



— Volume 17, Issue 11 —



President's Message

Here we are rounding the corner into the final stretch of 2017. As an organization, FMHCA has much for which to be thankful beginning with a leadership that continues to steer this craft toward success in building membership, strengthening relationships among regions and chapters, and charting a course in both the state and federal legislatures to improve access to mental health care for all.

In November the Regional Directors along with President-Elect, Erica Whitfield and myself met to discuss how our Regional Model can serve FMHCA best in energizing the grass roots. We have a new Southwest Regional Director, Greg Hasek, who brings a broad base of experience, talent, and enthusiasm to unite members in this region of Florida. Expect to see events to meet, mingle, and learn popping up after the first of the year with the anticipation of greater unity among all FMHCA members.

There is much work necessary to drive our efforts, especially in procuring providership in Medicare. In July this year, a coalition of FMHCA members barnstormed the House and Senate offices of the Florida Caucus in advocating for House Bill 3032. As a result, Congressman Rutherford from Florida has signed on as a co-sponsor of this bill, thanks in large part to Erica Whitman, FMHCA President-Elect. Also, thanks to Erica's keen persuasive abilities, Senator Nelson's office has consulted Erica on other Mental Health issues, including co-sponsorship of Senate Bill.

Be alert for notices from FMHCA Government Relations Committee regarding how YOU must involve yourselves in every effort available to ensure that our Representatives and Senator Mark Rubio are on board with Medicare legislation. At no other time in the past 20 or so years that AMHCA has been working on this have we been this close to success.

And so, with the season of hope, anticipation, joy, and gratitude well upon us, may we return rested and energized to focus on the events before us.

If you have not signed up for the 2018 Conference, do it TODAY!



Louise Sutherland-Hoyt, LMHC, CCMHC, NCC, MAC

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Thank you to our loyal and wonderful members! If you are not yet a member, I encourage you to join our organization and let your voice be heard! Our organization offers so many great resources for our members, including education (such as FREE WEBINARS), legislative oversight, networking, and FMHCA member discounts with partner organizations.

One of the best ways to take advantage of our offerings, as a member or a non-member, is to attend our Annual Conference.

We're also excited to announce so amazing preconference breakout sessions including::

1. **Qualified Supervisor Training (QST) - February 1st, 2018 8:00am -5:00pm & February 2nd, 2018 8:00 am-12:00 pm** Dr. Stephen Giunta & Dr. Vehec 12 Clock Hours Cost \$205.00 Early Rate | \$240.00 Regular Rate Boost your income and become a role model for new counselors by becoming a Qualified Supervisor!
2. **Child and Adolescent Trauma and Treating Traumatized Families Training-** February 1st & 2nd, 2018 8:00am-5:00pm Dr. Benjamin B. Keyes 16 Clock Hours Cost: \$200.00 This two-day workshop explores childhood issues and antecedent to risk and resiliency to trauma situations and explores reactions and symptoms of the major DSM 5 diagnostic disorders related to trauma in children, adolescents, and the family structure. Emphasis is placed and effective evidence based interventions and specific skills such as 'modified sand tray, use of methaohor, and story narrative are explored.
3. **Forensic Mental Health Evaluators Training-**February 1st, 2018 8:00am -5:00pm National Board of Forensic Evaluators Register for this event with our facilitate partner at <https://nbfe.net/event-2590920>. NBFE will be presenting a one-day certification training towards the prestigious Certified Forensic Mental Health Evaluator (CFMHE) credential.
4. **Required State of Florida CEUs for Re-Licensure -** February 1st, 2018 8:00am-5:00pm Bob Decker Cost \$75.00 Early Rate | \$110.00 Regular Rate
5. **Update for Licensed Provider Ethics 3 Clock Hours | Medical Errors 2 Clock Hours |Michael Holler Laws & Rules 3 Clock Hours**
6. **We Are Memory Workers: Introducing Neurocise® & NeuroPointing™** February 1st, 2018 9:00am-5:00pm Elvis Lester 6 Clock Hours Cost \$75.00 Early Rate | \$99.00 Regular Rate
7. **8 Hours Laws and Rules-** February 1st, 2018 8:00am-5:00pm Michael Holler 8 Clock Hours Cost \$75.00 Early Rate | \$110.00 Regular Rate
8. **Qualified Supervisor Update –** February 3rd, 2018 8:00am -12:00pm Dr. Stephen Giunta & Carmen Genovese 4 Clock Hours Cost \$55.00 Early Rate | \$90.00 Regular Rate


I want to extend a grateful thank you to this year's Conference Planning Committee - this conference would not have been possible without their hard work and dedication. And, of course, I want to thank you for supporting FMHCA and making this event possible. It is only through the support of our members that FMHCA can reach it goals to support and advocate for mental health counselors in Florida. Enjoy!

Sincerely,

Darlene Silvernail PhD, LMHC, CAP

Executive Director





Register at
www.FMHCA.org

FMHCA CE Provider #: 50-748

CE Broker Tracking #: 20-618502

MAKE IT HAPPEN, MAKE IT MATTER COUNSELING IN THE MODERN TIME

FEBRUARY 1ST-3RD, 2018

ORLANDO MARRIOTT IN
LAKE MARY, FLORIDA

FMHCA ANNUAL CONFERENCE

Discounted Early Bird Registration

Ends November 30, 2017



Preconference Workshops | Limited Seating—Register Early!

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Conference Keynote Speakers



Dr. Charles R. Figley



Lobbyist Corinne Mixon



Louise Sutherland-Hoyt



Dr. Salima Patel



[CLICK HERE](#) to register for a Pre-workshop!

[CLICK HERE](#) to register for the 2018 annual conference!



FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION

*Register for our annual conference in Lake Mary, FL
February 1st-3rd, 2018*

"MAKE IT HAPPEN, MAKE IT MATTER" COUNSELING IN THE MODERN TIME

Earn CEUs in workshops, network with mental health professionals and sponsors, and have a fun time doing it!

Attend pre-conference workshops

- QUALIFIED SUPERVISOR TRAINING (QST)
- CHILD AND ADOLESCENT TRAUMA AND TREATING TRAUMATIZED FAMILIES
- FORENSIC MENTAL HEALTH EVALUATORS TRAINING
- REQUIRED STATE OF FLORIDA CEUs FOR RE-LICENSURE
- WE ARE MEMORY WORKERS: INTRODUCING NEUROCISE® & NEUROPOINTING™
- QUALIFIED SUPERVISOR UPDATE
- 8 HOURS LAWS AND RULES

VISIT OUR WEBSITE TO VIEW ALL
WORKSHOPS AND TO SIGN UP!

