us all out there.
- 2. If some states do not allow CMHCs to diagnose disorders, then our ability to secure the right to bill Medicare becomes even more of an uphill battle. It is hard to convince federal regulatory bodies to include CMHCs as professionals who can diagnose and treat under Medicare if we simply can't do it in some states. Even worse—what if the U.S. moved towards a "Medicare for all" single-payer healthcare system as some prominent Democratic presidential candidates and legislators support? If CMHCs don't have Medicare parity, then the largest sector of the licensed behavioral healthcare workforce (we CMHCs comprise 37% of this workforce) would be left out of third-party reimbursement altogether, which would likely make



employment prospects quite bleak for us while under-serving the public drastically.

I'm not trying to scare you, because the truth is that I strongly believe we will get Medicare parity and licensure portability. But we'll only get it because CMHCs are banding together on the national, state, and local levels with a unified voice. No one will protect our scope of practice but us.

On the national level, we need AMHCA to get us Medicare parity, create a national licensure portability process, secure our place at the table in the armed forces and veteran care systems, establish a national standard for our scope of practice, and coordinate the actions of states towards a common goal. On the state level, we need FMHCA to lobby to the state legislature in matters related to our license and scope of practice. On the local level, we need FMHCA's local chapters to connect CMHCs to each other in their own communities as well as to coordinate to meet the unique healthcare needs of clients region-by-region. Each level plays a vital role.

For this reason, I strongly encourage you to join all three levels of AMHCA. No matter where you live in

Florida, you should be able to join all three levels for less than \$250 a year by my calculations. I realize that's a good amount of money, but it's an extremely small price to pay to protect your scope of practice so that you can continue doing what you're passionate about-helping your clients.

We have launched the "Three-in-One" campaign. We coordinated with AMHCA, FMHCA and SMHCA (the Tampa Bay area chapter of FMHCA) to create the graphic on page 5. My invitation to the other local chapters is to contact me, send me your most current logo, tell me what bullet points you want on the graphic for your region, and give me instructions for how people can join your chapter. I will then send you a PDF and .JPG/.PNG version of the graphic below that meets your specifications. You can use it to promote unity by handing it out as a flyer at your local events, posting it as a graphic on your website and social media pages, or perhaps considering an email campaign with your members. Let's unite to support our profession!

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

Benefits of Joining Three Levels of AMHCA

Why Mental Health Counselors Should Be a Part of Their Association at the National, State, and Local Level



- Federal legislative advocacy (e.g., Medicare, employment opportunities in the VA and armed forces)
- Professional discounts (e.g., liability, health)
- Continuing education (annual conference, live and "on demand" webinars, home studies)



- State legislature advocacy (protect your scope of practice in Florida)
- Access to online resources, such as FMHCA newsletter, qualified supervisor directory
- Professional discounts
- Continuing education (annual conference, webinars)



- Network with potential employers, resources, and referral sources in your community
- Participate in colleague collaboration (peer supervision)
- Access to Qualified Supervisor Directory
- Continuing education events

To Join AMHCA and FMHCA, visit amhca.org and select "Unified Dues" when joining.
Then, visit www.suncoastmhca.org and choose Discounted Membership option



YOUR PARTNER IN LEADING THE WAY TO RECOVERY

For a free confidential assessment by a masters-level clinician, call 1-877-825-8584 or visit EatingRecovery.com





Residential Treatment for Children & Adolescents

Palm Shores Behavioral Health center provides the highest quality of comprehensive mental health care and education services for at risk children and adolescents, ages 5 - 17. We have been committed to providing quality mental health treatment to those who are experiencing behavioral, emotional, educational, family and social challenges.



Key Highlights of the Palm Shores Behavioral Health Center

Palm Shores treat a variety of psychiatric and behavioral challenges including, but not limited to:

- Suicidal thoughts
- · Dangerous behavior
- Schizophrenia
- Delusional thinking
- Physical/sexual abuse
- Extreme anger
- Depression
- Hallucinations
- Bipolar disorder

Treatment services are individualized to the specific child's strengths and needs. Among the many offered, the core services include:

- Individual Therapy
- Family Therapy
- Group Therapy
- Expressive Therapy
- Certified Behavior Analyst Services
- · Therapeutic Drumming



"Empowering children to make safe choices through supportive and active relationships"

