Volume 18, Issue 3

President's Message

Initiating this month's column has been a task restrained by a grievous and heavy heart in the wake of violence perpetrated in the community of Parkland, Florida. As humans, we instinctively gather and encircle all bereaved and direct our energies toward understanding the incomprehensible while at the same time engage ourselves in debates in search of solutions. There is much misinformation afoot. Arguments are inflammatory and reactionary. I share deep seated frustration that a remedy remains so elusive.

As a professional organization our advocacies must become more visible and resounding. As individual members of FMHCA, consider the means by which each of us can shape and implement policies that serve to protect those whom we serve while strengthening resolve in our communities in tending and nurturing safety and wellness.

There is a saying: You cannot wring your hands and roll up your sleeves at the same time.

Nominations are open for FMHCA officers and so now is the time to do some major sleeve rolling and getting our hands dirty. This is no time to be shy. If you have been dying to get involved and make a difference in our organization, go ahead: Take a stand and toss your hat into the ring. Everyone knows someone who would be a powerful advocate and leader. All that needs to be done is to go the FMHCA website, click on the nominations link, and fill in the blanks.

And speaking of advocacy, be on the lookout for FMHCA's plan to engage in a Virtual Barnstorming of Senators Rubio and Nelson's offices in directing them toward co-sponsorship of Medicare Legislation that is so badly needed in Florida. Same with our Congressmen. So far we have 2 Congressmen who have co-sponsored the House version of Medicare, Rutherford and Buchanan. Plans are afoot to maximize social media in a manner that is persuasive and consistent.

Many, many thanks to all who attended the FMHCA conference this year. Your support for our great organization is deeply appreciated. I have yet to attend a conference as well-organized and meticulous as what we were served this year. **Louise Sutherland-Hoyt, LMHC, CCMHC, NCC, MAC**

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Our growing membership leads me to believe you realize FMHCA is dedicated to your progress in the State of Florida. With this years conference has grown it is a direct result of your support. Thank you to all who attended, presented, sponsored, volunteered, and worked at our conference. We could not have had a successful conference without you and we are grateful for your contribution to our organization. We are already looking forward to our 2019 Annual Conference. It will be held in Lake Mary, Florida at the Orlando Marriott - Lake Mary (the same hotel this year's conference was held at). Quick reminder call for presenters is going on now! Deadline to submit is JULY 1

FMHCA has a fabulous newsletter that goes out each month, filled with informative articles that promote and inspire professionals This means you! We would love to hear your voice and welcome submissions that capture social issues facing our industry, promote solutions, and empower your peers. FMHCA also welcomes articles highlighting useful tools, best practices, and effective treatment approaches. I want extend a thank you to all who have submitted and continue to submit articles each month.

I encourage you all get involved in any of FMHCA' committees, let your voice be heard, join a chapter as a local member and see firsthand how association efforts can benefit your career, your client base, and your scope of knowledge. Take advantage of our webinar series in order to strengthen your professional identity, and get to know the leaders within our organization. Make connections in your community and beyond by getting to know your local chapter presidents and local mental health advocates. Join a local chapter in order to support the community at large, your future depends on it!

Sincerely,

Darlene Silvernail PhD, LMHC, CAP

Executive Director

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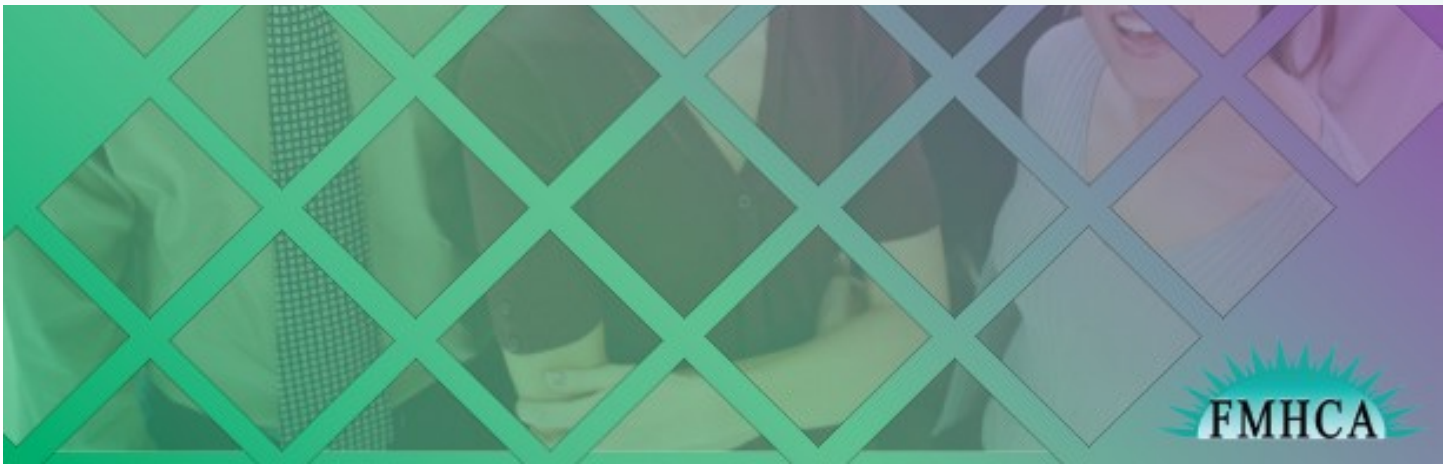