WWW.FMHCA.ORG

(561) 228-6129



FMHCA CE PROVIDER # 50-748
CE BROKER TRACKING # 20-618502

OFFICE@FLMHCA.ORG

SATURDAY FEBRUARY 3rd		WORKSHOP	SALON	TRACK
7:00AM-8:00AM	REGISTRATION	SALON C		
7:00AM-8:00AM	BREAKFAST:	GRAND FOYER		
8:00 AM-12:00PM 4 Clock Hours	Qualified Supervisor Continuing Education Update <i>Stephen Giunta Ph.D., LMHC, NCC, CCMHC</i> <i>Carmen Robert Genovese MS, NCC, LMHC</i>	ORCHID BALLROOM		
8:00AM-9:30AM 1.5 Clock Hour (Keynote)	The Traumatology of Life: Counseling Lessons Learned and Applied over my 46-Year Study and Treatment of Trauma <i>Charles Figley, Ph.D., Published Author</i>	GRAND BALLROOM		(TR)
9:30AM-9:45AM	SNACK BREAK	GRAND FOYER		
9:45AM-11:45AM 2 Clock Hours	Trauma Informed Treatment and Dual Diagnosis <i>Benjamin B. Keyes Ph.D., Ed.D., LMHC, NCC, CCMHC Published Author</i> <i>Kathie Erwin Ed.D., LMHC, NCC, NCGC</i> <i>Kathie Figley Ph.D.</i> Working with Narcissistic Personality Disorder <i>Christine Hammond, LMHC, NCC Published Author</i> The Positive Experiences of Adult Children of Alcoholics, with and without Personal Addictions, after Long-Term Recovery <i>Daniella Jackson, Ph.D., LMHC, Qualified Supervisor, Certified Health Coach Published Author</i> Marital Counseling in Culturally Diverse America <i>Ana Alutsky, LMHC, LMFT Published Author</i> Eating Disorders: Treatment across the continuum <i>Lacey Lauer, LMHC Published Author</i>	SALON A		(TR)
		SALON B		(EB)
		SALON F		General/Other
		SALON G		(CD)
		SALON H		(EB)
12:00PM-1:30PM 1.5 Clock Hours	AWARDS LUNCHEON/ANNUAL MEMBERSHIP MEETING <i>Louise Sutherland-Hoyt, LMHC, NCC, CCMHC, MAC, Corrine Nixon, Darlene Silvernail Ph.D., LMHC, CAP</i> <i>(All participants are on their own, for lunch unless RSVP)</i>	GRAND BALLROOM		
1:30PM-3:30PM 2 Clock Hours	Chemistry Of Survival <i>Daniel Casey, Ph.D.</i> Sleeping Soundly and Sedative Free: The Role of Mental Health Counselors in the Treatment of Sleep Disorders <i>Aaron Norton, LMHC, LMFT, MCAP, CRC Published Author</i> Adventure Therapy and Experiential Activities: A Facilitator's Guide <i>Ricardo Santiago, LMHC</i> <i>Nicky Treadway LMHC, NCC.</i> Domestic and Intimate Partner Violence in Special Populations (Sexual, Gender, and Relationship Minorities) <i>Dr. Patsy Evans, Ph.D., LMHC, AP Published Author</i> Serving those who Served: Re-Integrating our Combat Veterans <i>Miguel Rivera, LMHC, NCC, CCJS</i>	SALON A		(TR)
		SALON B		(EB)
		ORCHID BALLROOM		(EB)
		SALON G		(RC)
		SALON H		(MV)
3:30PM-3:45PM	SNACK BREAK	GRAND FOYER		
3:45PM-6:45PM 3 Clock Hours	Canine working with Compassion Fatigue and Green Cross on the Ground <i>Raquel Lackey, MA</i> <i>Molly Fischer, MA</i> <i>Mary Schoenfeldt, Ph.D.</i> Business Ethics for Success of Mental Health Counselors <i>Amanda Patterson, LMHC, CAP, NCC</i> Creative Group Activities for a Variety of Settings and Individuals <i>Jennifer Marshall, Ed.D., LMHC, Published Author</i> <i>Meleah Smith, MS</i> <i>Olivia Heath, LMHC</i> <i>Betsy McLendon LMHC</i> <i>Guthara McCullough, MS.</i> Using the Expressive Arts to Motivate Change in Substance Addicted Clients <i>Deborah Rasso, LMHC, NCC, CAP, ICADC, QS, CH</i> Creating Secure Attachments for Children and Families through the Powers of Play <i>Amy Iannitelli, LMHC Registered Play Therapist</i> <i>Sarah Allen, LMHC</i>	SALON A		(TR)
		SALON B		(RC)
		SALON F		(EB)
		SALON G		(AT)
		SALON H		(CH)