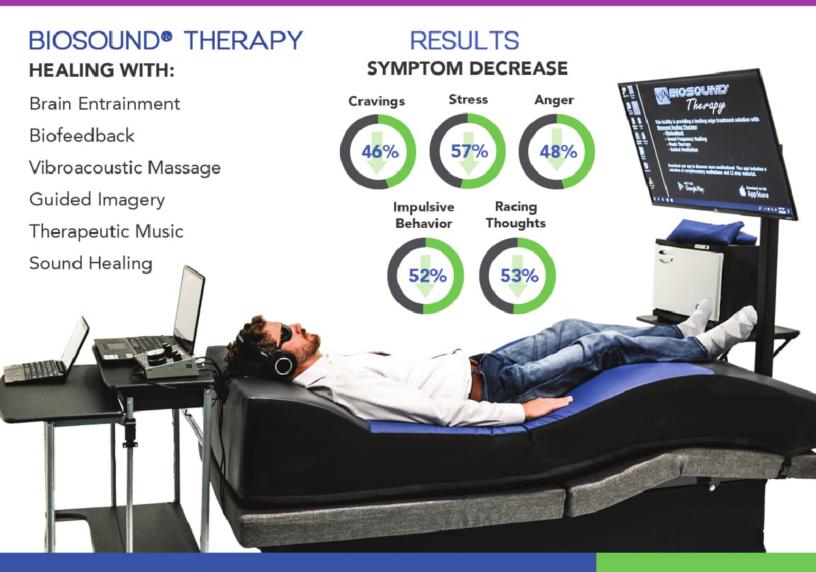
To learn more about the Admission and Programs at Palm Shores Behavioral Health Center call 941-792-2222

Palm Shores Behavioral Health Center accepts most major Insurances, Tricare and Medicaid (SIPP)

Palm Shores Behavioral Health Center 1324 37th Avenue East Bradenton, FL 34208 www.palmshoresbhc.com

GENERATE NEW REVENUE STREAMS WITHOUT ADDING STAFF

BIOSOUND 5500 XLS



FACILITY BENEFITS

- The addiction treatment field is trending towards a more integrated approach
- Stops AMA early discharge
- Distinguishes your center as innovative with the latest technology
- Generates new revenue streams
- Insurance reimbursable
- Reduces staff stress and improves productivity

CLIENT BENEFITS

- Improves long-term recovery
- Crisis intervention
- Assists with detox
- Relives pain
- Lowers anxiety

Appointments available for demonstration sessions 888-495-1946





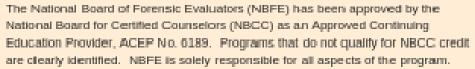


Join us at Florida Mental Health
Counselors Association's annual
conference in Orlando, FL for our preconference certification workshop
Thursday, 2/6/20, 8am-5pm EST and
start establishing yourself as an expert in
a lucrative and meaningful area of
specialization.





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







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.

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



Counseling Organizations Propose New Portability Process To Increase

Access To Care



News provided by American Mental Health **Counselors Association**

Oct 01, 2019, 06:00 ET

WASHINGTON, Oct. 1, 2019 /PRNewswire/ --A new collaborative effort of four major professional counseling organizations aimed at improving access to quality mental health care nationwide has resulted in a proposed uniform portability plan called the – National Counselor Licensure Endorsement Process - or "NCLEP 2.0."

The four organizations – the American Association of State Counseling Boards (AASCB), the Association of Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC) - believe that a uniform licensure endorsement process will:

- Significantly increase public access to qualified care.
- Establish minimum standards for safe practice.
- Reduce administrative burdens for state regulatory boards and licensees.
- Create consistency in licensure standards across state lines.
- Ensure protection of the public and the continued development of the profession.



An overarching goal of the initiative is to move the counseling profession toward unified education standards, exam requirements and years of post-graduate experience.

Click here to see the overall National Counselor Licensure Endorsement Process.

President of AASCB, Ryan Pickut, said, "Portability of licensure is a need that the counseling profession must address to improve access to care. Taking the steps to improve portability will protect the public and add to the strategies through which licensed professional counselors across the country may provide critical services, while at the same time creating a network of reciprocal relationships across the country. AASCB will be requesting that its member boards carefully consider the provisions outlined in the joint statement."

President of ACES, Kristopher Goodrich, said, "We believe our united portability process will significantly benefit mental health consumers by increasing access to needed care and services, and it will help create a vibrant workforce of licensed counselors in terms of changing regulatory standards. Moreover, we believe a secure, counselor portability licensure process will ensure that consumer protections are in place."

President of AMHCA, Eric Beeson, said, "Having the leading organizations representing the counselor licensing boards, counselor educators, mental health counselors, and board certified counselors jointly agree to a collaborative portability process, creates a way for states to pave a path forward for highly qualified current and future counselors to improve client access to services. This proposal represents the best chance to accomplish this crucial need for quality services around the country."

President of NBCC, Kylie Dotson-Blake, said, "We recognize that no portability process is a 'silver bullet' that resolves all concerns related to portability. Each state has different needs and NCLEP 2.0 is intended to be a starting point to address these needs, limit administrative overhead, and protect the public. We hope by reducing variability in the counselor licensure process and requirements, we will facilitate cross-state practice and movement, and provide a major shot in the arm for needed rule and statutory changes."

The officers of the four counseling organizations said the portability plan is built on principles

of quality assurance and national standards.

The plan will promote acceptance of a license from another state if the applicant meets current standards adopted by the receiving state counseling licensure board. Another option provided to states for accepting applicants includes if the individual holds a degree from a clinically focused counselor preparation program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP), or holds certification as a National Certified Counselor. It also requires that a counselor possess the highest level of licensure for independent practice for at least three years before licensure endorsement in a given state.

