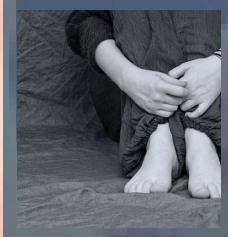
NOVEMBER 2019 ISSUE no 11




Counselors Administer and Interpret Psychological Tests?

ANALYSIS AND POSITION PAPER BY THE NATIONAL BOARD OF FORENSIC EVALUATORS

INSESSION

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

Aaron Norton, LMHC, LMFT, MCAP, CRC, CCMHC

FMHCA president, 2019-2020

A Victory in Michigan is a Victory in Florida

Greetings, colleagues! Last month, I wrote about licensure portability and its relevance for the clinical mental health counseling profession. I mentioned that clinical mental health counselors (CMHCs) in Michigan were involved in a fight to preserve their right to diagnose and treat mental disorders. I'm thrilled to report that the Michigan Mental Health Counselors Association and its allies were successful in passing legislation that protects their scope of practice, which you can read all about by clicking here. As I explained last month, a threat to the scope of practice of CMHC in any state is a threat in Florida due to the domino effect that sometimes occurs in other states when one state modifies scope of practice. Additionally, it is harder to get Medicare parity, licensure portability, and CMHCS positions in the armed forces if the scope of practice of CMHCS is inconsistent state-to-state. Great job, Michigan!

Reparative Therapy Legislation and AMHCA

Equality Florida recently reached out to FMHCA to solicit our support for HB 41 and SB 180, bills that if passed would prohibit mental health professionals from providing conversion therapy, also known as "reparative therapy," to minors. Their request has been forwarded to FMHCA's Government Relations Committee (GRC) for further exploration.

In the meantime, I drafted a letter to Equality Florida that clarifies the position of our parent organization, the American Mental Health Counselors Association (AMHCA), on reparative therapy. Reparative therapy is therapy aimed at changing the sexual orientation of the client, and it is based on the presumption that homosexuality is pathological. Local chapters have asked FMHCA for some direction on how to address requests for their support of local ordinances banning reparative therapy. I would encourage you to use the letter I wrote to Equality Florida (see page 6) and the position statement from AMHCA (see pages 8 and 9), which we have included in the next few pages, as resources.

Targeting the Term "Psychological," and Why It's Important

FMHCA's top legislative priority at the present time is licensure portability, but last year the GRC voted to target two other statute statutes in future professional advocacy efforts. The first is F.S. 490.012(c), which reads, "No person shall…describe any test or report as psychological, unless such person holds a valid, active license under this chapter or is exempt from the provisions of this chapter." This statute appears to contradict F.S. 491.003(9), which reads, "The practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders, whether cognitive, affective, or behavioral, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse." In other words, the chapter that governs psychologists prohibits counselors from referring to their evaluations and reports as "psychological,"

but a statute in the chapter that governs mental health counselors uses the term "psychological" to describe aspects of our scope of practice, including evaluation and assessment.

So why is this a big deal? What happens if a judge orders someone to participate in a "psychological evaluation" as part of the terms of his or her probation? Can a LMHC conduct the evaluation or not? If so, then can the LMHC be accused of violating a state statute? If not, then what are the implications for clients in the criminal justice system? After all, many jurisdictions have shortages of psychologists available for court-ordered evaluations, and many LMHCs are qualified to fill this role. The word "psychology," according to Merriam-Webster Dictionary, is a very broad term that refers to "the science of mind and behavior." How silly it is that LMHCs, who certainly practice within psychological domains, would be banned from using such a word.

The second statute is 916.115(1)(a), which reads, "To the extent possible, the appointed experts shall have completed forensic evaluator training approved by the department, and each shall be a psychiatrist, licensed psychologist, or physician." LMHCs, LMFTs, and LCSWs are clearly missing from this list, even though many of us are trained to conduct quality forensic mental health evaluations. The State of Utah recently settled a lawsuit for due process violations as defendants could not be afforded their right to "a fair and speedy trial" due to shortages of qualified psychologists to conduct forensic evaluations. Similar lawsuits have taken place in California, Colorado, Oregon, Pennsylvania, Nevada, and Washington, and several other states (e.g., Alabama, Texas, Utah, and Washington, DC) are currently attempting to avoid a lawsuit due to long waits. Florida doesn't need to be added to the list.