Schedule at a Glance: 2018 Florida Mental Health Counselors Association

Subject to Change

THURSDAY-FEBRUARY 1st		FRIDAY-FEBRUARY 2nd		WORKSHOP		SALON		TRACK	
PRE-CONFERENCE WORKSHOP		REGISTRATION		REGISTRATION		SALON C		SALON C	
SEE SIGNS FOR DIRECTION 7:00AM-8:00AM	REGISTRATION	7:00AM-8:00AM	REGISTRATION	7:00AM-8:00AM	REGISTRATION	GRAND FOYER	GRAND FOYER	GRAND FOYER	GRAND FOYER
GRAND FOYER 7:00AM-8:00AM	BREAKFAST:	8:00 AM-5:00 PM 16 Clock Hours (2-Day Workshop)	BREAKFAST:	8:00 AM-5:00 PM 16 Clock Hours (2-Day Workshop)	BREAKFAST:	SALON G & H	SALON G & H	SALON G & H	SALON G & H
SALON A 9:00AM-5:00PM 7 Clock Hours	We Are Memory Workers: Introducing Neuroscience® & NeuroPointing™ Hypnosis Training Elvis Lester, MA, LMHC, NCC, MAC, NBCFCH Qualified Teacher of Hypnosis (State of FL DMC04)	8:00 AM-12:00PM 12 Clock Hours (2-Day Workshop)	What is Family Recovery? Is It Important?	8:00 AM-12:00PM 12 Clock Hours (2-Day Workshop)	Qualified Supervisor Training (QST) Stephen Giunta Ph.D., LMHC, NCC, CCMHC Kenneth Yehoc Ph.D., LMHC, CHT	ORCHID BALLROOM	ORCHID BALLROOM	ORCHID BALLROOM	ORCHID BALLROOM
GRAND FOYER 7:00AM-8:00AM	BREAKFAST:	8:00AM-9:30AM 1.5 Clock Hour (Keynote)	SNACK BREAK	8:00AM-9:30AM 1.5 Clock Hour (Keynote)	SNACK BREAK	GRAND BALLROOM	GRAND BALLROOM	GRAND BALLROOM	GRAND BALLROOM
SALON A 9:00AM-5:00PM 7 Clock Hours	The Trauma Triangle: ACE Points, Chronic Pain, and Opioid Use Disorder Martha Teater, MA, LMFT Published Author	9:30AM-9:45AM 2 Clock Hours	Innovation, technology and resilience: The next generation of mental health counselors	9:30AM-9:45AM 2 Clock Hours	The Trauma Triangle: ACE Points, Chronic Pain, and Opioid Use Disorder Martha Teater, MA, LMFT Published Author	SALON A	SALON A	SALON A	SALON A
SALON B 8:00AM-5:00PM 8 Clock Hours	Forensic Mental Health Evaluators Training National Board of Forensic Evaluators	11:45AM-1:15PM 1.5 Clock Hours	WORKING LUNCH (All participants are on their own for lunch unless EST/P)	11:45AM-1:15PM 1.5 Clock Hours	WORKING LUNCH (All participants are on their own for lunch unless EST/P)	SALON B	SALON B	SALON B	SALON B
SALON D 8:00AM-5:00PM 8 Clock Hours	Laws & Rules Michael G. Holler, MA, NCC, CFMHE, CCCE, CCMHC, LMHC		Government Relations Panel		Government Relations Panel	SALON D	SALON D	SALON D	SALON D
SALON E 8:00AM-5:00PM • Ethics (3 Clock Hours) • Medical Errors (2 Clock Hours) • Laws & Rules (3 Clock Hours)	Required State of Florida Clock Hours for Re-Licensure: • Bob Decker Ph.D., NCC, LMHC • Bob Decker Ph.D., NCC, LMHC • Michael G. Holler, MA, NCC, CFMHE, CCCE, CCMHC, LMHC		Student Panel		Student Panel	SALON E	SALON E	SALON E	SALON E
SALON G & H 8:00AM-5:00PM 16 Clock Hours (2-Day Workshop)	Child and Adolescent Trauma and Treating Traumatized Families Training Benjamin B. Keyes Ph.D., Ed.D., LMHC, NCC, CCMHC Published Author Kathie Erwin Ed.D., LMHC, NCC, NCGC		Military Panel		Military Panel	SALON A	SALON A	SALON A	SALON A
ORCHID BALLROOM 8:00AM-5:00PM 12 Clock Hours (2-Day Workshop)	Qualified Supervisor Training (QST) Stephen Giunta Ph.D., LMHC, NCC, CCMHC Kenneth Yehoc Ph.D., LMHC, CHT		Accelerated Resolution Therapy for Combat Trauma: Working Model including Interventions for Combat Trauma Diego F. Hernandez, Psy.D. Published Author		Accelerated Resolution Therapy for Combat Trauma: Working Model including Interventions for Combat Trauma Diego F. Hernandez, Psy.D. Published Author	SALON B	SALON B	SALON B	SALON B
LUNCH 12:00PM-1:00PM	All participants are on their own for lunch		The Secret Overlap of Video Games & Gambling Problems Daniel Kaufmann, Ph.D., LMHC, ICGG-II Published Author		The Secret Overlap of Video Games & Gambling Problems Daniel Kaufmann, Ph.D., LMHC, ICGG-II Published Author	SALON D	SALON D	SALON D	SALON D
GRAND FOYER 3:00PM-3:15PM	SNACK BREAK		An Exploration of HIV/AIDS Corinna Peters LMHC, CLC, CSE		An Exploration of HIV/AIDS Corinna Peters LMHC, CLC, CSE	SALON E	SALON E	SALON E	SALON E
			Compassion Fatigue: Instilling Hope When We Have Little Left to Give & Neuro-therapy for Vicarious Trauma Celia-Luella Farr, MA, NCC, Arlene Petersen, MA, Sherry M. Todd, Ph.D, LPC Donna McCarten White, RN, Ph.D., CS, CADAC-II		Compassion Fatigue: Instilling Hope When We Have Little Left to Give & Neuro-therapy for Vicarious Trauma Celia-Luella Farr, MA, NCC, Arlene Petersen, MA, Sherry M. Todd, Ph.D, LPC Donna McCarten White, RN, Ph.D., CS, CADAC-II	GRAND FOYER	GRAND FOYER	GRAND FOYER	GRAND FOYER
			Complex Therapy: How do I...? A Complex Therapy Primer: Empowering Couples with Tools for Jumpstarting and Keeping Complex Engaged in the Process Michael G. Holler, MA, NCC, CFMHE, CCCE, CCMHC, LMHC		Complex Therapy: How do I...? A Complex Therapy Primer: Empowering Couples with Tools for Jumpstarting and Keeping Complex Engaged in the Process Michael G. Holler, MA, NCC, CFMHE, CCCE, CCMHC, LMHC	SALON A	SALON A	SALON A	SALON A
			Binge Eating Disorder: What's It All About?		Binge Eating Disorder: What's It All About?	SALON B	SALON B	SALON B	SALON B
			Joann Hendelmann, PhD, FAED, CEDS, CEDRN, RN Published Author		Joann Hendelmann, PhD, FAED, CEDS, CEDRN, RN Published Author	ORCHID I	ORCHID I	ORCHID I	ORCHID I
			Sex Addiction: Assessment, Diagnosis and Treatment Strategies Daniel Lacerava, LMFT Published Author		Sex Addiction: Assessment, Diagnosis and Treatment Strategies Daniel Lacerava, LMFT Published Author	ORCHID II & III	ORCHID II & III	ORCHID II & III	ORCHID II & III
			Laws and Ethics 2018 Bruce Borkosky, Psy.D. Published Author		Laws and Ethics 2018 Bruce Borkosky, Psy.D. Published Author	SALON F	SALON F	SALON F	SALON F
			RECEPTION		RECEPTION	GRAND BALLROOM	GRAND BALLROOM	GRAND BALLROOM	GRAND BALLROOM
			Student Poster Session Hassiem Kambui, Ph.D., CCMHC, LMHC, NCC, ACS		Student Poster Session Hassiem Kambui, Ph.D., CCMHC, LMHC, NCC, ACS				

Resilience: The Heart of Humanity



A commonly accepted definition for Resilience is “an ability to recover from or adjust to misfortune or change”. While the concept appears simple enough, the ability necessary to overcome adversity requires a conscious effort to excavate the innate skill set that lies dormant in each of us. When faced with a natural catastrophe like Hurricane Irma or the recent earthquake in Mexico, people’s resiliency is extraordinarily tested.

I and my family were able to walk away unscathed with minor inconveniences following Hurricane Irma while the people of Puerto Rico, Dominica, and Mexico were less fortunate. I observed in admiration as I bared witness to the strangers coming together, countries serving as allies, and political boundaries temporarily blurred in the spirit of humanity. I was reminded of the power of the human will and humbled by the people’s overt courage, inner strength, and display of community which constitutes our innate capacity and true essence.