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Writers Wanted
FMHCA is seeking Graduate Students and Registered Interns to contribute monthly articles for our newsletter. This is a wonderful opportunity to share your point of view and your journey to licensure with others while getting professional exposure. We're looking specifically for articles that will you're 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.
Submit an Article Here

Legislative PSA:

I wanted to get this to you right away. Please see the attached proposal by the Governor. There will be two proposals released before the end of the day today related to last week's shooting. The Governor's proposal was released about an hour ago. The joint House and Senate proposal is being released as we speak. One noteworthy point…the Governor and Senate/House are recommending that the minimum age to purchase any firearm be moved to 21. In addition, the Senate/House proposal will create a 3-day waiting period for purchasing any firearm. There will also be new recommendations for linkages between mental health history and gun ownership. The proposals will carry hefty costs for the purpose of carrying out these provisions and safe schools provisions. Due to this, it's unlikely that the House/Governor will be able to proceed with a large tax cut package that they were seeking (the Governor is already recommending $53 million to combat the opioid crisis).

Keeping Guns Away from Dangerous and Violent People

• Create the "Violent Threat Restraining Order" which will allow a court to prohibit a violent or mentally ill person from purchasing or possessing a firearm or any other weapon when either a family member, community welfare expert or law enforcement officer files a sworn request and presents evidence to the court of a threat of violence involving firearms or other weapons. There would be speedy due process for the accused and any fraudulent or false statements would face criminal penalties;

• Strengthen gun purchase and possession restrictions for mentally ill individuals under the Baker Act. If a court involuntarily commits someone for treatment under the Baker Act because they are at risk of harming themselves or others, an individual would be required to surrender all firearms and not regain their right to purchase or possess a firearm until a court hearing. A minimum 60-day period would be established before individuals can ask a court to restore access to firearms;

• Prohibit a person from possessing or purchasing a firearm if they are subject to an injunction for protection against stalking, cyberstalking, dating violence, repeat violence, sexual violence, or domestic violence;

• Require all individuals purchasing firearms to be 21-years-old or over. Exceptions include active duty and reserve military and spouses, National Guard members, and law enforcement;

• Establish enhanced criminal penalties for threats to schools, such as social media threats of shootings or bombings, and enhance penalties if any person possesses or purchases a gun after they have been deemed by state law to not have access to a gun; and

• Ban purchase or sale of bump stocks.

$450 Million Proposal to Keep Students Safe

• Mandatory School Resource Officers in every public school. These law enforcement officers must either be sworn sheriff's deputies or police officers and be present during all hours students are on campus. The size of the campus should be a factor in determining staffing levels by the county sheriff's office, and Governor Scott is proposing at least one officer for every 1,000 students. This must be implemented by the start of the 2018 school year;

• Provide sheriffs' departments the authority to train additional school personnel or reserve law enforcement officers to protect students if requested by the local school board;

• Require mandatory active shooter training as outlined by the Department of Homeland Security. All training and code red drills must be completed during the first week of each semester in all public schools. Both faculty and students must participate in active shooter drills and local sheriff's offices must be involved in training;

• Increase funding in the Safe Schools Allocation to address specific school safety needs within each district. This includes school hardening measures like metal detectors, bullet-proof glass, steel doors, and upgraded locks. The Florida Department of Education (DOE), in conjunction with FDLE, will provide minimum school safety and security standards by July 1, 2018, to all school districts;

• Require each school district that receives a Safe Schools Allocation to enter into a Memorandum of Understanding (MOU) with the local sheriff's office, the Florida Department of Juvenile Justice (DJJ), the Florida Department of Children and Families (DCF), the Florida Department of Law Enforcement (FDLE) and any community behavioral health provider for the purpose of sharing information to coordinate services in order to provide prevention or intervention strategies;

Establish a new, anonymous K-12 "See Something, Say Something" statewide, dedicated hotline, website and mobile app.;

• Establish funding to require access to dedicated mental health counselors to provide direct counseling services to students at every school. These counselors cannot serve dual roles, such as teaching or academic advising. Every student must have the opportunity to meet annually one-on-one with a mental health professional, and receive ongoing counseling as needed;

• Require each school to have a threat assessment team including a teacher, a local law enforcement officer, a human resource officer, a DCF employee and DJJ employee, and the principal to meet monthly to review any potential threats to students and staff at the school; and

• Require crisis intervention training for all school personnel. This training must be completed before the 2018 school start date.

*NOTE: All school safety plans as outlined above must be submitted by each public school to their County Sheriff's Office, by July 15, 2018, for approval. Once all plans and requests for school hardening have been approved by the county sheriff's department, in consultation with local police jurisdictions, plans can be submitted by the school district to DOE for schools to receive any state funds. School districts must also take all capital outlay funds received from taxpayers and use these funds for school hardening before it can be spent on any other capital outlay. This must be approved by the sheriff's department and submitted to DOE by August 1, 2018.

$50 Million Proposal for Mental Health Initiatives

Expand mental health service teams statewide to serve youth and young adults with early or serious mental illness by providing counseling, crisis management and other critical mental health services;

Require every sheriffs' office to have a DCF case manager embedded in their department to solely work as a crisis welfare worker for repeat cases in the community. This will require 67 additional employees to be hired at DCF by July 15, 2018; and

Provide law enforcement and mental health coordination matching grants to allow sheriffs to establish special law enforcement teams to coordinate with DCF case managers as outlined above.