Click here for our portability toolkit.

In an era of a mobile workforce, which is increasingly receptive to innovative service delivery such as tele-mental health services, a national, uniform portability process is more vital than ever. We believe the time has come to pave a path forward for highly qualified current and future counselors to improve client access to services. This new portability statement provides that roadmap.

The four counseling organizations are part of a Portability Task Force that worked on the proposal over the last year. The task force principals said the leadership and collaboration that went into the effort demonstrates the critical importance of professional unification and portability of licensure.

SOURCE American Mental Health Counselors Association

Related Links

https://www.amhca.org









Categories Include:

Advocate of the Year

Chapter of the Year

Mental Health Counselor of the Year

Professional Service and Leadership to a Local Chapter

Researcher of the Year

Graduate Student of the Year

Volunteer of the Year

Outstanding Community Service

Leadership Award

Counselor Educator of the Year

TO SUBMIT NOMINATIONS VISIT:

WWW.FMHCA.ORG

CONFERENCE TAB>AWARD
NOMINATIONS



Mental Health Counselors – Walking Alongside

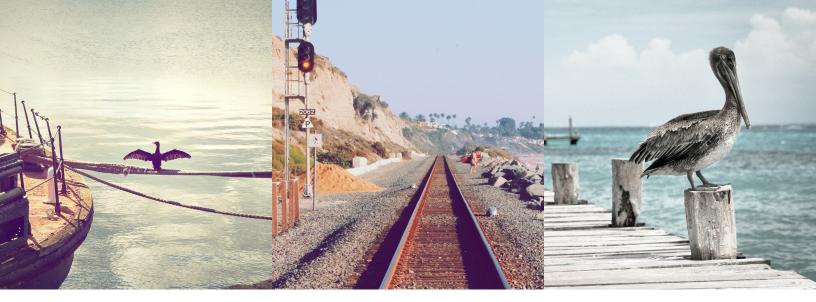


by: Kathie Erwin, Ed.D. , LMHC, NCC, NCGC, Associate Professor, Regent University

The spring walking season in Florida is filled with opportunities to "put feet to causes that you affirm." Perhaps it is an overlooked type of social advocacy which is a hallmark of our profession. For many of us, these are opportunities to "walk alongside" people whose causes and needs we support. This concept was brought home to me dramatically during a double walk day in downtown St. Petersburg.

As a credential gerontologist and author of five books in that field, I am understandably a supporter of the Walk to End Alzheimer's. Many walkers around me wore tee shirts imprinted with photos of loved ones who struggle with the cascading losses from all types of dementia. Teen grandchildren and their Grandfather who was recently diagnosed with Alzheimer's walked next to me at the start. Among the many walkers were physicians, nurses, counselors, case managers, researchers and family caregivers. A few DSM's ago, this disease was "senile dementia" and dismissed as just what happens to older people. Thanks to the Alzheimer's Association, this disease is better known and receives more research support.

At the last half mile, I changed directions and went a few streets over to join a lively crowd at the SPCA Pet Walk. There were nearly as many dogs and pets as people. I even met a "therapy iguana" – yes, it was properly registered for pet therapy. The mood at Pet Walk was upbeat, yet the cause was serious; "to rescue, rehabilitate and re-home abused or neglected animals." We are a rescue bird family with three sweet feathered babies, one whose extreme trauma was as real as that of any human. And yes, emotion-focused therapy (EFT) can work with pets as it did for Sam, our Sun Conure.



By the end of the second walk, I realized that these were more than two causes I support. They were remarkably similar. The Walk to End Alzheimer's and Pet Walk are dedicated to helping those who cannot voice their own needs. As mental health counselors, we "walk alongside" clients who also have difficulty expressing their pain, sorrow and hopelessness. They turn to us to be a constant in their otherwise erratic life. They believe that our professional skill is enough but most of all they want us to care.

The walking events reminded me what it meant to "walk alongside" people in need. One woman in her early 60s was caregiver during her husband's battle with Alzheimer's and now she faces the same disease alone. The other was an abused dog who arrived at SPCA battered and rejected. He was dropped off with a note that the owners were not coming back and gave permission to euthanize him. Fortunately, SPCA treated his wounds and someone saw him differently. Now that reject is a decorated arson detection dog. Both lives had value to those who were willing to discover it. They simply needed someone to "walk alongside." If there is any magic, any wonder to what we do as mental health counselors – that is it.



Exclusively Endorsed by FMHCA

- Online application with discounts available
- Customer portal with 24/7 access to your policy documents
- \$35,000 State Licensing Board defense coverage
- · Optional General Liability Coverage

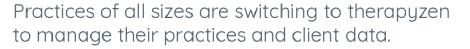
Get an Instant Quote & Apply Online! www.cphins.com

Questions? 800-875-1911 | info@cphins.com



Flexible appointment scheduling, elegant note taking, & simple client billing all working in harmony to get your practice organized.