As a psychologist, I was trained to interpret human behavior as a pattern of actions in response to human experiences that were influenced by a matrix of environmental, genetic, and social variables. That was the recipe I was fed while I observed series of case examples that defied the lectures and archaic writings. One example that resonates most in my mind is the story of David B., who was raised by a foster family that fed him hot dogs while the remaining members of the family system ate steak. David was a little boy who learned how to fight and speak broken English to survive on the streets of Harlem. He taught himself how to read as an adolescent and as a young man he prematurely enlisted in the Navy as his way out of the ghetto. David went on to become a Navy Seal, attended Harvard University and became licensed as a neuropsychologist. David rose above the social conditioning that fate rendered.

Not unlike David B. is the humanitarian crisis in Puerto Rico. Despite one of the most devastating natural disasters, the island of Puerto Rico remains resilient. People on the island wait on line for 8 hours plus for rationed food, gas, and water under scorching temperature day after day in support of their children and seniors at home. They remain united and undefeated despite the limited medical and resources available. Many citizens turn to the island’s natural resources such as creeks for uncontaminated water to survive. In both examples, people personify resilience and all of humanity’s potential. They choose to tap into the internal resources that exist within each of us. During critical times, they acknowledge their potential and will behaviors through consistent efforts and practices that are qualified as “emotional resilience”.

So how can you become more emotionally resilient? I’ve drafted several recommendations and suggestions for you to ponder.

1. **Allow yourself time to reflect on what's right for you as opposed to acting on what your impulses are asking you to do at the time.** This involves being still, asking your “higher self” what it needs, and then getting out of your own way. Learn to simply listening to inner wisdom of your heart, known as intuition and the soft whispers in between your thoughts.
2. **Sit with discomfort.** Discomfort is the disguised vehicle of change and growth. No one grows from complacency or bliss. We grow when we are pushed outside our comfort zone and forced to do something other than what we are accustomed to doing.
3. **Gain a perspective.** We are the creators of our subjective personal realities. As such, when you focus on what you have lost, make an effort to witness those that are less fortunate and have experienced loss without repair.
4. **Practice acceptance.** Understand that “acceptance” is not a passive verb, but the acknowledgement that there are certain life experiences that fall outside of our control.
5. **Remember the power of time.** Remind yourself often that “this too shall pass” and that time is relative and heals all wounds.
6. **Let go of having the need to have all the answers “right now”.** Give yourself permission to not know the ending of your story, do the best you can under the circumstances, and trust the process.
7. **Participate in daily self-care.** Commit to the daily practice of self-care through simple exercises that strengthen your inner voice, replenish your internal resources, and serve your highest good such as: developing a meditation practice, going on nature walks, taking a naps, engaging in activities that fulfill you, read uplifting material, and surrounding yourself with optimistic heart-centered peers that honor and respect you.
8. **Laugh when possible.** Laughter is medicinal. The universe has a sense of humor and when you laugh at life it is likely to laugh back. In short, don't take life so seriously and allow yourself the opportunity to remember how to play.
9. **When given the choice, choose happiness over righteousness.** Emotionally resilient people understand that being right does not always correlate with happiness. As such, I recommend that you pick your battles wisely. Instead of focusing on what you don't have or what's wrong in your life, focus on what you do have and what's right in your life. Gratitude is a game changer! Write down 5 things you are grateful for each night, ranging from the simplest of occurrences such as “finding a parking space nearest to your entry way during a rainy day” to “the ultimate grace of having the opportunity to live another day”. The power of keeping a gratitude journal is not to be under estimated.



In summary, each of us has an abundant wealth of internal resources that often lie dormant waiting for us to activate our innate potential by exercising simple self-care principles that can be put into practice with mild awareness and moderate effort.

Dr. Tania Diaz
Faculty - Miami Campus





COMPLIMENTAR WEBINAR

This brief Webinar will focus on delineating recent trends in describing the Autism Spectrum Disorder from early conceptual development of what Leo Kanner described as Infantile Autism.

LEARNING OBJECTIVES:

1. Develop an understanding of their intrapsychic world
2. Differentiate between Infantile Autism and the Autism Spectrum Disorder
3. Gain insight into unorthodox treatment modalities
4. Increase knowledge of Infantile Autism

COST:

This is a complimentary webinar offered at **no cost** to: (1) Certified Forensic Mental Health Evaluators (CFMHEs) as well as applicants and candidates who are pursuing certification; and (2) members of all professional organizations that partner with NBFE, including American Mental Health Counselors Association, Darsey, Black, & Associates, Florida Mental Health Counselors Association, Licensed Professional Counselors Association of Georgia, Suncoast Mental Health Counselors Association, Utah Mental Health Counselors Association, Vecchi Group International, and Washington Mental Health Counselors Association. **However, attendees who wish to receive a certificate of attendance by email after the webinar and/or attendees licensed in Florida who wish to have their attendance reported in CE Broker are required to pay a nominal administrative fee of \$5.**

CONTINUING EDUCATION INFORMATION:



NBFE is a National Board of Certified Counselors (NBCC)-Approved Continuing Education Provider (ACEP) and may offer **NBCC-approved clock hours** for events that meet NBCC requirements. The ACEP is solely responsible for all aspects of the program (Provider # 6189). [Click here](#) for NBFE Cancellation/Refund Policy.

NBFE is recognized and endorsed by the **American Mental Health Counselors Association (AMHCA)**.

For licensed professionals in **Florida**, this webinar has been approved for 2 hours of continuing education with the Florida Board of Clinical Social Work, Marriage & Family Therapy, & Mental Health Counseling, CE Broker Tracking #20-591275 (CE Broker Provider # 50-15823).

ABOUT THE PRESENTER:

Norman Hoffman, Ph.D., LMHC, LMFT, CFMHE

Dr. Hoffman is in full-time private practice in Ormond Beach, Florida, both as a licensed Marriage & Family Therapist and Mental Health Counselor. Dr. Hoffman began his work with the Devereux Foundation in 1963, specializing as a music therapist for children. In 1969, he then completed a one-year clinical internship at the Menninger Memorial Hospital in Kansas. That experience led to his first book, *Hear the Music! A New Approach to Mental Health*. His work in the field of organic brain damage led to The Hoffman Organicity Test. Dr. Hoffman is certified by the National Board for Clinical Counselors. He is the Clinical Director of Counseling & Psychotherapy Center in Ormond Beach, and the President of the National Board of Forensic Evaluators. From the time of his work at the Hazleton/Nanticoke MH/MR Center in Pennsylvania, in 1976, Dr. Hoffman assisted in the development, training and of child custody evaluations between the mental health center and the Luzerne/Wyoming County Circuit Court. He is an expert witness in the field of forensic mental health evaluations, child custody disputes, and competency assessments throughout the United States.