This statute is interpreted differently by different jurisdictions. Consequently, some jurisdictions still appoint LMHCs to conduct evaluations. Additionally, the statute only applies to certain types of forensic evaluations and only those appointed by the court (vs. scenarios in which a defendant and/or his or her attorney hires an evaluator), so there are still plenty of opportunities for appropriately trained LMHCs to conduct forensic evaluations. Still, statutes such as these feed the archaic myth that LMHCs are less than psychologists, generate confusion about scope of practice, lead to reduced job opportunities for LMHCs, and ultimately harm the public by providing shortages of qualified professionals in the forensic arena.

Psychological testing is within the scope of practice of LMHCs, both in Florida and in the majority of the United States (see the article entitled "Can Counselors Test?" on pages 29-35), and LMHCs can be trained and certified to

conduct quality forensic mental health evaluations (see article entitled “Three Reasons to Add Forensic Evaluations to Your Practice” on pages 16 and 17". (In fact, FMHCA is providing a forensic certification workshop at our annual conference on 2/6/20, and you can register at https://nbfe.net/event-3378523.). There is plenty of work out there for all the mental health professions, and it’s time to update our state statutes to more accurately reflect our scope of practice.

Happy Thanksgiving, everyone!

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West Palm Beach, FL 33411

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October 20, 2019

Jon Harris Mauer
Public Policy Director
Equality Florida
P.O. Box 13184
St Petersburg, FL 33733

Jon Harris Mauer:

I am offering this letter in response to your request for information on the Florida Mental Health Counselors Association's position on HB 41/S 180, the conversion therapy bill being introduced in the 2020 legislative session. Your request has been forwarded to FMHCA's Government Relations Committee, which will offer a recommendation to FMHCA's Board of Directors concerning the bill. In the interim, I will offer clarification on FMHCA's current position on reparative or conversion therapy.

FMHCA is a state chapter of the American Mental Health Counselors Association (AMHCA), and FMHCA affirms AMHCA's position statement on reparative or conversion therapy, which was published in 2014 (see attachment). AMHCA's position defines "reparative" or "conversion" therapy as "practices by mental health providers that seek to change an individual's sexual orientation or gender identity." AMHCA's position statement identifies that:

1. "There is virtually no credible evidence that any type of psychotherapy can change a person's sexual orientation, gender identity or expression;"
2. Reparative/conversion therapy increases stigma and poses a "critical health risk to lesbian, gay, bisexual, and transgender people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and suicidality;"
3. Some reparative therapy programs "provide inaccurate scientific information on sexual orientation and/or gender identity," and
4. "…Reparative therapy is scientifically flawed since it is based on the notion that homosexuality is not a normal sexual expression."

FMHCA further affirms AMHCA's recommendation that "counseling around sexual orientation or gender identity follows the framework of an 'affirmative therapeutic intervention.' This approach means that the therapist addresses the stress-inducing stigma experienced by sexual and gender minorities with interventions designed to reduce that stress, including helping the client overcome negative attitudes about themselves."

Lastly, FMHCA affirms AMHCA's declaration of support for "initiatives that will curb harmful practices that have documented iatrogenic effects and will thus help ensure the overall health and safety of LGBT youth."

FMHCA's Government Relations Committee will provide you with an updated response in the near future. In the interim, please do not hesitate to contact me if you have additional questions about our current position.

Kindest regards,

Aaron Norton, LMHC, LMFT, MCAP, CCMHC
Licensed Mental Health Counselor, #MH9953
Licensed Marriage and Family Therapist, #MT3100
President, Florida Mental Health Counselors Association, 2019-2020

FMHCA

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AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION

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News & Press: AMHCA News

Email to a Friend

AMHCA STATEMENT ON REPARATIVE OR CONVERSION THERAPY

Thursday, July 10, 2014 (1 Comments)
Posted by: Whitney Meyerhoeffer

PRESS RELEASE

FOR IMMEDIATE RELEASE: JULY 10, 2014
Contact: Whitney Meyerhoeffer
800-326-2642
wmeyerhoeffer@amhca.org
www.amhca.org

AMHCA Statement on Reparative or Conversion Therapy
Adopted by the Board of Directors

ALEXANDRIA, Va. - "Reparative" or "conversion" therapy, are practices by mental health providers that seek to change an individual's sexual orientation or gender identity. These practices include efforts to change behaviors or to eliminate or reduce sexual or romantic attractions and/or feelings toward individuals of the same sex.

Reparative therapy does not include psychotherapies that aim to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does reparative therapy include counseling for a person seeking to transition from one gender to another.