Try our 14-day free trial at **therapyzen.com**



Here are just a few reasons why:

- A super user-friendly interface
- Fast and flexible appointment scheduling
- Customizable note templates and treatment plans
- Simple invoicing & superbills
- Free client portal
- Customizable digital intake forms
- Email & SMS appointment reminders
- Secure Document Storage & File Sharing
- Support for multiple office locations and time zones
- Online payment processing
- The latest ICD10 diagnostic codes
- Group and couples charting
- HIPAA compliant
- and much much more...

Special Offer!

Use the coupon code below to get your first month of therapyzen for free.

FMHCA2019

Become a therapyzen customer and we'll mail you a \$50
Amazon Gift Card for every colleague you refer that signs up!





FMHCA IS LOOKING FOR WEBINARS THAT FOCUS ON EMERGING ISSUES IN THE FIELD OF MENTAL HEALTH COUNSELING. THIS IS AN EXCELLENT OPPORTUNITY TO CONTRIBUTE TO THE PROFESSION, FURTHER ESTABLISH YOURSELF AS AN EXPERT, BUILD YOUR CV AND GAIN EXPERIENCE IN TEACHING AND TRAINING. COME SHARE ABOUT AN AREA OF OUR PROFESSION THAT YOU FEEL PASSIONATE ABOUT.



FREQUENTLY ASKED QUESTIONS ABOUT THE MARCHMAN ACT



by Joe Considine, Esq.

Families of individuals with substance use disorders and cooccurring mental health disorders ask many questions about the Marchman Act. The following are frequently asked questions we receive in our office and the responses.

Q- Does the Marchman Act work? I have heard people in recovery programs and on daytime television remark that people do not getclean and sober until they really want to. What's the deal?

A- It was conventional wisdom that "no one gets help until they really want it". But that's simply not true, and in fact, that attitude s dangerous. The science, borne out by numerous studies by highly credentialed experts from prestigious institutions, tells us that court ordered treatment is at least as effective, if not more effective, than voluntary treatment. It is sometimes referred to as a "nudge from the judge." When there is enough skin in the game, there is a small amount of willingness to listen and the survival instinct kicks in to stay in treatment. Studies of the brain inform us, that when the pleasure centers of the brain (dopamine receptors) stop receiving their feel good (cocaine, alcohol, pot, etc....) chemicals, the executive decision making part of the brain – the part that says do not touch the hot stove - starts to regain some functioning and can listen to the good information being provided in treatment. We know that when individuals with professional licenses (doctors, nurses, airline pilots) are forced into treatment in order to keep their license, there is a much higher degree of success than in the general population. The Marchman Act increases the skin in the game of the substance abuser. Go to treatment or risk going to jail.

Q- What if my loved one becomes angry with me for filing a Marchman Act case?

A- This may be the most frequently asked question by concerned family members. My response, to quote a client – a dad, said to his wife and me that if the disease of addiction took his daughter's life, he wanted to know standing by her

gravesite that he did everything humanly possible to save her life and "having her not be angry with me does not factor into that equation." The other important point is to realize that your loved one's brain has been hijacked by the process of addiction and it is the hijacked brain which is angry. There are many instances of court ordered addicted individuals who were at first angry with their loved ones for forcing them into treatment, and later, were grateful their loved ones had the courage to file a Marchman Act case.

Q- If someone is already in treatment, but threatening to leave against staff advice, may a Marchman Act case be filed keeping the person in treatment?

A- The answer is yes. It is important to properly draft the pleadings so as to provide the Court with the necessary facts about the person including how they have endangered themselves in the past and whether there is a pattern of leaving treatment early. A person who initially entered treatment voluntarily, and is now threatening to leave treatment, does not preclude the filing of a Marchman Act case.

Q- As a parent, I am concerned about a future employer, a college or professional board finding out that my child has been ordered to treatment under the Marchman Act. Should I be worried?

A- Marchman Act court records are confidential. All petitions for involuntary assessment and stabilization and all court orders and pleadings are confidential and exempt from the Public Records Act. The public is not allowed access to Marchman Act records or pleadings. Personal identifying information may not be published by the Clerk on a court docket or in a publicly accessible file. There is disclosure permitted but only to limited classes including the parties, their attorneys, guardians of

the impaired individual, and the individual's treating health care providers. A person or entity other than the classes of people mentioned above may gain access to Marchman Act records only upon a showing of, "good cause" which is a very difficult standard for one seeking information to meet. In my opinion, it will be exceedingly difficult for a non-party to demonstrate "good cause" to a court so as to allow any of these records to be released. Disclosure of information about treatment and records of treatment is strongly disfavored as a matter of public policy by the courts generally. So, I advise families to rest assured that no one can find out about their loved one being in treatment.

Q- If either I or my loved one with a problem live outside of Florida, can I get my loved one help using the Marchman Act?