Focus On Your Ideal Client to Boost Your Marketing Efforts

You're not meant to serve everyone in your target market. For example, you may have narrowed your marketing focus to adults with anxiety disorders. That's the type of work you love; it energizes and inspires you. Although that is your expertise, chances are, you don't want to work with EVERY adult with an anxiety disorder.

You may not enjoy working with people who are in constant crisis; you may not do well with clients who are mandated or resistant to treatment. People who are in pain but who are dedicated to getting better might light your fire! Your Ideal Client is a subset of your target market. Target market is about population. Ideal Client has more to do with values, behaviors, motivations, and other more personal characteristics.

If you want to spend more of your time doing the work you love, you'll need to love working with your Ideal Client. I love working with adults with Borderline Personality Disorder (my target market), who have the desire to make the changes necessary for them to live more satisfying and fulfilling lives (my Ideal Client).

Once you've identified your Ideal Client you must really get to know him or her. Creating an avatar of your Ideal Client will help you know everything you need to know when you are doing your marketing.

How will your Ideal Client know that you exist as a viable resource to them? They'll know when you start speaking their language; when you are telling them how you can solve their biggest problems. We hear and integrate best, that which resonates with us.

How will you reach your Ideal Clients? Here are a few ways you can focus on your Ideal Client and be heard!

1. Identify that which is really important

What are your Ideal Client's urgent needs and compelling desires? How can you help them solve the biggest problems they face day-to-day? Our potential clients and referrers all want the same thing – they want relief from their pain/problems. If you know what they need, you'll know how to talk with them in a way they hear you

2. Develop your marketing materials with your Ideal Client in mind

If you find yourself struggling to write a blog post or develop a flyer, take a deep breath and picture your Ideal Client (use your avatar); speak directly to her as if she is the only other person in the room. You'll find the words will flow and you'll connect much more deeply

3. Talk about what you have to offer in terms of what your Ideal Client thinks they need

Your expertise might be Cognitive Behavioral Treatment for Obsessive-Compulsive Disorder. You might have all kinds of training and certifications in that modality of treatment. Your client may not have a level of insight or specificity to tell you that they need CBT for OCD. They may just know that they can't leave the house; rituals haunt them; or their family relationships are crumbling because of their "quirks". You are much more likely to really reach (and potentially help) your Ideal Client if you talk about what you do in ways that resonate with them. Focus on their pain or need and speak their language. Make a meaningful initial connection

The better you know your Ideal Client, the easier it will be to get noticed by them. For a good read and more details about this strategy, I can recommend the book: *All In Start Up* by Diana Kander.

Deb Legge, PhD CRC LMHC

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Deborah A. Legge, PhD, CRC, LMHC, is a nationally known private practice expert who specializes in helping entrepreneurial therapists grow their practices, including a special focus on how to create growth with private pay clients. For over twenty-two years, she has maintained a highly successful clinical practice and a coaching practice that has helped thousands of clinicians fill their appointment books using her proven success strategies. Building a successful private-pay private practice can be a big challenge, but you are not alone. Go to: www.privatepaypractice.com for her all-new free training, *Market Magnets: How to Fill Your Book with Private Pay Clients...* And *End Your Insurance Struggles for Good*

The State of Florida's Mental Health

A Highly Inconvenient Reality

Florida Ranks 49th Of 50 States in Per Capita Spending on Mental Health.

The Exorbitant Cost of Neglect:

Rate of unemployment falls between 60% and 100% for people having a severe mental illness.

A person with mental illness is three times more likely to experience homelessness.

Half of all Floridians will experience mental illness at least once in their lifetime.

More than 66,000 Floridians have serious mental illness, no insurance and no access to care.

Mental illness costs an estimated \$26 billion in lost productivity each year. Florida saves up to \$72,000 each time a person with a mental illness is treated instead of jailed.

Floridians who are mentally ill are five times more likely to end up in prison than in a treatment facility.

Almost half of Florida inmates with mental illness are re-arrested within 90 days of their release.

Suicide: Florida has 14th highest suicide rate in the country.

There are twice as many suicides as there are homicides.

Suicides cost Florida more than **\$2.8 billion** each year in medical costs and lost work.

Suicide is the second leading cause of death for Florida children ages 10 to 18.

Staffing:

Eight out of 12 Florida universities fall below minimum staffing levels for mental health counseling as the need for services grows on campuses.

Florida's lack of community services strains acute care hospitals and ERs. 36 private community psychiatric hospital closings since 1992, reflecting a loss of 4,430 psychiatric and substance abuse beds.

Opioids: *It's not just about the drug* (National Alliance of the Mentally Ill).

More than 60% of Florida's drug overdose deaths involve opioids.

Approximately 50% of individuals with severe mental health disorders are affected by substance abuse.

Approximately 29% of all people diagnosed with a mental illness misuse alcohol or other drugs.

When mental health disorders are left untreated, substance misuse is likely to increase.



Medicare

A Highly Inconceivable Reality

We face a Mental Health Crisis of great proportion among the current and projected numbers of Medicare Beneficiaries whose demands for Mental Health care will rise exponentially with the aging population.

An estimated 18 to 25 percent of Medicare Beneficiaries are in need of mental health care.

- Depression
- Anxiety
- Adjustment to aging,
- Schizophrenia.
- Highest suicide rate of all age groups.

Many Medicare beneficiaries live in areas designated by the Health Resources and Services Administration as *mental health professional shortage areas*.

Most of those practitioners who are Medicare Mental Health Providers live in the metropolitan areas, not the less populated areas as above noted.

Moreover, Medicare Beneficiaries in Florida have access to less than a third of the total number of Licensed Mental Health Counselors, Marriage and Family Therapists, and Clinical Social Workers combined (Bureau of Labor Statistics, 2016).

With these kinds of numbers, it's clear that at current growth projections of the Medicare Eligible population and its inherent demand for Mental Health Care the general wellness of this population is in great jeopardy.

Annual Opioid Crisis Data

According to data released yesterday, Florida's opioid-related-deaths spiraled out of control this year, especially those caused by illicitly-manufactured fentanyl. There was an overall increase in opioid deaths of 35% in 2016 over 2015. Deaths related to illicitly-manufactured fentanyl increased by 97%.

<https://www.usnews.com/news/best-states/florida/articles/2017-11-15/florida-opioid-related-deaths-increased-35-percent-in-2016>

Two bills have been filed to address this issue and they are similar in nature, as they both address the prescribing of opioids for acute pain. Senate Bill 8 and House Bill 21 require prescribers to take continuing education courses relating to opioids and mandate that all prescribers must check the prescription drug database (which contains the history of medications the patient has been prescribed). The key component of these measures, however, is the limit on the number of pills that can be prescribed for acute pain. These bills suggest that number should be 3-days-worth. Our intel suggests that the number will be negotiated to 7-days-worth at one of the first committee stops. Neither the House or Senate bill has been heard in committee.