There is virtually no credible evidence that any type of psychotherapy can change a person's sexual orientation, gender identity or expression, and, in fact, these efforts pose critical health risks to lesbian, gay, bisexual, and transgender people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and suicidality.

As mental health advocates, AMHCA knows that sexual and gender minorities seeking therapy can benefit from interventions that reduce and counter internalized stigma, and increase active coping.

We are concerned that reparative therapy has been documented to do exactly the opposite by increasing internalized stigma and potentially resulting in numerous negative side effects. Additionally, some treatment programs using reparative therapy may provide inaccurate scientific information on sexual orientation and/or gender identity, and may be fear-based, again with the potential to increase distress in treatment participants. Moreover, reparative therapy is scientifically flawed since it is based on the notion that homosexuality is not a normal sexual expression.

AMHCA recommends that counseling around sexual orientation or gender identity follows the framework of

an "affirmative therapeutic intervention." This approach means that the therapist addresses the stress-inducing stigma experienced by sexual and gender minorities with interventions designed to reduce that stress, including helping the client overcome negative attitudes about themselves.

Reparative therapy reinforces negative attitudes about sexual minority status and has been shown to increase stress by reaffirming stigma.

Existing law provides for licensing and regulation of various mental health professionals. Additionally, many state laws already prohibit certain types of controversial psychological therapies, including psychosurgery, convulsive therapy, and experimental treatments or behavior modification programs that involve aversive stimuli or deprivation of rights.

AMHCA supports initiatives that will curb harmful practices that have documented iatrogenic effects, and will thus help ensure the overall health and safety of LGBT youth.

ADD A COMMENT

(of 1000 characters remaining)

POST COMMENT

COMMENTS...

Louise Sutherland-Hoyt LMHC says...
Posted Monday, March 20, 2017

Several states have outlawed Conversion Therapy. Legislation has been introduced into the Florida Senate and House to prohibit application of Conversion Therapy with any individual under the age of 18. FMHCA has taken a firm position to support this legislation. Speaking as an individual member of AMHCA, I would like to see the national organization update its position on Conversion Therapy, as has the American Counseling Association, and begin to direct steps toward speaking out against this practice.

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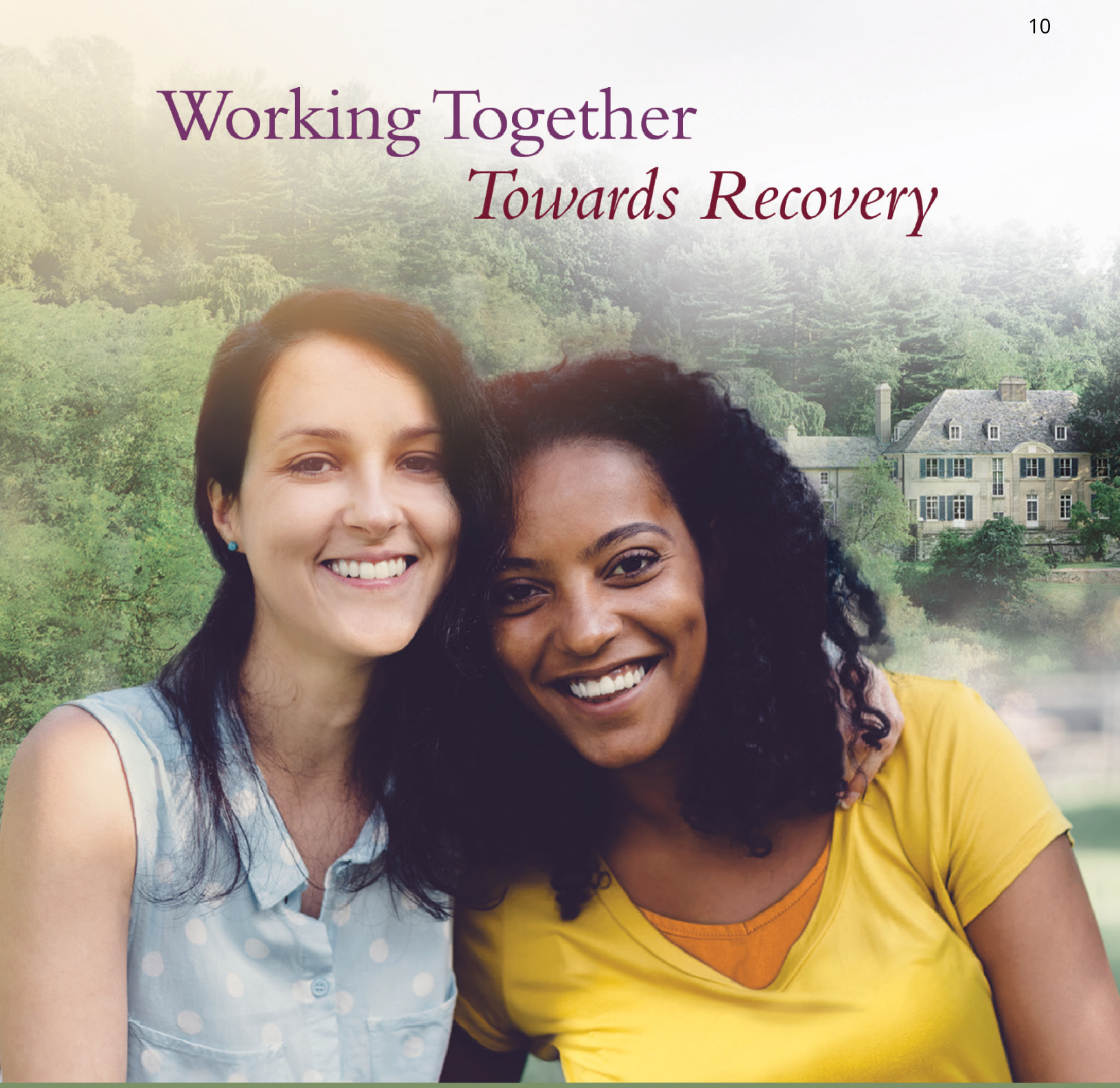