Recognizing ADD/HD – How do I find it and what do I do about it? (A very brief review of what to look for and what to do)

Howard Chusid, Ed.D, LMHC, NCC

Many times in practice, we see patients, whether children, adolescents or adults, who exhibit behaviors that others have failed to identify. Whether it is the teachers at school, who are with the children for many hours a day, parents or other caretakers, somehow, they have failed to notice behaviors that should lead to questions as to what is happening. It always baffles me when I see a student who has gone through years of schooling with poor grades, and teachers who always complain that the student is acting out in class, yet they continue pushing him/her through, even though they know something is not right. The parents come in year after year to parent-teacher conferences only to hear that their child is not smart, a troublemaker, or a kid who pays no attention and again, nothing is done.

Having seen that within the school system, in talking with parents and in life, I found Dr. Russell Barkley's webinar enlightening, and possibly a game changer for many parents and teachers.

In his webinar, Stand Up for ADHD: How to Support Loved Ones with ADD by Russell Barkley, Ph.D, (1), Dr. Barkley reviewed a number of the impairments associated with ADHD that we see in practice, but sometimes negate as belonging to the ADD family. Making preliminary diagnoses of ADD/HD are not that difficult, if we look at the signs and ask relevant historical questions about the patient. (ADD/HD diagnoses can only be made after having neurodiagnostic testing evaluated by competent practitioners who are skilled in this area. Preliminary diagnoses can be assessed and referred to the neuropsychologists for evaluation.)

Some of the areas that we need to ask questions about include:

Birthing – were there any significant problems. Low birth weight, delivery problems, drug influences, any abnormal birthing history, infant illnesses, etc.?

Genetics – Do any people in the family (mom, dad, sister, brother, grandparents, uncles, aunts, etc.) have any genetic diseases, any confirmed ADD/HD in the family, etc.?

Developmental Delays – motor, speech, skills, neurological deficits, etc.

Was there any smoking or drug use?

Stress – Every family has some sort of stress, but was the stress abnormal, more aggravation than the usual while in utero, screaming, anger issues, yelling, pushing and physical abuse.

In school, are we seeing low academic achievement, difficulty learning, poor grades, oppositional defiant disorder, lack of friends, acting like the class clown, etc.?

Are we seeing anxiety, depression, hating everyone, no one is good enough, taking or around drugs or alcohol, anti-social behavior, etc.?

If we are dealing with kids who are on the internet, are they using it at night until early in the morning? Are they totally focused on what they are doing, to the exclusion of eating or listening to you? Are they going to sleep at 12 AM or later and having problems getting up in the morning?

If they drive, is their driving distracted? Are they texting or playing with their phone? Are they aware of the other drivers and cars on the road? Are they busy talking to their friends while they are driving?

Do they have questionable sexual behaviors? Are they using contraceptives or protection? Are they practicing risky sex in unorthodox areas?

These are just a few of the areas that Dr. Barkley discussed, and I am sure you will be able to think of other situations that are not the norm.

Therefore, we ask the questions and get a few very positive results – what do we do about it? Will it mean that the patient has an ADD/HD problem or is it indicative of some other malady?

One of the goals we need to achieve as practitioners is make decisions and suggestions. We have to clarify for the patient what we think is going on, and then assess measures to confirm those hypotheses.

Could it be the case that we would be better off over diagnosing (and even over treating) in an attempt to make sure that we don't miss even one legitimate diagnosis?3 The question is not just academic. The frequency with which we fail to uncover patients with ADHD (or any other condition) is, statistically speaking, quantified by the sensitivity of our methods. Roughly, a high level of sensitivity means that we have very few "false negatives" — people whose legitimate diagnoses are missed. (2)

One of the ways that we could confirm ADD/HD is by neuropsychological assessment. That means, unless we are trained and experienced in this very specific area, we would refer the patient for testing by an experienced neuro or educational psychologist who does do testing and assessments. These specialists will spend upwards of six (6) hours in assessing the patients. In the case of young children, it may take three, two-hour sessions. In the case of adolescents and adults, it maybe a 6 hour session. This is all depending upon the patient and the patient's abilities to perform adequately.

Once the assessments are completed, the neuro or educational psychologist will spend many hours evaluating the results and be able to ascertain the patient's level. The professional will prepare a report detailing all the assessments and the patient's current level. These assessments will further the ability of the professional to make an evaluation of the patient. This will ultimately assist you in dealing with the patient, and to assist the patient in understanding what has been happening.

Why is this important? Currently statistics are showing that the incidence of ADD/HD is rising. The prevalence of ADHD increased 42% from 2003 to 2011, with increases in nearly all (3) demographic groups in the United States regardless of race, sex, and socioeconomic status. More than 1 in 10 school-age children (11%) in the United States now meet the criteria for the diagnosis of ADHD; among adolescents, 1 in 5 high school boys and 1 in 11 high school girls meet the criteria. Rates vary

among states, of ADHD preving a 7.2% prevalence in 18 and younger. (6)

from a low of 4.2% for children ages 4 to 17 in Nevada to a high of 14.6% in Arkansas. (4) Worldwide estimates alence range from 2.2% to 17.8%, (5) with the most recent meta-analysis for North America and Europe indicatworldwide people age

Statically, there is an increase in recognizing ADD/HD, and whatever the reason is, we as counselors and therapists need to be able to recognize the problem and know how to deal with it. Whether that means referral to a neuropsychologist for assessment, working with the physician (psychiatrist) in providing necessary medication, providing behavioral therapy, speaking with teachers and parents, etc., it is our responsibility to assist these children, adolescents and adults in working with the difficulties that are presented by ADD/HD.