A-The answer is yes. Neither you nor the impaired individual needs to be a legal resident of the State of Florida to utilize the Marchman Act. As long as your loved one is physically present, however brief a time in Florida, the Marchman Act can apply. Many times, we file Marchman Act cases on a substance impaired individual who is a resident of another state but who is visiting friends or family or is temporarily present in Florida. Because the Marchman Act allows a family to get long term help for a loved one and most states have no similar law, many interventionists and treatment centers urge families to find a way to get their loved one to Florida whether on a vacation or to visit, and once the impaired individual is physically present in the State of Florida, the Court has jurisdiction over that individual and can order the person into treatment. Again, there is no legal requirement that the impaired individual be a resident of Florida for the Marchman Act to apply.

Q- What happens if my loved one leaves treatment even while under a court order?

A- The treatment facility will notify the Court which will then schedule a hearing on an Order To Show Cause. Sometimes, the facility will notify the family or the attorney for the family and the family can file a Motion For Indirect Civil Contempt. In either event, there will be a hearing at which time the person leaving treatment will be called to task for leaving contrary to the Court order. Usually, the individual will be given the option of being allowed to return to treatment after a scolding by the Court or to go to jail. Almost everyone in my experience chooses to go back to treatment. This is the leverage of the Marchman Act and one of the reasons it works. Most people do not want to violate a Court order and risk going to jail. But sometimes, it is just the thing that needs to happen to get their attention that they are killing themselves and they need help.

Q- If I file a Marchman Act proceeding with the Court, can I terminate it if I change my mind or my loved one agrees to stay in treatment? Do I have any say in bringing the case to a close?

A- The family member(s) or friend who files the Marchman Act petition is called the Petitioner. The Petitioner, with some exceptions, controls the action from the perspective that the Petitioner can dismiss the case at almost any time he or she chooses. If there is an outstanding order for treatment or assessment, the court needs to be apprised that the Petitioner wants the case to be terminated which is usually done by the Petitioner filing a pleading entitled a Notice of Voluntary Dismissal. Moreover, the way that the Marchman Act action is enforced is usually by some affirmative action of the Petitioner in requesting that the Court do something. The Petitioner can simply refrain from asking the court to take any action. So, the answer is generally that, yes, once an action is started, it can be terminated by the Petitioner. If there is an outstanding order, the Petitioner should appear in Court and explain the reason for terminating the case.

Q- Does the Court make the arrangements for my loved one to go to treatment or do I have to do that? How do I do that?

A- It is up to the family or the friend who files the Marchman Act petition to locate a facility to do the assessment and treatment. We have many excellent, ethical treatment facilities which accept insurance or are private pay facilities. Sadly, there are few publicly funded or assisted facilities. In Palm Beach County, there is a Drug Abuse Foundation in Delray Beach. In Broward County, there is Broward Addiction Recovery Center (BARC) but only for Broward residents.

Q- What is the type of evidence that I need to present to the Court to show that my loved one needs help?

A- The best evidence includes when the loved one has admitted to you or other family members that they know there is a problem and they need to stop using substances. Many times, a substance abuser will be ______

remorseful after a bad run and will admit to family members or friends that they really need to stop.

Testimony by the person to whom such a statement was made is admissible. Other types of evidence include: eyewitness testimony of seeing the loved one under the influence; DUIs; arrests for possession or other substance related offenses; hospitalizations for overdoses; testimony by the family member or friend who has seen evidence of usage such as empty bottles, needles, drug residue and the like.

If you have questions, feel free to send them to me at our email address: joe@joeconsidinelaw.com.

Joe Considine has practiced law in South Florida since 1983. His practice is limited to family law and addiction related law including the Marchman Act. Joe works extensively with families whose loved

ones have substance abuse and mental health problems as an attorney. www.joeconsidinelaw.com

Criteria for Marchman Act (in summation)

- The person is substance abuse impaired.
- They have lost the power of self-control with respect to substance use, and either:
- Has inflicted, or is likely to inflict, physical harm on themselves or others, or
- He/she cannot appreciate his/her need for care.
- Has refused to submit to voluntary care.



Advanced Recovery Systems is a behavioral healthcare company dedicated to the treatment of addiction, substance use disorders and mental health issues for adults and adolescents.







ADDICTION | SUBSTANCE USE DISORDER | MENTAL HEALTH

844.244.1334

For facility information visit www.advancedrecoverysystems.com.















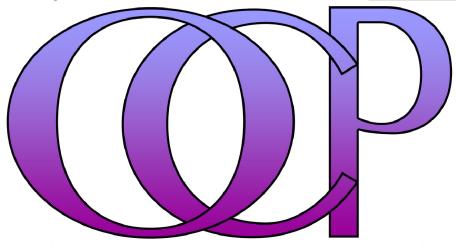




Find us on Facebook

Adult, Adolescent & Child Counseling

- Depression
- Anxiety
- Case Management/Referral Services
- Anger Management
- Empowerment
- Co-occuring Disorders
- Family Counseling
- Marital Counseling
- Substance Abuse Counseling
- Substance Abuse Education
- PTSD/Trauma/Sexual Abuse
- Substance Abuse Assessments
- Drug Screening
- Intensive Outpatient Program



OCALA CONSULTING & PREVENTION

2100 SE 17th Street Bldg. 700 Ocala, Florida 34471 www.ocalaconsulting.com ph. (352) 622-4488

The Right Technology

More than 1,300 addiction treatment facilities have chosen Kipu....Shouldn't you? Kipu spans every level of care from Detox to Residential Treatment, Day/Night Treatment, IOP, OP, Sober Living and After Care, with coverage of every aspect of your business from pre-admission, through treatment and After Care. We're interfaced to over 90 labs for clinical, drug, hair testing and Pharmacogenomics.



