



— Volume 19, Issue 4 —



President's Message

Greetings FMHCA members! We are so energized after having one of the most successful conferences in our history with over 650 attendees! It was so great to see so many faces and celebrate personal and professional accomplishments.

We thank all of our speakers, sponsors and attendees. Congratulations to our conference award winners! We have so many members doing such incredible work throughout the state of Florida and I am so proud to be a member of such a powerful organization!

Here are additional highlights for our members who were unable to attend.

We had the pleasure of hearing from our lobbyist, Corinne Mixon, who provided us with updates in regards to our legislative endeavors. We have successfully worked with our legislators and now have a sponsored bill in the House and in the Senate which will help Florida establish a framework for licensure portability.

On March 27th and March 28th, members of FMHCA will be traveling to the Tallahassee Capitol to advocate for licensure portability. We welcome you to join our Government Relations Committee, led by Cindy Wall, our incredible Northeast Regional Director. Contact us to learn more about how you can participate.

Finally, It is with mixed emotions that we announce that our champion of champions, Darlene Silvernail, has decided to step down as our Executive Director after so diligently serving the Florida Mental Health Counselors Association for so many years. We thank Darlene with all our hearts for making FMHCA the incredible organization that it has come to be in 2019.

It is with great excitement that we welcome Diana Huambachano as our new FMHCA Executive Director. Diana has worked closely with Darlene for many years in managing the affairs of the FMHCA office and is the perfect fit as we successfully transition during this time. I hope that you will join me in thanking Darlene for her service to FMHCA and in welcoming Diana as our new Executive Director.



As always, please feel free to contact me to share your ideas and feedback. Looking forward to seeing you all at our 2020 conference!

Erica Whitfield, MACP, LMHC, BC-TMH

President of Florida Mental Health Counselors Association

ED Message

As your newly appointed Executive Director of Florida Mental Health Counselor's Association, I would like to

express my deepest appreciation for our past Executive Director, Darlene Silvernail for her outstanding effort, commitment, and priceless contributions during the past six years.

I am honored and feel privileged to have been bestowed the trust of our FMHCA family with this distinguished position of leadership. I look forward to an exciting year that will capitalize on our Chapter's foundational principles as we continue the growth of our organization.

We will continue to advocate for mental health counselors in Florida by supporting legislation that promotes our profession. We need YOU to make that happen.

If you are already a member of FMHCA, we thank you. If you are not, please consider joining. Your support makes it possible for FMHCA to continue to grow and promote our profession, to maintain a strong voice and to promote change.

Have you ever wondered who promotes the legislation that recognizes and advances mental health counseling in Florida? YOU do, by supporting FMCHA!

Once again, I thank each of you for your trust, support, and encouragement.

It's going to be a great year!

With warm regards to all,

Diana Huambachano

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IS CHILD RECOVERY FOR YOU?

National Public Radio (NPR) has an evening program Fresh Air that I listen to occasionally. One evening the speaker explained his father who was diagnosed with Bipolar and how that helped him to be both creative in his current work with the ability to explore different areas as a child, but also created chaos sometimes due to the “ups and downs” of his fathers patterns of behavior. The speaker explained that child recovery has had its challenges now being an adult. I wondered at that moment just what this term meant “child recovery”.

Now I have spent 15 years in counseling with addiction and recovery and know well the terms and explanations surrounding recovery. At an outpatient treatment center and Detox center where I worked, I grew to understand the term recovery well. But what is recovery?

Mark Baker from Office and Recovery Transformation in Georgia explains,

“Recovery is a deeply personal, unique, and self-determined journey through which an individual strives to reach his/her full potential. People in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.”

This journey of recovery has an element of individualism while also being supported by the supportive environment the person is in. It’s definitely a change in direction from negative patterns and behaviors. When this occurs the potential for full recovery can be lasting. But what about child recovery, and how is that different from addictions recovery? Also, how can there be a stronger focus in the counseling room where we deal with adults, or teens, on a daily basis who struggle with child recovery.

Research that points to this includes:

In 1995, physicians Vincent Felitti and Robert Anda launched a large-scale epidemiological study that probed the child and adolescent histories of 17,000 subjects.

“Nearly two-thirds of individuals had encountered one or more Adverse Childhood Experiences (ACEs)—a term Felitti and Anda coined to encompass the chronic, unpredictable, and stress-inducing events that some children face.”