There will be additional legislative proposals relating to opioid use and/or treatment. We will let you know as those are released.

Through the eyes of a Psycho-Journalist

After twenty-two years as a professional journalist I turned to the field of psychology as my second career. As a current graduate psychology student, my studies have taught me to identify symptoms and treatment approaches to Trauma and Stress-Related Disorders; however, it never prepared me for my own personal discovery. During my academic pursuits, I began to understand how the intensity of the stories I covered as a journalist, were leaving psychological foot prints and producing unwanted “side-effects”. I began noticing how the pain, suffering, and disasters I witnessed during breaking news coverage gave rise to subtle symptoms I only read about in books.

A few days ago and after interviewing a mother that had just lost her son in the Las Vegas’ massacre on October 1, 2017, I was unable to sleep; I felt frustrated, angry, impotent, lethargic, sad, and apathetic about work. Moreover, I found it difficult to refrain from randomly crying in the days that followed my assignment. Fortunately, I was able to practice several strategies learned in class and created a context for my experience making my symptoms more manageable.

During my early years of training in Argentine, I was assigned to cover a fire in the “Cromanion” night club in Buenos Aires. I was forced to enter a smoke filled night club as both a journalist to cover the news and psychology intern to aid in however I could. Approximately 200 youths died that day; most of them due to carbon dioxide poisoning. Fifteen years later, I still remember more images than I would like to admit, but I’m able to put a voice to the experience without a visceral response. Never-the-less, the images remain with me to date.

Last July, I was covering another story and found myself on a river boat between Reynosa, Tamaulipas and McAllen, Texas. I stood side by side firefighters that were recovering dead bodies of migrants that perished in their attempts to cross the river that connects the two countries. During the media coverage and investigation, I witnessed deformed bodies of drowned victims and then was asked to edit the videotape of a decomposed body of a five year old little boy. As a mother, the experience was emotionally exhausting and left cognitive imprints that resonate with me today.

During the recent natural disasters such Hurricanes Harvey, Irma, Maria and earthquakes in Oaxaca and Mexico City, I was assigned to desk duty, after numerous “in field” assignments, and several of my colleagues were sent to work in the field. Upon their return, they all shared their unique experiences with me. To my surprise, I found myself re-experiencing stress related symptoms after a period of solace simply by listening to their stories. It was then that I was able to truly appreciate how my prior training has helped me not only understand the psychological implications of stress but taught me effective strategies that has helped to insulate me against long term effects. While I did experience physiological symptoms, after being repeated exposed to aversive events, the symptoms were short lived and manageable.

While everyone contends with trauma in their own unique way, it’s important to recognize when to ask for help from friends, family, and professionals specialized in the area of trauma. Upon graduating, I hope to teach others the valuable lessons I’ve learned throughout my graduate studies so that they too can rise above the implications of trauma.



Andrea Sambucetti, B.S.
Graduate Student, Albizu University



Avoiding Liability Bulletin for Mental Health Professionals



Privilege and Confidentiality - A Deeper Look

Written by: Richard S. Leslie, J.D.

In the September 2017 issue of this Avoiding Liability Bulletin, I raised several questions regarding the related but different principles of confidentiality and privilege. More particularly, I wrote about a situation where a licensed mental health professional reveals to a spouse the identity of a patient who enjoys some degree of notoriety in the community. The practitioner cautions the spouse about the sensitive and private nature of the information and discloses a few details about the treatment. The following questions were asked: *Has the practitioner breached confidentiality? Is there a husband/wife statutory privilege for confidential communications in the state? Does the fact that the communication between the practitioner and the spouse is privileged help in the defense of the practitioner during a licensing board enforcement action alleging breach of confidentiality?...*

[**Click here to continue reading**](#)

Cultural Competency: What Exactly Does It Include?

A couple walks into your office and presents with concerns about their marriage. As you talk to them, you find out that they both have been working very hard in their jobs, and not spending enough time with each other. You begin thinking about interventions to improve their emotional intimacy. They then tell you that they are involved in the BDSM scene, and have a Dominant/submissive relationship. As you ask questions about that aspect of the relationship, they are somewhat hesitant to give you details, steering you back toward their issues of emotional intimacy.

What do you do? Do you assume that the BDSM aspect is the problem?

Another couple walks into your office and tells you that they want to talk about negotiating opening up their marriage, with the intention of adding another partner to their relationship. They state that the husband had shown an interest in another woman (or the wife had shown an interest in another man, or another woman, or the husband had shown an interest in another man), and that there had been initial jealousy and insecurity, but they feel like this is no longer the case. They tell you that they are seeking your assistance in negotiating the terms of expanding their relationship to include the other person.

What do you do? Do you tell them that the showing of interest was an emotional affair? Do you work on getting them to stop thinking about adding another person to the relationship, perhaps telling them that this will only complicate things?

Another couple walks into your office and informs you that they are in the swinging lifestyle, meaning that they go to parties or clubs and have sex with other people on a regular basis. They tell you that they been having some problems with their emotional intimacy, after one of them violated their contract by being sexual in a certain way, or with a certain person without informing their partner. They tell you that they want to continue being involved in the swinging lifestyle, but fix the violation.

What do you do? Do you tell them that they should stop swinging? Do you tell them that having sex with other partners is dysfunctional, and can only detract from their marriage? Do you label the swinging as glorified affairs?

What is the first question you ask yourself with any of these couples? The first question should be, "Am I trained to work with this culture?" Many clinicians would not consider these three presentations to be cultural in nature. But they are. These are only three examples of alternative lifestyle subcultures that any clinician could be faced with. Many clinicians would immediately focus on the alternative lifestyle, trying to discourage the couple from being involved in that lifestyle. However, prior to considering the lifestyle to be, "the problem," the clinician should ask themselves, "Is there any impairment?" And also should ask themselves, "Is what I consider to be impairment, and actual impairment to them?" "Am I too uncomfortable (or unfamiliar) with this dynamic to work with them?"

There are several relevant sections in the American Mental Health Counselors Association Code of Ethics that apply to these situations:

- Mental health counselors value objectivity and integrity in their commitment to understanding human behavior...
- The primary responsibility of mental health counselors is to respect client autonomy, dignity and promote client welfare.
- Mental health counselors are aware of their own values, attitudes, beliefs and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds.
- Counselor Responsibility and Integrity

1. Competence

The maintenance of high standards of professional competence is a responsibility shared by all mental health counselors in the best interests of the client, the public, and the profession. Mental health counselors:

- a) Recognize the boundaries of their particular competencies and the limitations of their expertise.
- b) Provide only those services and use only those techniques for which they are qualified by education, training, or experience.