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MENTAL HEALTH BY THE NUMBERS

Millions of people in the U.S. are affected by mental illness each year. It's important to measure how common mental illness is, so we can understand its physical, social and financial impact — and so we can *show* that no one is alone. These numbers are also powerful tools for raising public awareness, stigma-busting and advocating for better health care.

The information on this page comes from studies conducted by organizations like Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice. The terminology used on this page reflects what is used in original studies. Terms like "serious mental illness," "mental illness" or "mental health disorders" may all seem like they're referring to the same thing, but in fact refer to specific diagnostic groups for that particular study.

If you have questions about a statistic or term that's being used, please visit the original study by clicking the link provided.

1 in 5 U.S. adults experience mental illness each year
1 in 25 U.S. adults experience serious mental illness each year
1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
Suicide is the 2nd leading cause of death among people aged 10-34

You Are Not Alone

- 19.1% of U.S. adults experienced mental illness in 2018 (47.6 million people). This represents 1 in 5 adults.
- 4.6% of U.S. adults experienced serious mental illness in 2018 (11.4 million people). This represents 1 in 25 adults.
- 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- 3.7% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2018 (9.2 million people)
- Annual prevalence of mental illness among U.S. adults, by demographic group:

Non-Hispanic Asian: 14.7%

Non-Hispanic white: 20.4%

Non-Hispanic black or African-American: 16.2%

Non-Hispanic mixed/multiracial: 26.8%

Hispanic or Latino: 16.9%

Lesbian, Gay or Bisexual: 37.4%

- Annual prevalence among U.S. adults, by condition:

Major Depressive Episode: 7.2% (17.7 million people)

Schizophrenia: <1% (estimated 1.5 million people)

Bipolar Disorder: 2.8% (estimated 7 million people)

Anxiety Disorders: 19.1% (estimated 48 million people)

Posttraumatic Stress Disorder: 3.6% (estimated 9 million people)

Obsessive Compulsive Disorder: 1.2% (estimated 3 million people)

Borderline Personality Disorder: 1.4% (estimated 3.5 million people)

Mental Health Care Matters

- 43.3% of U.S. adults with mental illness received treatment in 2018
- 64.1% of U.S. adults with serious mental illness received treatment in 2018
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- The average delay between onset of mental illness symptoms and treatment is 11 years
- Annual treatment rates among U.S. adults with any mental illness, by demographic group:

Male: 34.9%

Female: 48.6%

Lesbian, Gay or Bisexual: 48.5%

Non-Hispanic Asian: 24.9%

Non-Hispanic white: 49.1%

Non-Hispanic black or African-American: 30.6%

Non-Hispanic mixed/multiracial: 31.8%

Hispanic or Latino: 32.9%

- 11.3% of U.S. adults with mental illness

had no insurance coverage in 2018
- 13.4% of U.S. adults with serious mental illness had no insurance coverage in 2018
- 60% of U.S. counties do not have a single practicing psychiatrist