Also, “Individuals who had faced 4 or more categories of ACEs were twice as likely to be diagnosed with cancer as individuals who hadn’t experienced childhood adversity.” Someone with an ACE Score of 4 was 460 percent more likely to suffer from depression than someone with an ACE Score of 0.”

(Donna Jackson Nakazawa--The Last Best Cure)

Counseling Techniques for Childhood Recovery

1. Changing perspective/Changing the Story

One of the challenges I see with clients coming in with present day challenging patterns is how they correlate these with parents, childhood memories, or childhood experiences. Part of our role is helping them to change their perspective on the story and to know they are not living in that story now. Gentle exploration of feelings and perspectives can help the person see it differently and live differently because of that new story. Now that doesn’t mean that the story is insignificant because it partly made them who they are. But modifying it for present day adaption can go along way to healing and guiding them to a new story and

and perspective

2. CBT/Solution Focused Therapy

I meet with many clients who struggle with the irrational, negative thinking patterns that invade their thinking and activities. Changing thinking leads to changed behavior and is that the heart of CBT. Childhood trauma has lasting affects but through support and guidance clients can see these affects differently and not live in and through them.

As the speaker on the radio program detailed himself, childhood recovery has significantly improved his perspective and allows him to not live only in the past but adjusting in the present and hope for the future.

References

Baker, George. Defining and Supporting Recovery in Georgia. This article was originally published to highlight the March 2014 theme of Mental Health Awareness.

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

Posted Aug 07, 2015 Psychology Today

Fresh Air for Feb. 11, 2019: The Science Of Exercise Recovery; Adam Savage Of 'MythBusters Jr.'



Scott Jones

LMHC (Licensed Mental Health Counselor)

CAP (Certified Addictions Specialist)

Qualified Supervisor, State of FL

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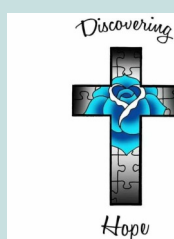
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DID Discovering Hope is a nonprofit ministry. Our purpose is to give love, understanding and compassion to those who struggle with depression, trauma disorders and dissociation disorder from childhood abuse. We speak, educate, offer support groups,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

Website

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Benefits for using a Lobbyist- but we cannot do this alone and need your attention

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?

Re-new your membership today

Ask a colleague to join FMHCA www.FLMHCA.org



Meet Your Lobbyist

Corinne Mixon Lobbyist, Rutledge-Ecenia



Corinne is a registered professional lobbyist with more than twelve years of experience representing clients' state governmental interests. At Rutledge Ecenia, Corinne represents a broad client base with a particular emphasis on health care practitioners, education and regulated industries and professions. She has been instrumental in passing myriad legislation and killing or containing bills which would have negatively impacted her clients. Prior to joining Rutledge Ecenia, Corinne was principal shareholder of Mixon & Associates, a lobbying firm operating since 1992 which became a part of Rutledge Ecenia in early 2017. Corinne began her professional career as a Public Relations Account

Coordinator at the Zimmerman Agency, the largest hospitality-centered communications firm in the nation. Corinne managed the public relations efforts for a range of major hotels stretching from the Cayman Islands to New York City. While earning her BA from the University of Alabama's School of Communications and Information Sciences, Corinne garnered an internship in the D.C. office of U.S. Senator Richard Shelby, thus igniting her interest in professional lobbying and politics. Corinne lobbies across multiple platforms: legislative, executive and state regulatory board. Corinne has managed a large statewide political campaign and been hired as a crisis communication specialist while maintaining her role as a lobbyist. She also has significant experience working in association management, having held positions as executive director and executive vice president at two large statewide associations. During her lobbying career, Corinne has delivered keynote addresses at dozens of commencements and conferences. Corinne became the youngest-ever recipient of the Florida Academy of Physician Assistants' Lifetime Achievement Award, an honor that is rarely bestowed upon a non-clinician, for her role in passing legislation. Corinne is a member of the Florida Association of Professional Lobbyists and the Florida Education Legislative Liaisons. She is an avid runner and lover of Florida.



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See reverse for more details on FMHCA Committees.

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

22 March 2019

2:00 PM - 4:00 PM CE Broker Tracking :# 20-640141

Webinar



CORE is a crisis intervention that evokes a spiritual cognitive behavioral approach to a person's mental health treatment. This webinar introduces the fusion of spirituality and cognitive behavioral therapy, drawing from research findings at the VA. will be provided with a tool they can use for treatment planning with clients who suffer from sleep disorders.