Recognize the important need to be competent in regard to cultural diversity and are sensitive to the diversity of varying populations as well as to changes in cultural expectations and values over time.

We, as clinicians need to recognize that people in these alternative lifestyles are a subculture, and, as with any cultural difference, we should be objective and nonjudgmental about their needs, and not lay our values on them. Furthermore, if we are not members of any of these subcultures, our code of ethics dictates that we need to acquire additional training to increase our ability to function in treating these cultures. Otherwise, we need to refer them to someone who is adequately trained. But, prior to making a judgment that alternative behavioral patterns are dysfunctional or pathological, we need to remember that the primary factor in determining a hypothesis in this direction is whether or not there is impairment. And the idea of impairment cannot be based on our value. It must be based on the behavior being problematic in their lifestyle context.

People in alternative lifestyles are hesitant to present in the first place, because they already perceive judgment, or the risk thereof, from so many quarters. We need to not be one of those sources of judgment. Consequently, what often happens, is that they present, receive judgment, and leave therapy with the idea that there is no hope for them from the profession.

If you choose to work with these or any other culturally different group, regardless of what the cultural differences, we are obligated ethically to receive training to work with this group.

While it is beyond the scope of this article to list all of the sources of training for these groups, a couple would be the National Coalition for Sexual Freedom, (NCSF) www.ncsf.org, and the Kink Training Certification Institute (KTCI) <http://kpci.education>.



MICHAEL G. HOLLER, MA, NCC, CFMHE, CCCE, CCMHC, LMHC

Past President & Ethics Committee Chair, Florida Mental Health Counselors Association (FMHCA)

About Dr. Charles Figley

FMHCA Conference Keynote



On April 9th, 1995, Charles Figley was a mental health responder to the bombing of the Alfred P. Murrah Federal Building in Oklahoma City, where he discovered inadequate services to first responders, and very limited services to survivors. As a result, later that year he began developing the Figley Institute, and Green Cross Academy of Traumatology. In 1997, the Green Cross Academy of Traumatology was officially launched. Dr. Figley is a former Vietnam veteran who has always had a keen interest in the effects of Post Traumatic Stress Disorder (PTSD), resiliency, and providing for the needs of traumatized survivors. As a result, during his time as a professor in the Social Work Department at Florida State University, he did a series of experiments which looked at psychology and counseling intervention techniques that could rapidly reduce PTSD symptoms. He studied over thirty of these interventions, finding that only four were capable of rapid stress reduction of symptomatology. The most effective was Eye Movement Desensitization and Reprocessing (EMDR), which utilizes bilateral stimulation in helping the client to reprocess a traumatic memory, and permanently alleviate the stress reactions and PTSD symptoms it evokes. The second most effective method was Trauma Incident Reduction (TIR), which is another desensitization technique that works to increase inner awareness and exposure to past trauma, thereby processing through all that comes with it, to end PTSD symptoms. In third place came Thought Field Therapy, which involves tapping meridian points on the body, and attending to one's thought field to alleviate stress reactions. A distant fourth most effective technique was traditional Cognitive Behavioral Therapy. This research has been seminal in trauma training or basis for trauma training, particularly with the Green Cross, but for other agencies as well.

The Green Cross Academy of Traumatology, ever since its genesis, has been training and certifying in compassion fatigue and traumatology, and deploying teams of traumatologists to disasters across the country and beyond. Our sites extend into Central America, South America and the Caribbean, and our services have covered terrorist attacks, hurricanes, mudslides, and other large scale disasters. It is thanks to Dr. Figley that our hundreds of members are able to train and serve first responders and trauma survivors in mental health resilience and healing. Don't miss your opportunity to meet with Dr. Charles Figley at the Florida Mental Health Conference this February, as he is the keynote speaker. He will be available at Friday evening the reception at 6:30p.m. in the Marriott Grand Ballroom.

International Day of Persons with Disabilities



The international Day of Persons with Disabilities (IDPD) is observed annually in December 3. This international day of observance was proclaimed by the United Nations General Assembly in 1992, and even though it is not a public holiday, international activities related to this awareness day have been strongly advocated by many organizations, principally by the United Nations Enable, which promotes the rights and needs of persons with disabilities in regional, national, and international spheres.

The IDPD's goals are to raise awareness of persons with disabilities' rights, needs, capacities, and other related issues; to educate society; to create better opportunities; and to support systems and structures for those with disabilities. In fact, IDPD seeks to increase equality, including improved services and accesses to services, qualified education, and employment opportunities.

The 2017 IDPD theme is "Transformation Toward Sustainable and Resilient Society for All." In December, governments, organizations, and academic institutions, among others, are planning to explore ways to achieve sustainable development goals for more social equality. In fact, the fight for equality of persons with disabilities worldwide includes a set of preventive and/or interventional activities, including cultural, economic and political aspects within each country's context.

This remarkable IDPD theme calls for the special engagement of counselors in terms of international mental health issues, when they can be engaged in not only joining efforts to address mental health in campaign, events, and programs on disabilities issues, but also in amplifying perspectives about the importance of attending to the mental health needs of persons with disabilities on a global scale. Furthermore, from this international perspectives, counselors can act locally to help improve support systems and to promote the rights of persons with disabilities. This perspective can create global synergy in the counseling field to help individuals with disabilities in finding opportunities, in maintaining dignity, and in building resilience in any context.

Paula Carina Lazarim Mental Health Counseling Graduate Student



MY AGENDA OR YOURS?

I have been meeting with a client I will name Johnny who is a teenager and struggles with self-esteem and a trauma history. I typically meet with a parent along at the beginning of the session to get any updates from their perspective and give guidance on parenting skills as needed. And typically, I will relay what I plan to work on that session with the teen. For Johnny I explained to the parent that I would continue with the PTSD workbook for teens which I have seen help him understand more about trauma and how it affects him now.

When he came into my office to meet with me alone I was ready to ask him how he is doing and the agenda I had set out for the session. Before I could get that out he asked if we could play legos, something that I know he enjoys doing at home but typically plays alone, and did know that when we have done legos together before he opens rather quickly about present issues. But my mind was set on the trauma workbook since I knew that was helping more long term and I told dad that we would be working on a subject that he thought would help Johnny.

WHO'S AGENDA?