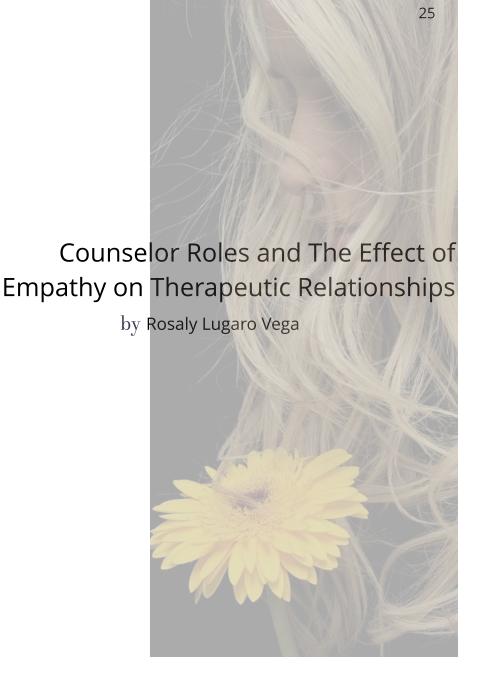
- ✓ Fast, Easy and Powerful
- ✓ New! Integrated Billing
- ✓ New! PingMD: Messaging and Telehealth
- ✓ FREE! VOBGetter: Instant Benefit Verification
- ✓ New! Golden Thread
- ✓ Customizable Lab Interface
- √ 30-Day Agile Implementation

It's The Right Technology!



Call us for a free demo 561-349-5901

Empathy is the center of healthy therapeutic relationships (Young, 2017). In order to develop from primary to advanced empathy, the helper must take a "tutorial stance" (Young, 2017, p. 40) when interacting with client stories. Through consistent self-examination and the collaborative counseling process, helpers are able to minimize their level of bias in support of advanced empathy. This article discusses the contrast between primary and advanced empathy, the barriers to their development, and methods to overcome individual obstacles in providing the highest degree of a healthy therapeutic relationship.



Primary vs. Advanced Empathy

According to Young (2017), empathy is defined as more than merely grasping an understanding of the client's story. Empathy is the ability of the helper to convey their understanding with precision. Level one of this communication requires strategically controlling attention for reflection of feeling (Greason & Cashwell, 2009); primary empathy. When the basic underlying feeling of the client is recognized, the process towards empathy begins. The helper must then accurately verbalize this primary emotion (Young, 2017). When done correctly, the professional relationship begins to blossom and the helper initiates trust into the therapeutic relationship. Minimal encouragers, such as brief supportive statements and affirming body language, help guide the client to dig deeper in their personal introspection (Young, 2017). Many counseling sessions may remain at this level of empathy, but the true "work" is done through advanced empathy (Solomon, 2019).

Advanced empathy represents the key in reaching the core of the emotional mind (Young, 2017). Within the time span of the therapeutic relationship, the helper's goal is to reach the innermost layers of the client's emotions in order unveil concealed turmoil.

Awareness of the unique lens in which the client views the world provides integral data to manifest emotional discovery. This knowledge is then use to precisely reflect the underlying significance of client statements, producing a sense of autonomous insight. Helpers must find the implied emotions from incomplete client accounts to accurately mirror disconnected feelings and emotions from emotional and intellectual conclusions. With the awareness that discussed life events are simply perspective and not fact, true healing begins (Young, 2017). Advanced empathy is the ability of the helper to exemplify this cognitive and affective empathetic response (Greason & Cashwell, 2009), going beyond the obvious to multidimensional understanding.

Barriers to Empathy

"Ethnocentric narcissism" is the foundation of the natural human wall against empathy (Young, 2017, p. 41). Upbringing and life experience form the individual identity through culture, religion, race, and other experiences or communities. The disparities between race and culture, from past to present day, create bias from every point of view on the conscious and subconscious level. More importantly, the act of confronting, or being confronted, and speaking on this bias can be extremely difficult (Crittle & Maddox, 2017). If left unaddressed, awkwardness or dissolution of helper-client relationship can be encountered. Human growth and development create a "mental state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related" (Allport, 1935, p. 810). This mental state, known as attitude (Greason & Cashwell, 2009), can hinder the level of trust and openness in certain people. Knowing that the majority of clients will vary from the helper's own attitude and identity, the counselor must come prepared to set aside their own wandering thoughts (Young, 2017). A stated by Kottler and Balkin, "Just as our clients have certain characteristics that predispose them to be vulnerable to conflict or troubles, so too do counselors have more or less immunity to similar difficulties." These difficulties range from lack of cultural awareness, distain for the client, countertransference, and beyond.