Learning Objectives

1. Explore a model for increased collaboration between clergy and mental health professionals.
2. Examine the impact of a bio-psycho-spiritual-social intervention.
3. Expand awareness of access to appropriate care services for veterans and persons with mental health problems by reducing mental health stigma and barriers to inter-professional care.

About the Presenter



Christina Javete is a Board-Certified, (NCC)Licensed Mental Health Counselor at the James A. Haley VA Medical Center in Tampa, FL. She facilitates inpatient groups on the Acute Recovery Center (ARC). She also is a researcher on CORE



National Council for Behavioral Health's Link to reach out to our legislators:

[Click Here](#)

Marijuana: Weeding Out Fact From Fiction

Date and Time: 03/15/2019 11:00 am - 2:00 pm

Venue: Children's Services Council, 2300 High Ridge Road, Boynton Beach, FL 33426

It is estimated that 9% of the population has a marijuana use disorder. Recently, we have seen legalization of medical and recreational marijuana in many states. We will review what has been observed in Colorado and Washington State and the impact of these new laws on our young people and society as a whole. This workshop will help clinicians differentiate between medical marijuana and recreational use of the drug. We will explore the impact of marijuana use on the developing brain. We will also learn how to confront some of the misconceptions and the justifications some use to continue their consumption of this substance.

Learning Objectives:

- *Identify the impact of marijuana use in the young brain*
- *Identify the potency and different ingestion methods for marijuana use*
- *Explain the different uses for medical marijuana*
- *How to act on confronting the most common justifications for use*
- *Describe the process of addiction*

Presenter: Ana Moreno, MS, LMHC, MCAP, CIP, MAC, ICADC, CDWF

Ana Moreno is a psychotherapist and addiction specialist working in Miami, FL. Ana is Co-Founder and Clinical Director of Family Recovery Specialists, an intensive outpatient treatment program and consulting practice that works with those suffering from addiction and other mental health disorders. Ms. Moreno is a certified facilitator for The Daring Way™ curriculum, a shame resilience approach to help people recovering from addictions.



[Click Here To Register](#)



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.

Get Involved

Become a Member
Join a committee! Committees include:

Ethics Committee
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Chapter Relations Committee
Finance Committee
Nominations & Elections Committee
Government Relations Committee
Conference Planning Committee
Education, Training Standards & Continuing Education Committee
Military Service Committee
Research Committee
Bylaws Committee

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7 DAYS OF Self Care

MONDAY

Eat Well + Nourish

- + set the tone for your week
- + meal-prep nourishing meals & snacks
- + sip on hot water with lemon

TUESDAY

Tech Detox + Find Your Creativity

- + put your phone & computer away
- + journal, create an intentions calendar
- + read, color, DIY crafts

WEDNESDAY

Pamper Yourself

- + listen to your favorite music
- + light candles, take a bath
- + do a DIY face mask

THURSDAY

Nighttime Routine + Catch Your Zzz's

- + meditate with essential oils
- + sip on a golden milk latte
- + wash your face, read in bed

FRIDAY

Get Social

- + get together with a friend
- + call your family, try a new restaurant
- + dance the night away

SATURDAY

Move Your Body

- + try a new workout class, hike
- + do yoga, go for a long walk
- + get outside with a friend or by yourself

SUNDAY

Treat Yo Self

- + get ice cream
- + enjoy a glass of wine
- + get a manicure or pedicure

Want to be better equipped to help when your organization or community is impacted by Crisis? Get trained for Crisis Certification!



Did you know only those trained and certified in crisis response are allowed to work on the scene of a disaster? If a School Shooting, Suicide, Bombing, Hurricane, Tornado, Fire, Flood, Car Fatality, Co-worker Suicide, Terrorist Attack or Airline Crash happened in your community, only those with the right credentials can work at the scene to stabilize crisis.

Are you equipped to help a group of people in your organization?

If you were at the scene of a community shooting or community disaster would you know what to do with a group of people who were devastated by the crisis?

Would you have the right credential?