Since meeting with Johnny for a couple of months I found myself getting lulled into routine. While I was focused on the ongoing education of trauma for Johnny it could make the therapeutic relationship stale by focusing on my own agenda. Instead of making room for the present situations and struggles that could enliven me and Johnny, I was over focused on my own agenda. Exploration of new areas undiscovered in his emotions or thoughts could cast a different look on trauma or other areas he is seeing growth in. And giving myself a chance to give fresh guidance about an untapped subject could go far in motivating him to return with an eye on fresh perspective. In a sense, being in the present builds rapport and connectivity with a client sometimes faster than education or skill building. I often hear from new clients that when I ask about previous counseling history and it was helpful, the response is it didn't help because I didn't like what he or she said or wanted me to do. Maybe in these situations rapport wasn't built which motivates a client to work on issues knowing they have the support of their counselor. Each session has to be fresh for us as it is for them.

SO DO I NEED AN AGENDA?

The short answer is yes. Any client is coming to you for your insight, skill building, and perspective—all of which need to be thought of in advance. Preparation is the key to success. By looking over old notes and writing thorough notes of the previous session with a plan of action allows you to be prepared. Here are four areas to consider in preparation:

1. I try to read articles on therapy and skill building to pass on to my clients. I have worksheets prepared in advance so that when topics come up in session we can talk about them and give the client tools to walk out with.
2. Active listening in the session is key to being present with the client's feelings and underlying issues that could lead to new insight. You may know of some folks that come to see us and know exactly what they want or need. Others are so distraught or stressed that they really don't know what they need. Active listening can help the latter client see that need to address it.
3. Your "freshness" as a therapist is dependent upon how great of a therapist you want to be. Taking breaks, vacations, consistent exercise and sleep all help in keeping you ready for each client. Eating whole based foods and less processed foods help you to maintain energy. Cutting down on sugar that comes from processed foods like soda, candy, energy drinks helps you to maintain a balance throughout the day instead of fighting with highs and lows.
4. Supervision is another key to having fresh insight into issues. Discussing clients issues with other therapist that have specialties or experience in those issues can shed light on a perspective you might not have had. Supervision also helps therapist to feel less like they are in a bubble of counseling. It can be invigorating to meet with other therapists and be challenged to keep going in this field that can have a larger burnout ratio.



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New Directions Counseling (Orlando FL)

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Be Active in FMHCA - Join A Committee

Interested in becoming more active with FMHCA but not sure how to get started? Consider joining a committee!

Participating in a FMHCA committee allows you to interact with professionals who share your passions while providing a valuable service to FMHCA. Let's face it - change doesn't happen by itself. We need YOU to help us make a difference! There are several opportunities for you to get involved - consider any of the following committees:

- ◆ Ethics Committee
- ◆ Membership Committee
- ◆ Graduate Students & Registered Interns Committee
- ◆ Chapter Relations Committee
- ◆ Finance Committee
- ◆ Nominations & Elections Committee
- ◆ Governmental Relations Committee
- ◆ Conference Planning Committee
- ◆ Education, Training, Standards, & Continuing Education Training Committee
- ◆ Military Service Committee
- ◆ Research Committee

Feeling especially interested in any of those topics? Consider being a committee chair - you'll be surprised how rewarding it can be to help make things happen!

Email office@flmhca.org to express your interest. Thank you!

Writers Wanted

FMHCA is seeking Graduate Students and Registered Interns to contribute monthly articles for our newsletter. This is a wonderful opportunity to share your point of view and your journey to licensure with others while getting professional exposure. We're looking specifically for articles that will help your peers navigate the journey to graduation and licensure - study tips, resources, how-tos... there are so many relevant topics worthy of investigation and discussion.

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This two-day workshop explores childhood issues and antecedent to risk and resiliency to trauma situations. The workshop explores reaction to symptoms of the major DSM 5 diagnostic disorders related to trauma in children, adolescents, and the family structure. Emphasis is placed on effective evidence based interventions. Specific skills such as 'modified sand tray,' use of metaphor and story narrative are explored.

Presenter:

Benjamin B. Keyes Ph.D., Ed.D., LMHC, NCC,
CCMHC Published Author

\$200.00 course fee, approved for 16 CEUs

FMHCA CE PROVIDER #
50-748



COURSE TRACKING #
20-618542

[CLICK HERE](#) to register for this workshop!

Contact the FMHCA office if you have any questions:

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Addressing Tobacco Use in Behavioral Health

08 Dec 2017

2:00 PM - 4:00 PM

Tobacco is the leading cause of preventable deaths in the US and causes more deaths than the primary behavioral disorder in people with behavioral health conditions. Behavioral health clinicians are uniquely positioned to impact this problem which has largely been unresponsive to traditional state tobacco control programs and policies. In this webinar, clinicians will learn brief and intensive evidence based interventions for tobacco users who are ambivalent about quitting, review guideline based counseling interventions and discuss seven FDA medications which double the likelihood of success. We will review emerging literature which indicates improvements in mental health with abstinence from tobacco and indicates modest improvements or at least no harm for tobacco cessation during recovery from other addictive substances.

CE Broker Tracking #: 20-548615

Learning Objectives:

Goal: Behavioral health clinicians will more fully understand the deadly outcomes of tobacco use, the tobacco industry's influence in promoting the idea that individuals benefit or are self-medicating with tobacco, and identify clinical and policy interventions which assist people with quitting successfully.

- (1) Learners will understand extremely high tobacco use prevalence rates for those with behavioral health conditions within a framework of a health disparities population.
- (2) Learners will develop or enhance evidence based clinical interventions which increase cessation attempts and successful outcomes.
- (3) Learners will be able to access community based treatment services, quitline services, and over the counter nicotine replacement therapy medications for their clients with no fees or other costs.
- (4) Learners will be able to advocate for policy level interventions which support cessation for staff and clients and address a treatment culture which is often amenable to tobacco use.
- (5) Prepare behavioral health organizations for Joint Commission tobacco measures which are currently (optionally) applicable only to in-patient services but will be expanded to out-patient services in the next two years.



About the Presenter: Ms. Aubrey is a faculty member and the Director of the Area Health Education Center (AHEC) at FSU's College of Medicine. She began working in the area of tobacco dependency in 1999 and since 2007 has received annual contracts from the Department of Health's Tobacco Free Florida program. Since 2014 that contract has focused exclusively on working with behavioral health organizations to incorporate treatment for tobacco dependency along with other behavioral health services. Ms. Aubrey is responsible for the development of Florida's Tobacco Treatment (TTS) Specialist Foundation Course which is one of only 12 nationally accredited programs. The AHEC at FSU COM has trained over 900 health professionals as TTS' and partnered with more than 30 behavioral organizations, including several drop in centers. She trains medical and social work faculty at FSU and students from a variety of health professions programs. She co-authored the Quit Smoking Now group cessation curriculum being used throughout the state of FL and the Operation Tobacco Free Marine group cessation curriculum and facilitator manual being

Implemented by the US Marine Corps in 2017. In addition to her work in tobacco, she has clinical and administrative experience in mental health, hospice, and executive leadership of community based not for profit organizations.



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