This paper is not meant to be a cumulative listing of how to diagnose, define and treat ADD/HD. It is only a very short summary of what ADD/HD can look like and what to do. There are many books and papers on ADD/HD, and I would suggest that you research them for further information.

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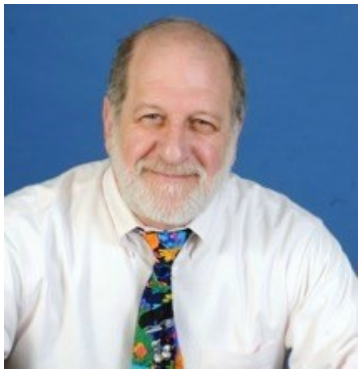
7. Manos,M.J., PhD , Giuliano,K., MD ,Eric Geyer, BA. ADHD: Overdiagnosed and overtreated, or misdiagnosed and mistreated? Cleveland Clinic Journal of Medicine. 2017 November;84(11):873-880



Howard Chusid, Ed.D. has a doctorate in Counseling Psychology, is a Adjunct Professor of Psychology at Kaplan University, Board Certified Professional Counselor, National Certified Counselor, and a Florida Supreme Court Certified Family Mediator. He is a member of CHADD and of ADD.org. He is a member of the APA, AMHCA, FMHCA and a FMHCA ethics committee member. He works with children and adults with ADD/HD. He has written many articles on ADD/HD and Divorce Mediation specifically focusing on divorcing with special needs children. Howard can be reached at his website at www.TheHelpingPlacefl.com, emailed at Counselingfl@gmail.com or called at 954•455•0388 or 954-755-2885.

Community Violence or Vigilance? The Choice is Ours

On February 14, 2018, a mass shooting occurred at Marjory Stoneman Douglas High School in Parkland, Florida, leaving seventeen people dead and fifteen injured making it one of the world's deadliest school massacres. The suspect in custody is 19 year old, young adult, known to be a loner, loved to hurt animals, fascinated with guns and had a special interest in school shootings

The Florida Department of Children and Families investigated the suspect in September 2016 following several posts on Snapchat whereby he displayed self-injurious acts and reported his intent to purchase a gun. Additionally, his YouTube videos were riddled with violent intent against society and disturbing comments such as "I wanna die Fighting killing s**t ton of people". The following year, his behaviors grew increasingly alarming and the FBI was notified after being informed of his commentary on Youtube expressing his desire to be a "professional school shooter". At school, his classmates jested about his odd behaviors and believed "If anyone is going to shoot up the school, it's going to be him".

The number of mental health related concerns within our communities are on the rise. According to the National Alliance for Mental Illness, 1 in 5 teens live with a mental health related condition; 50% of mental health conditions emerge by age 14 and 75% by age 24. Additionally, a large number of high school students living with a mental health related condition drop out of school which implicates future generations.

While the acts of societal aggression have varied in location and methods of delivery, there have been common behaviors associated with the assailants' troubled conduct. Reflecting on several past incidents, most if not all, presented with early warning signs noted by civilians and in certain circumstances trained professionals. Several of the symptoms were overlooked and/or or dismissed as incidents unworthy of further investigation. While human behavior is unpredictable, the need for civilians and professionals in our community to become more aware of the symptoms of troubling behaviors, learn how to seek services, communicate their concerns to the appropriate resource, and consolidate their reports to agencies that can provide assistance is paramount. Perhaps if mental health awareness was as prevalent as the growing incident rate of mental health related conditions, one could postulate that individuals displaying disturbing demeanors would be easier to detect and offered the support services needed to pre-empt future outbursts.

As such, I have noted several warning signs associated with mental health concerns offered by the National Alliance on Mental Illness in hopes to increase a general awareness in our communities:

Tendency to become withdrawn or disinterested, fatigued, or engaging in intermittent crying spells for more than 2 weeks

A history of self-injurious attempts or plans of engaging in self harm

Risk taking behaviors that puts self and others in danger

Unprecedented and overwhelming fear not associated with immediate threat that invokes physiological arousal such as increased heart palpitations and shallow breathing

Noticeable increase or decrease in weight and/or irregular eating patterns

Severe mood swings that interfere with interpersonal relationships

Repeated use of alcohol or drugs

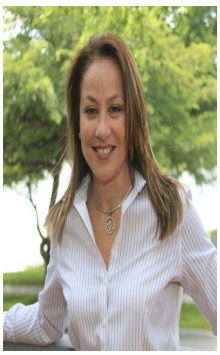
Sudden changes in sleep patterns and/or insomnia

Erratic changes in interpersonal behavior that interfere with social functioning (e.g., not wanting to interact with peers, socialize, or communicate)

Decrease in school or work performance

The above warning signs may be pubic knowledge to many but many may not communicate their concerns or seek support services. Perhaps it is the false belief that someone else will assume the responsibility and act on the behalf of society. Perhaps people may not know how to respond, guide, or direct those in need to the appropriate resources since not everyone is trained in Mental Health First Aid.