The Ripple Effect Of Mental Illness

PERSON

- People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.
- 19.3% of U.S. adults with mental illness also experienced a substance use disorder in 2018 (9.2 million individuals)
- The rate of unemployment is higher among U.S. adults who have mental illness (5.8%) compared to those who do not (3.6%)
- High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers

FAMILY

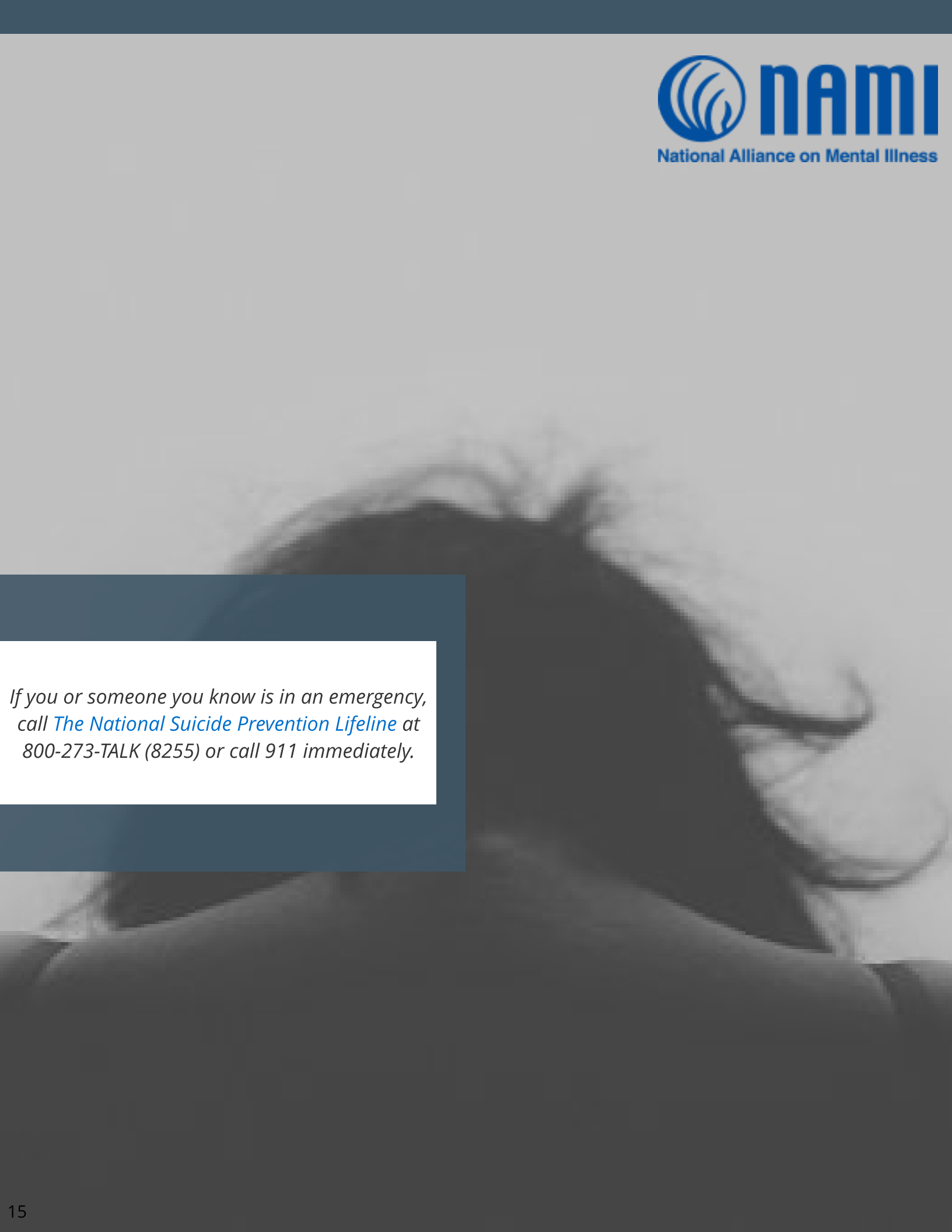
- At least 8.4 million people in the U.S. provide care to an adult with a mental or emotional health issue
- Caregivers of adults with mental or emotional health issues spend an average of 32 hours per week providing unpaid care

COMMUNITY

- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits)
- Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (*after excluding hospitalization relating to pregnancy and birth)*
- Across the U.S. economy, serious mental illness causes $193.2 billion in lost earnings each year
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition
- 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness
- 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

WORLD

- Depression and anxiety disorders cost the global economy $1 trillion in lost productivity each year
- Depression is the leading cause of disability worldwide



NAMI
National Alliance on Mental Illness

If you or someone you know is in an emergency, call The National Suicide Prevention Lifeline at 800-273-TALK (8255) or call 911 immediately.