ICISF Group Crisis Certification

May 3-4, 2019 (must attend 9am-5pm both days to achieve certification)
Group Crisis Certification is **only \$219** (early bird registration is **\$199** by April 12th)

(This is a stand-alone certification, separate from the Trained Crisis Responder certification)

This 2-day certification course is required for all ICISF/Critical Incident team members in Law Enforcement, Fire Services, EMT, EAP, School Guidance or Hospital Chaplaincy work to give them the necessary training to get an organization in crisis back to a functioning level. It is **being offered here in South Florida** with CE credits available

Participants will learn (among other skills):

- Fundamentals of Critical Incident Stress Management (CISM)
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- Incident assessment
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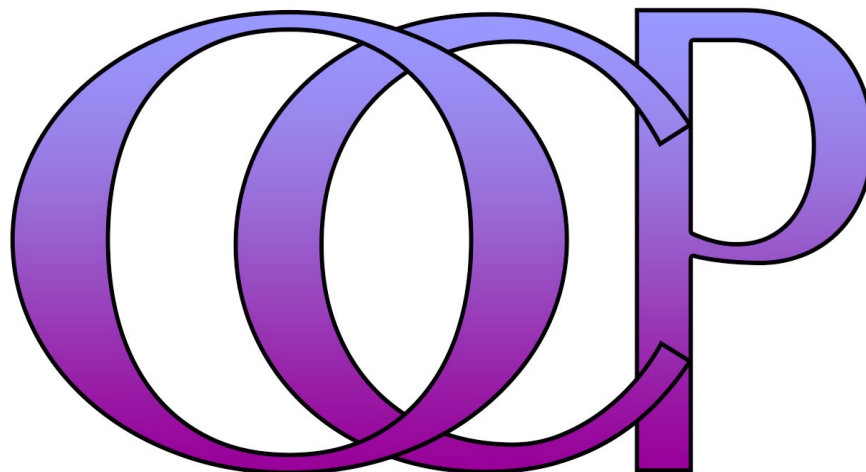
Crisis events will come to Florida – will you be prepared to help or will you be a helpless bystander?

Space is limited. Register now!

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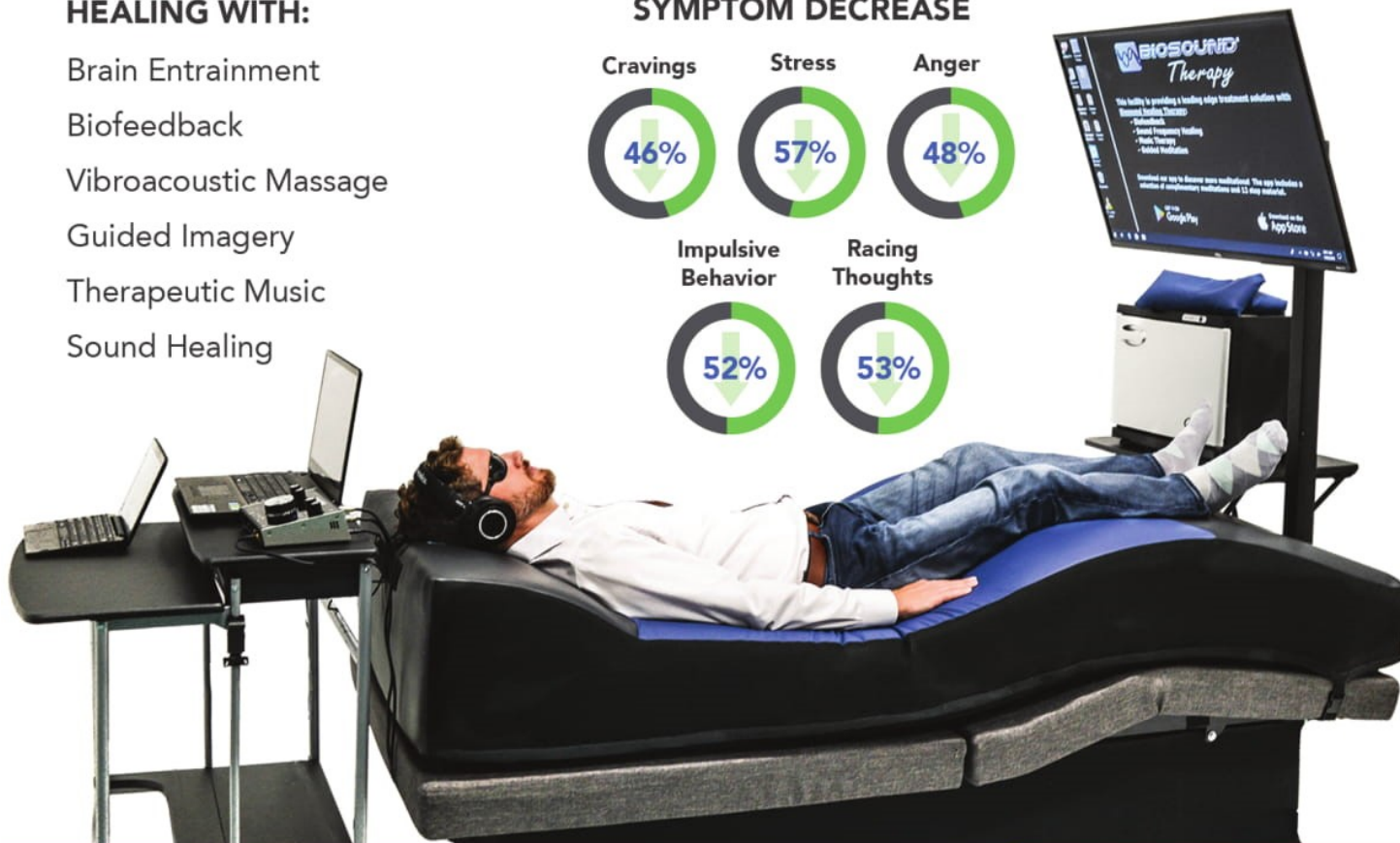
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Feb 6th—Feb 8th, 2020 in Lake Mary, Orlando