In 2008, the National Council for Behavioral Health first introduced Mental Health First Aid nationwide. The organization's mission is to train people in communities across the country on how to address, confront, and seek services associated with mental health related conditions through a network of more than 12,000 certified instructors. Since its inception, the organization has trained over one million of people in a variety of audiences, including: health, human services, and social workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens. So why the mass trainings you may ask? Because mental health is not limited to a few vigilant people or trained professionals, but to all; mental health is everyone's responsibility. I encourage you to visit the websites: www.MentalHealthFirstAid.org or https://www.nami.org to gain more information on training, programs, and resources. Individually, we can make the choice to act, but together we can make a difference that could transcend generations to come.



Dr. Tania Diaz

Professor, Albizu University

THE CHALLENGE OF HELPING A VETERAN

Scott Jones LMHC (Licensed Mental Health Counselor)

CAP (Certified Addictions Specialist)

Qualified Supervisor in the state of FL

New Directions Counseling (Orlando FL)

Newdirections3623@gmail.com

I served my country from 1989 to 1993. It was desperate move to enter the military since hearing the rumors in high school of the physical and mental endurance that was needed to complete Basic Training. But my older sister was struggling through college financially and I didn't want to have to do the same. Along with my bad grades and lack of attention in high school, it seemed like a choice at the time, but looking back, it was a naive decision due to not really understanding what it meant to possibly die for my country. I don't regret one minute of my service but all that pales into comparison to the need I see now at the VA.

I use the VA for medical services and I have to say it is quite shocking to be among so many older veterans that just look obviously sick and wounded in battle, some barely able to walk and cognitively unaware. While I know these folks deserve the medical treatment its hard to see what war does to them. I wasn't put directly in harms was while serving but I can understand the challenge with the after affects.

I can think of at least 3 occasions where I have applied to work at the VA—the application is long, confusing, and I have yet to receive any feedback on my application not knowing if it was ever received. I made the standard follow up calls but nothing came of it. And to be honest, I got tired of me feeling like I was doing all the work. While I am content working in private practice I do have a special place in my heart for helping veterans and would find deep satisfaction in using my skills and experience to heal and help veterans.

I signed up for Help.org which I see as a quality organization that attempts to help veterans families with mental health issues. But the breakdown comes when actual veterans don't show or stop coming to appointments that I schedule pro bono. I confess that this has made me unwilling to continue to give help in this way.

You have heard the news about the VA and wait times and hopefully that is getting repaired. Visiting their website shows counseling services and even mental health services outside the VA that fits geographically and practically for multiple veterans.

So the questions remains:

HOW TO HELP VETERANS. I can think of at least 3:

1. Honor veterans. Through recognizing those in uniform and having special days like Veterans Day, we continue the legacy of honoring the sacrifice. I am humbled by this and this helps me to spur young folks to pursue the military. Our military is vastly different from 20 years ago when I served but it still holds to the high standard of honor, integrity, and excellence.

2. Support veterans with your skill set by counseling, training, and advocating. I hold up my weariness in serving as an example of the mountains and valleys of serving veterans but ultimately I will continue to support them with pro bono appointments and the like.

3. A quote I think of often is "Freedom is not Free" and this drives me on to further service of our veterans in need of the skills and experience that I offer. Below is what hangs on my apartment wall to remind me of the freedom that I have and sacrificed for. I will never forget that freedom and hope you remember this too.

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Develop Your Plan of Action - Networking (part 1/5)

People do business with people they know, like and trust. This series is about taking action on your goals: to get noticed; gain credibility and likability; and earn their trust. Each self-promotion strategy highlighted will give you an opportunity to do what it takes to achieve your goals.

NETWORKING

Your network is made up of the people you already know, who are your supporters, fans, or otherwise know you well enough that they'd at least return a call when you reach out to them. They are people you'd feel comfortable taking out for coffee. It includes:

- friends
- family
- colleagues
- grad school cohort
- existing referrers
- professionals you know

Benefit to you: These folks might care about you. They might have benefitted from knowing you in the past. You already have an "in" if you think about it. They have an interest in your success. They require less "care and feeding" if you do it right. You can count on them.

Benefit to them: You are a known entity. This is laced with trust, respect, credibility, experience. They can count on you.

Don't take for granted that everyone in your Network already knows why you are the person to call when it comes to providing services to your target market. EVERYONE in your network should know:

- who you are
- whom you serve
- why you do it
- how you can help THEM

Action plan

(This week):

- Identify 90 people (your Network of 90) for your list
- Organize their contact information so it's easy to find whenever you need it
- Schedule a time each week to reach out and touch 3-4 a week (that's about twice a year contact). Here are a few tips:
  - You can count the "organic" contacts (collaboration, holiday cards, events, etc.)
  - Determine how you will reach out, in advance (email, phone call, snail mail)

Keep your eyes open for links, books, references, invitations for coffee, offers to help out, or introductions to others you know that might benefit them. These are great reasons for you to reach out

(Next week):

- Reach out to the first 3-4 people on your list

Record your actions and plans for follow up (schedule those in your calendar), and document your correspondence (written and otherwise) so this becomes an organized and efficient effort

A goal without action is just a dream. Now is your chance to show yourself just what you're willing to do, to get what you say you want!