Overcoming Barriers to Empathy

The challenges that occur during the healing process can provide opportunities for growth in development of clinical attributes (Coll, Johnson, Williams, & Halloran, 2019). Professional growth in advanced empathy is achieved more easily when the helper is able to draw on support systems and internal reflection. In a study of trauma counselors (Ling, Hunter, & Maple, 2014, p. 305), "Peer support was a means of sharing common responses and had the effect of normalizing the challenges of counseling." When shared difficulties are expressed, colleagues become a source to lean on for true understanding. Personal counseling also provides an outlet for professional maintenance, showing transformative experiences in lives and careers (Kottler & Balkin, 2016). Most conveniently, supervisors can be utilized as a form of seeking selfreflection. Their presence in the environment of client encounters establish a neutral point of view to examine missing links in creating empathy with each unique client-counselor relationship.

Conclusion

In order to establish true healing through a therapeutic relationship, counselors must seek to build trust through empathy. The helper must first recognize personal barriers from past experiences and current mindset to set aside any prejudice towards clients. While doing so may be difficult, the helper must rely on a support system to keep focus with interactions of different attitudes. Reaching out to peers or supervisors, and engaging in individual counseling of the helper will aide in providing the strategic focused attention necessary for client satisfaction.

References

Allport, G. W. (1935). Attitudes. In C.M. Murchison (Ed.). Winchester: Clark University Press. Coll, D. M., Johnson, C. F., Williams, C. U., & Halloran, M. J. (2019). Defining moment experiences of professional counselors: A phenomenological investigation. The Professional Counselor, 9(2), 142-155. Crittle, C., & Maddox, K. B. (2017). Confronting Bias Through Teaching: Insights From Social Psychology. Teaching of Psychology, 174-180. Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and Counseling Self-Efficacy: The Mediating Role of Attention and Empathy. Counselor Education and Supervision, 2-19. Kottler, J. A., & Balkin, R. S. (2016). Relatioships in Counseling and the Counselor's Life. American Counseling Association. Ling, J., Hunter, S. V., & Maple, M. (2014). Navigating the challeegs of trauma counseling: How counselors thrive and sustain their engagement. Australian Social Work, 67(2), 297-310. Solomon, C. (2019, August 27). F20 Fctual Skills and Counseling Techniques. (R. Lugaro, Interviewer) Young, E. M. (2017). Learning the art of helping: building blocks and techniques. New York: Pearson.



ON DEMAND WEBINAR NOW AVAILABLE IN PARTERSHIP WITH CEU4YOU

SLEEPING SOUNDLY AND SEDATIVE FREE: THE CLINICAL MENTAL HEALTH COUNSELOR'S ROLE IN TREATING INSOMNIA

Presented by: Aaron Norton, MHC, LMFT, MCAP, CRC, CCMHC, CFMHE

Earn 2 CEUs for \$25.00

CE Broker Course Tracking Number: 20-727696

On Demand Webinar presented by Aaron Norton, LMHC, LMFT now available! Visit:

http://www.ceu4you.com/course/index.

php?categoryid=39 to enroll and complete from your phone, tablet, or computer!

Enhance your practice & develop your niche market

INTERNATIONAL INSTITUTE of CLINICAL SEXOLOGY complete your PhD or Individual Certification

Our Mission: To provide the education and tools to Therapists and other Health Care providers seeking to enhance their services Nebinar

ALL via live webinar or in person

Sex Therapist **Addictions Professional** Kink Conscious Professional Hypnotherapist Transgender Care Therapist

> Take a FREE CLASS and receive CE Credit * Visit Our Table

Dr. Clark is a Continuing Education Provider for NBCC, FL MQA, AASECT, and, FCB. Go to www.TherapvCertificationTraining.org • www.ClinicalSexologvPhD.org

Are you a provider treating Veterans with PTSD?

We can help.



WE OFFER FREE

- Expert Consultation
- Continuing Education
- Assessment and Screening Tools
- PTSD Resources

CONTACT US

- Available by email or phone
- · Responses are quick
- Calls are scheduled at your convenience



FOR PROVIDERS WHO TREAT VETERANS

✓ PTSDconsult@va.gov

(866) 948-7880

🚱 www.ptsd.va.gov/consult

Ask Us About

Evidence-based treatment • Medications • Clinical management • Assessment • Resources • Collaborating with VA on Veterans' care • Developing a PTSD



FMHCA 2020 PRE-CONFERENCE WORKSHOP SERIES



Required State of Florida CEUs for Re-Licensure
Green Cross Academy Certified Compassion Fatigue
Therapist Course

Introduction to the Harmony-Arion Relationship Tools
Qualified Supervisor Training

Critical Incident Stress Management: Grief Following
Trauma

We are Memory Workers: Introducing Neurocise®, EyePointing™ & NeuroPointing™ Qualified Supervisor Continuing Education Course

STARTING FEBRUARY 6TH, 2020 LAKE MARY, FL

Join us and earn CEUs!