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Possible Dynamic Approaches May Cover:

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- ♦ Multicultural Counseling
- ♦ Innovative Treatments and Skill Building Practice
- ♦ EMDR and Trauma Work
- ♦ Addiction Models
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- ♦ Best Practice for Individuals with Autism Spectrum Disorder
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- ♦ Recognition of your expertise by FMHCA and by other industry professionals
- ♦ Networking opportunities.

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

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2019 WEBINAR LINEUP

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

1/25/19 Sleeping Soundly and Sedative Free: The Clinical Mental Health Counselor's Role in Treating Insomnia

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10/25/19 Mindful Strategies for Counselors

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

11/8/19 Trauma in the Family System

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

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

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



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- Group Therapy
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Exploring Primary and Advanced Accurate Empathy

Helping clients feel that they are understood is an essential skill in the counseling profession. This process of helping clients to feel understood comes in the form of empathy. Empathy can come in two forms: primary empathy and advanced accurate empathy.

When a counselor exhibits primary empathy Hackney & Cormier (2001) state they are: “Accurately articulating back the feelings and experiences from overt client statements and behaviors” (p. 44). Primary empathy involves relying more on the obvious. Here is an example scenario where primary empathy is used as a response:

Client: I cannot believe that I got passed over for the promotion. I have worked my tail off. It makes me so mad. I mean sure my co-worker worked just as hard as me but I should have been the one to get promoted in the end.

Counselor: That is a very frustrating situation and I can see how much it upsets you that you did not get the promotion, especially after working so hard. I can tell it makes you feel angry that you did not get it by the way your fists are clenching up.

In this scenario the counselor is using primary empathy to make the client feel understood because their response focuses mainly on what the client said directly. The counselor is focusing on the obvious: the client did not get promoted. The counselor continues to use primary empathy by relating the body language (tightening fists) to the client’s direct statements of getting passed up for a promotion instead of exploring deeper meanings that could be causing such verbal cues to be shown by the client. And that is where advanced accurate empathy comes in.

Hackney & Cormier (2001) state advanced accurate empathy as being able to “Accurately articulate back implied feelings and experiences from incomplete client statements” (p. 45). Advanced empathy involves going beyond the obvious. Let us take the client/counselor example from above but this time have the counselor reply using advanced accurate empathy.

Client: I cannot believe that I got passed over for the promotion. I have worked my tail off. It makes me so mad. I mean sure my co-worker worked just as hard as me but I should have been the one to get promoted in the end.

Counselor: Could it be that you are frustrated you did not get promoted because you have felt overlooked in the past? I’m wondering if this history of feeling overlooked makes you feel angry on the outside but really deep down on the inside you feel a sense of continual rejection and hurt. I’m guessing this continual pattern of feeling overlooked is making your fist tighten up.

In this scenario the counselor went beyond simply repeating what the client said in in order to validate their feelings. The counselor instead explored possible deeper meanings of what was triggering the client’s anger in relation to not getting promoted. This is advanced accurate empathy. This form of empathy can also involve diving into feelings that the client is barely aware of but longs to be understood in as shown in the previous example. Neukrug (2017) stated, “...is when the counselor “subceives” feelings just below what the client is outwardly expressing and accurately reflects those feelings back to the client” (p. 3).