Deb Legge, PhD CRC LMHC

DrLegge@gmail.com

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

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Bridges International's mission is to provide individuals with chemical dependency, mental health disorders and/or criminality, an opportunity to experience freedom and healing through therapeutic communities while maintaining personnel safety and restoring the family unit.

Bridges International is proud to support the Florida Mental Health Counselors Association with their mission of advancing 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 in our communities.

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FMHCA Annual Conference

January 31st– February 2nd, 2018 in Lake Mary, Orlando

PRESENTER PROPOSALS DUE BY

JULY 1

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

Take advantage of this opportunity and present at the FMHCA 2019 Annual Conference!

Possible Dynamic Approaches May Cover:

- Behavioral and Mental Health
- Expressive and Creative Therapies
- Approaches to Healing
- Multicultural Counseling
- Innovative Treatments and Skill Building Practice
- EMDR and Trauma Work
- Substance Abuse
- Military and Veteran Mental Health
- Ethics, Domestic Violence , HIV, Laws & Rules
- Mediation
- Social Media
- Homelessness
- Evidence Based Interventions
- Best Practice for Individuals with Autism

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Post Partum Depression

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Benefits of Presenting:

Presenters will receive a $50 discount on conference registration.

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Presenter Eligibility:

To be considered, presenters must have professional qualifications in good standing with their professional regulatory board, if applicable, possess the technical expertise necessary to present on a subject effectively, and meet one or more of the following:

Have received specialized graduate or post-graduate level training in subject of presentation; and/or

Have extensive experience including at least five years of practical application or research involving subject of presentation

Submit a Proposal to be a Presenter:

Submit on-line at https://fmhca.wildapricot.org/Call-for-Presentations

Please Submit Questions at office@FLmhca.org or

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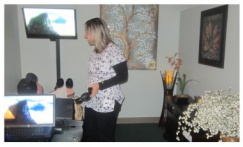

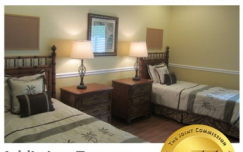

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FMHCA

The Florida Mental Health Counselors Association is the leading organization advocating for Mental Health Counseling Professionals. Our objective is to provide education, legislative oversight, and networking.

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Nominations & Elections Committee
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March is National Developmental

Disabilities Awareness Month, a time when counselors, health care organizations, and researchers in the US engage in a variety of activities to foster understanding and to promote awareness about developmental disabilities. Created by public law in 1987, this month-long observation has been an integral part of the tremendous progress in consciousness and quality of services in this area.

The Division of Developmental Disabilities defines developmental disabilities as severe and/or chronic disabilities that include physical and/or mental impairment, including intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy, and others related developmental/learning disabilities. Studies show that about four million of Americans have physical or mental impairments, thus facing learning difficulties, limitations in mobility and/or communication, and dependence on care and assistance.

By joining efforts, mental health counselors, other health care professionals, governmental authorities, and the private sector can create new opportunities for those with developmental disabilities. As mental health counselors, we should advocate for clarifying the needs and potential of those with developmental disabilities, and help to spread information on available services. Increased awareness and access to appropriate services can lead to significant changes. Therefore, in March, step up to help increase public awareness about the needs and the potential of those with developmental disabilities.

Paula Carina Lazarim Mental Health Counseling Graduate Student

THE FMHCA PAC NEEDS YOUR SUPPORT!

Between 3,000 and 4,000 bills are introduced each year of the Florida Legislative Session.

FMHCA PAC (Political Action Committee) contributions will help elect candidates that are 1) likely to support FMHCA's priorities (pro-mental health counseling/health policy) and that 2) have a chance to win their respective seat, regardless of political party affiliation.

The FMHCA PAC provides you with the opportunity to have an impact on the election of officials who will shape the future of your practice.

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FMHCA members that are passionate about legislation & government relations may request to join the Government Relations Committee.

See reverse for more details on FMHCA Committees.

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Florida Mental Health Counselors Association benefits from using a lobbyist to get our voice heard in government. Your voice is important to us! Our membership fee's help to support our legislative presents and contribute in making a difference for our members and the client's we serve. Did you know that lobbyists can take your message to Congress? Lobbyists enable organizations to draft legislation, develop strategies for new regulations, connect and stay informed, and proactively reach out to elected officials prior to new policies being drafted. Florida Mental Health Counselors Association is asking that you take a look at the direction of our healthcare and industry, wont you help us make a difference?

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"Falling Down the Rabbit Hole"

Shelby Nurse is a third-year graduate student at the University of South Florida's Rehabilitation and Mental Health Counseling program. She received her bachelor's in psychology from USF, St. Petersburg, graduating in 2015. Upon expected graduation in May 2019, her career goals are vast and include becoming a Director of Student Disability Services, as well as obtaining her LMHC license with a focus on working with individuals with anxiety and Obsessive Compulsive Disorder. She also has an interest in receiving her Forensic Mental Health Evaluator and WPath certifications. Her passion for entering the mental health counseling profession began at an early age. Shelby was diagnosed with Cerebral Palsy at the age of 10 months; however, despite her disability, that does not preclude her from chasing her dreams and living her life to its fullest.