To register visit: www.FMHCA.org

Conference Tab > Pre-Conference

Contact us with questions

561-228-6129 Office@FLmhca.org



Working Together Towards Recovery





For over three decades, more than 75,000 adolescent girls and women from all walks of life have chosen The Renfrew Center to help them overcome their eating disorder. Through Renfrew's community, women learn to embrace hope, perseverance, strength, and gratitude to live the life they deserve.

The combined elements of Renfrew's treatment model, the in-depth experience of our clinical staff and the collaborative partnership we have with the referring team, underscore our patients' progress in achieving full recovery.

Contact us – we can work together to get your patient the care she needs. 1-800-RENFREW (736-3739) • www.renfrewcenter.com

Mindful Strategies for Counselors

- When 25 Oct 2019
- Time 2:00 PM 4:00 PM
- Location Online (Gotowebinar)

Description: Mindful Strategies In Counseling will touch on the brief History and Science of Mindfulness, what it is and isn't and how it can help individuals emotionally, spiritually and mentally. Stress behaviors and thoughts and feelings, followed by Mindful Body, Breathing and Listening, as well as the art of Heartfulness – sending kind thoughts and, Gratitude – looking for the good, will also be explored. Hand- on activities include lessons, games and simple ways to practice daily Mindfulness in your personal practice and classroom. There will also be several opportunities to practice mindful breathing which will start you on your way to developing your own mindful practice! If you've wondered what all the excitement is about, consider this your introduction!

CE Broker Tracking #: 20-690508

This event is sponsored by FMHCA, an NBCC-Approved Continuing Education Provider. FMHCA NBCC Provider# 2058. Programs that do not qualify for NBCC credit are clearly identified. FMHCA is solely responsible for all aspects of the program. This course is approved by the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, LMHC, LMFT, LCSW – FMHCA CE Broker #: 50-748; CE Broker Course Tracking # **20-690508** Exp. 3/31/20

Learning Objectives:1. Understand the basic fundamentals - history and scientific research

- 2. Identify at least three benefits to mindfulness practice
- 3. Become aware of the advantages of mindfulness in counseling and therapy
- 4. Learn and acquire at least 3 mindful awareness strategies

About the Presenter:

Jackie Small Darville is a Certified School Counselor, Mindfulness Instructor and Life Coach who is passionate about empowering young minds and specializes in the Mindful Schools curriculum. Active in the educational arena since 1987, she installs knowledge of empathy, compassion and other core social & emotional skills to students. Currently she teaches character education mindfulness and self-regulation interventions and facilitates therapeutic groups at Saturn Elementary School in Brevard County, FL. Jackie is passionate about sharing mindfulness and hopes that it may help all find greater peace and happiness. Constantly reinventing herself, she is a lifelong learner who loves people and would love to see mindfulness integrated into all scenarios, but especially in education. She firmly believes that educating youth in the utilization of a healthy self-alleviating approach, will greatly enhance our education system. Jackie is a Charter Member and current Acting President of Brevard School Counselors' Association (BSCA) and was a 2017 Florida School Counselor Association (FSCA) Nominee for School Counselor of the Year. She is currently enrolled in Mindful Schools Year Long Certified Instructor Training Program and is slated for completion in Summer 2018.



OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

BREAK THE SILENCE, END THE VIOLENCE.



"I'VE BEEN GIVEN MY LIFE BACK" Former Patient— Recovery Solutions

Substance Use Disorder and Mental Health Care

Often times life can be overwhelming. We are here. Let us help you navigate through life's sometimes unpredictable turns.

Adult Acute Mental Health Inpatient Treatment
Adult Detox and Medication Assistance Treatment Programs
Adult Co-occurring Disorder Treatment
Children and Adolescent Acute Care



TO SCHEDULE A FREE AND CONFIDENTIAL ASSESSMENT CALL

407-281-7000

2500 Discovery Drive Orlando, FL 32826

www.universitybehavioral.com



FLORIDA MEDICAID & BEHAVIORAL HEALTH SPECIALISTS

LET US HELP YOU MEET YOUR PRACTICE NEEDS

- provider enrollment
- credentialing services
- practice start up
- caqh credentialing
- medicaid & medicare
- More antiglia ZaInten Coce
- wlicense application & renewals

CCCFL is owned and operated by a provider manager in the behavioral health industry

info@credentialingconsultants.com 321–710–7747

www.credentialingconsultants.com



THE MISSION OF THE FLORIDA
 MENTAL HEALTH COUNSELORS
 ASSOCIATION

IS TO ADVANCE THE PROFESSION OF CLINICAL MENTAL HEALTH COUNSELING THROUGH INTENTIONAL AND STRENGTH-BASED

ADVOCACY, NETWORKING,
PROFESSIONAL DEVELOPMENT,
LEGISLATIVE EFFORTS, PUBLIC
EDUCATION

AND THE PROMOTION OF POSITIVE MENTAL HEALTH FOR OUR COMMUNITIES.



FMHCA is a chapter of the American Mental Health Counselors
Association, and is the only organization working exclusively for LMHCs in Florida.