Not only are there different forms of empathy but there can also be barriers when it comes to the development of empathy. One of these is having a lack of cultural empathy. Chi-Ying Chung & Bemak (2002) stated, “In the United States, the therapeutic notion of empathy is largely based on and influenced by Western Euro-American values; therefore, current practice regarding empathy rarely takes into account cross-cultural effects” (p. 155).

Chi-Ying Chung and Bemak (2002) illustrate this concept by comparing “individualistic” and “collectivistic” societies and how norms and values can vary within each. For example, you may have a client who is completely burnt out because they have been working extremely long hours at their job. They are also extremely stressed out because they have multiple projects going on at their job. If they are from an “individualistic” society their reasons for behaving this way could stem from a desire to attain greater financial status for themselves as well as personally advance themselves in their profession. However, if another person is exhibiting some of these same behaviors and they are from a “collectivistic” society their reasons for putting in long hours at work could be because they need the increased finances to help take care of extended family. They also may be working on multiple projects at work, not to gain a better name for themselves, but for their family line as a whole.

Chi-Ying Chung & Bemak (2002) stated, “Therefore, therapeutic empathy must take into account the cultural context so that the same problem presented in two distinct cultures would warrant different, culturally specific responses” (p. 156). If a counselor is lacking cultural empathy, and even worse assuming that their clients hold the exact same cultural beliefs as them, they are opening up doors for empathy to be misguided which can in turn make the client feel misunderstood. Avoid that pitfall by knowing each of your client’s cultural backgrounds and then considering how they play a part in your client’s current situations.

Another barrier that can exist to the development of empathy is the fact that empathy can hurt. Cowan, Echterling, and Presbury (2013) stated, “When the client “feels felt” by the counselor and believes that the counselor fully understands his or her implicit and guarded world, then empathy can be a threat” (pg. 3). What this means is that sometimes clients do not want to be fully known and will therefore hide certain aspects of their lives from the counselor. Clients might do this because of fears of being rejected, judged or looked down upon by the counselor. This is especially true if past figures displayed this behavior towards them when these aspects of their lives were revealed. When this dynamic occurs, it is vital that counselors consider this instead of assuming that the client is being noncompliant or just difficult. If the counselor can realize this phenomenon, they will have a better chance of creating a deeper empathetic connection with their client. Instead of the counselor being annoyed that the client seems resistant, they will be more understanding of the reasons behind his or her guarded mentality, thus increasing the chances of the therapeutic relationship being a positive and productive one.

Cowan et al. (2013) stated, “We also recognize that the client might not be the only one in the relationship who is attempting to avoid such participation” (pg. 3). When empathy is carried out in a therapeutic relationship it can create an environment where the client feels comfortable in revealing parts of themselves they once kept hidden. This in turn has the potential to make the counselor feel uncomfortable and possibly steer away from problems that need to be addressed in order bring about optimum healing for their client. Counselors must overcome this barrier by being willing to come out of their comfort zones and address pain head-on with their clients. If counselors are willing to do this, conversation will not always be easy. Cowan et al. (2013) offer the advice of using advanced empathetic responses when conversations become difficult. These empathic responses address the tension and conflict that is stirring up in the room right then and there instead of shutting down the conversation or avoiding it altogether because it is just too painful to approach.

One last barrier that can impede the development of empathy is when counselors take a judgmental stance towards their clients. When counselors start to become close-minded and judgmental they are risking slowing, or worse completely stopping, the healing process that needs to take place in a therapeutic relationship. Clients can sense this judgement and potentially shut down thus making it hard to facilitate empathy. Fulton (2016) discusses a strategy that can help combat this: “Mindfulness-based interventions are designed to help individuals attend to aversive stimuli, including sensations, cognitions, and emotions, with open, non-reactive, non-judging, present-moment awareness” (Baer, 2003, p. 362). This would be extremely beneficial for counselors considering the diverse population they serve as well as the complex situations they address that can cause judgmental mindsets to arise.

**EMPATHY**

In conclusion, empathy is an essential aspect of the counseling relationship. Whether primary or advanced accurate empathy, it is imperative that counselors learn how to facilitate it as well as avoid and/or overcome barriers that emerge because of it. Doing this will help to promote a more secure, stable environment in which the client counselor relationship can thrive.

**Sarah Newsom**

**Graduate Student in Troy
University's Clinical Mental Health
Counseling Program**



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