Because she relies so heavily on others to care for her, she desired a career in which she could give and help others in the same manner to which she has been given. Her life philosophy is that "my disability is not all of me, it is only a very small part of me." In regards to employment, Shelby has been a disability advocate and educator for over 20 years. She co-owns Shelby Nurse Presents, LLC, which is a public speaking bureau. Her involvement in the disability community has been expansive. Shelby has given over one hundred presentations on various topics relating to disability issues, the most prominent of which was providing testimony to the Florida House and Senate. She is also a published author, writing articles and doing presswork for organizations such as the Cerebral Palsy Foundation. In her spare time, she enjoys spending time outdoors, especially the beach. Shelby is also an avid audiobook listener. Most importantly, quality time with family and friends is a pillar of Shelby's life.

The notion of entering grad school can often be an exciting yet overwhelming one; therefore, it is critical to approach the admission process in a well thought out and timely manner. Before Shelby completed her undergraduate degree, she met with career services to determine where her interests lied within the field of psychology. The staff administered a battery of tests in order to help her determine her personality type, values, career goals and much more. Once she obtained the results from the career center, she began the arduous process of narrowing down which state schools offered specific programs in which she was interested. She determined that her first choice was the University of South Florida's Rehabilitation and Mental Health Counseling program in Tampa, so she created a study plan for the GRE, focusing on the analytical writing and verbal portions. After successfully completing the GRE, she was thrilled to receive an offer for an interview with her program of choice. She then began the critical process of preparing for an interview.

After completing her grad school application and interview — ultimately gaining admission into the program of her choice — Shelby gained helpful incite into mastering the process. First and foremost, it is important that applicants be themselves. Admissions faculty are not looking for prospective students to be robotic; they want to get to know the individual to see if he or she would be a good match for the particular program. Especially in the field of mental health, it is crucial to convey a sense of empathy, genuineness, and warmth. Another vital tip is to ensure that applicants have a hard copy of their most recent curriculum vitae available to present. Prior to the interview, it may be helpful to set up mock interviews with your school's career center to refine essential interviewing skills such as, handshakes, eye-contact and formulating succinct, cohesive answers to possible questions. Be sure to let the interviewer finish his or her question. It's perfectly acceptable to pause for a minute before offering a well-rounded, thoughtful response.

Although applying to graduate school can often be overwhelming, frightening and sometimes stressful, it is important to remember that you have gotten into this field because you have a passion to help others. The best advice that Shelby can give to any future grad student is for them to be themselves and tell their story. An applicant will know which program is right for them when they see it .

Shelby Nurse, University of South Florida

A Program of the Wounded Officers Initiative, Inc.

Mental Health Providers & Substance Abuse Specialist

GREAT OPPORTUNITY TO JOIN THE LARGEST MENTAL HEALTH & SUBSTANCE ABUSE NETWORK FOR LAW ENFORCEMENT OFFICERS

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- *Intervention*
- *Prevention*
- *Resiliency*
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- *Police culture*
- *Agency dynamics*
- *Officer Experiences*

Most often this is achieved by the Providers and Specialist having dealt previously with law enforcement officers (LEO) in their private practices, having LEO family members, or having been an LEO themselves. Each selected Provider and Specialist is also trained by BlueLine Support™.

Provider Benefits:

- Access to a potential client base of well over 800,000 members.
- Access to BlueLine Support sponsored mental health and substance abuse studies.
- Invitation to participate in nationwide law enforcement studies.
- Seminar and Training Opportunities
- Access to future BlueLine Support Emersion Centers.
- Opportunity to grow your practice.

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Politics and culture of law enforcement differ throughout out the United States. BlueLine support is most effective when mental health professionals and peer support officers share wounded officers' regional challenges as well as their perspectives as law enforcement officers.

The first regional program of BlueLine Support is being established in Central Florida. This regional program will be serve 5 counties containing 65 agencies with an estimated client base of over 14,000 active and retired officers. This region will serve as the model for establishing other regional programs throughout the United States.

How to Become a Network Member	Learn More About the Wounded Officers Initiative at
Please contact David San Filippo, Ph.D., LMHC, Clinical Director, BlueLine Support for an application to join our BLS-MHP Network **or** scan the code below. David.SanFilippo@woundedofficersinitiative.org	WOUNDED OFFICERS INITIATIVE .ORG

BlueLine Support is a Trademark of the Wounded Officers Initiative, Inc. a registered 501c3 Public Charity

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JAWS Family Class (for men and women) – face-to-face and online classes

JAWS Longevity Class (for women over 40) – face-to-face and online classes

Daniella Jackson, Ph.D., LMHC
Jackson's ALL WELLness Services, LLC
Founder, Owner, and CEO
Researcher
Licensed Mental Health Counselor
Qualified Supervisor for Florida Mental Health Counselor Interns
Certified Health Coach
7813 Mitchell Boulevard, Suite 106
New Port Richey, Florida 34655
Phone #: (727) 767-9850 / Fax #: (727) 767-9851
Web: www.daniellajackson.com
Email: daniella@daniellajackson.com
Facebook: https://www.facebook.com/JacksonsAllWellness/

Gottman Method Couples Therapy: What We Know About What Works and Doesn't Work in Relationships

24 Mar 2018
2:00 PM - 4:00 PM

Gottman Method Couples Therapy is based on the over 40 years of multi-dimensional research of Dr. John Gottman on marriage and relationships with over 3000 couples. He is world-renowned for his work on relationship stability and divorce prediction, involving the study of emotions, physiology, and communication. In this introductory workshop, participants will learn what the research shows about relationships and learn the Sound Relationship House theory. As a result of their attendance at this workshop, participants will be able to understand how to think about what makes relationships work well and what makes them fail using the Sound Relationship House Theory.

Learning Objectives:

1. Summarize the research that allows us to predict future relationship stability.
2. Identify the Four Horsemen and replace them with their Antidotes.
3. Describe the 7 levels of the Sound Relationship House theory.
4. Identify the three domains for therapeutic goals in Gottman Method Couples Therapy.

About the Presenter:

I am a Licensed Marriage and Family Therapist and a Certified Gottman Therapist, Couples Workshop Leader, and Clinical Trainer in private practice. I have 13 years of experience working with children, adolescents, parents, couples, and families in community mental health and substance abuse treatment, including 8 years working with the White Mountain Apache Tribe in Northeastern Arizona.

CE Broker Tracking #: 20-601727

LGBTQI2-S Then Now, and Cultural Linguistic Context in Today's Therapy Setting
27 Apr 2018 2:00 PM

Creativity in Cross-Cultural Supervision
25 May 2018 2:00 PM

Increasing Counselor Knowledge of Disabilities: Understanding Global Perceptions, Available Resources, and Engaging in Advocacy
22 Jun 2018 2:00 PM

Distance Counseling in Florida
27 Jul 2018 2:00 PM

Unsilencing the Voice Within: Expressive Writing as a Therapeutic Tool
24 Aug 2018 2:00 PM

Pornography Therapeutic Interventions
28 Sep 2018 2:00 PM

LMHC Exam Preparation
26 Oct 2018 2:00 PM

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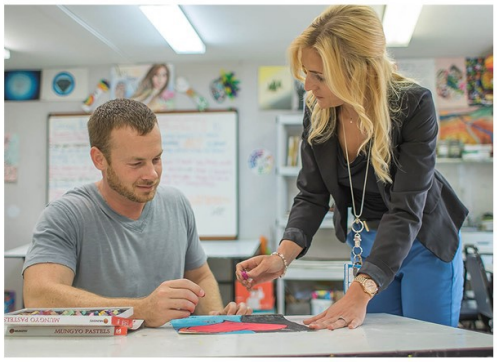

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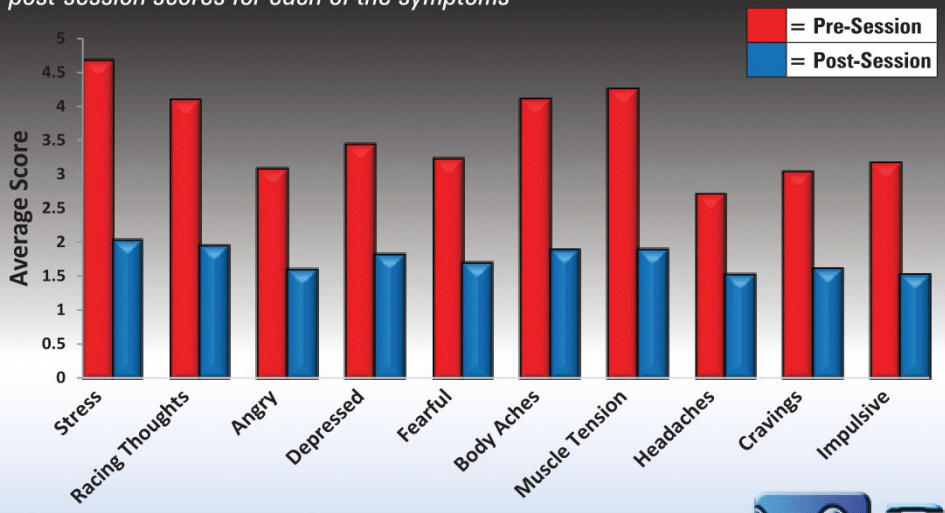

SYMPTOM	DECREASE
Stress	57%
Racing Thoughts	53%
Angry	48%
Depressed	47%
Fearful	47%
Body Aches	54%
Muscle Tension	56%
Headache	44%
Cravings	46%
Impulsive	52%

General Criteria

- 800+ client sessions
- Min. of 5 sessions per client
- Min. 30 minutes each session

Complete article, study and statistical data available upon request.

Data collected electronically, study correlated and compiled by William B. Secor PhD Researcher and Richard D. Froilán-Dávila PhD

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To see details on each committee's role in FMHCA:

Visit the FMHCA WEBSITE at **FMHCA.ORG**
HOVER over "**HOME**"
Click **COMMITTEES**
https://fmhca.wildapricot.org/Committees

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Send an e-mail request to join to the committee chairperson
E-mail addresses for all committee chairpersons
are listed on the committee webpage.

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- Membership Committee
- Registered Intern & Graduate Student Committee
- Chapter Relations Committee
- Finance Committee
- Nominations & Elections Committee
- Government Relations Committee
- Conference Planning Committee
- Military Service Committee
- Research Committee
- Bylaws Committee

FMHCA

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