Building Your Practice

Three Reasons to Add Forensic Evaluations to Your Practice

This is the first article in the new "Building Your Practice" department.

By Aaron Norton, LMHC, LMFT, MCAP, CCMHC, CRC, CFMHE

***Aaron Norton** provides psychotherapy, clinical and forensic evaluation, clinical supervision, and professional consultation at his practice, Integrity Counseling, integritycounseling.net, in Largo, FL. Awarded Mental Health Counselor of the Year by AMHCA and Counselor Educator of the Year by Florida Mental Health Counselors Association (FMHCA) in 2016, he is an adjunct instructor at the University of South Florida, executive director of the National Board of Forensic Evaluators, and president-elect of FMHCA. Consulting editor of* The Advocate Magazine *and also AMHCA's Southern Region director, he is finishing his doctoral dissertation in Counselor Education and Supervision at USF. Learn more at anorton.com; email him at: me@anorton.com.*

REASON #1: Forensic Mental Health Evaluation Is a Lucrative Means of Diversifying Your Practice

How would you like to earn a six-figure salary that is fairly stable even during times of economic recession?

Many clinical mental health counselors (CMHCs) I have spoken to who earn more than $100,000 per year do so in part because they conduct forensic mental health evaluations, evaluations intended to be used in court or for legal proceedings.

Most forensic evaluations cost $1,000 to $5,000, with evaluators often charging $150 to $500 per hour for their service. One evaluator in my state told me that he works three to 15 hours per week and earns $250,000 a year. Why does forensic evaluation pay so much? Because forensic evaluators provide a vital, highly specialized service. They have expertise above and beyond the average CMHC, and attorneys, courts, and clients involved in critical legal proceedings often recognize the importance of a highly skilled expert when the stakes are high.

REASON #2: Forensic Mental Health Evaluations Is Meaningful, Interesting, Important Work That Benefits Society

In the judicial system, *everyone* is a stakeholder—individuals, children, families, employers, employees, law enforcement officers, school systems, government agencies, communities; so, everyone. Forensic evaluations are challenging, because there are many threats to the validity of client self-report. For justice to best be served, the court system needs qualified experts who can align several data points to formulate a clearer picture of a client's mental health. Many CMHCs find this task intellectually stimulating and impactful, considering their work a vital service to the community.

Many states and jurisdictions have lengthy waiting periods for forensic evaluations, and shortages of qualified forensic evaluators have resulted in lawsuits alleging violation of due process. The courts need more evaluators, and our profession can supply them.

Aaron Norton's conference presentation will be held Thursday, 6/27, from 10:30 AM–12:00 PM on, "Diversifying Your Practice with the Lucrative Specialty of Forensic Mental Health Evaluation." For information about the conference, visit amhca.org/conference.

REASON #3: Forensic Mental Health Evaluation May Sharpen Your Clinical Skills

Five years ago, I decided to pursue certification as a forensic mental health evaluator. Though I had been conducting forensic substance abuse evaluations for a few years, I lacked some degree of confidence in my work. I remember thinking, "Even if I never do very many forensic evaluations, I bet this training will sharpen my clinical skills. It should make me a better diagnostician." Today, I'm all the more convinced that this is true, and I believe that my therapy clients have benefitted from this professional growth as well. Additionally, training in this specialty area has helped me to become more confident in my skills and more accepting of my professional limitations.

Ethical, Legal, and Professional Challenges

Forensic mental health evaluation may be rewarding and meaningful, but it has its challenges. First, CMHCs are generally more accustomed to their role as therapist rather than to the role of an independent evaluator, and they struggle with adopting this role. In the world of forensic evaluation, you are not a client advocate, nor are you helping a client to accomplish goals. Instead, the truth is your client, and you must maintain objectivity (see Section I.D4 of the AMHCA Code of Ethics; download free from *amhca.org/learn/ethics).*

Continued on page 11

continued from page 10

Second, remember that historically, this specialization was the domain of clinical and forensic psychologists and psychiatrists, not CMHCs, nor our master's-level allies in clinical social work and marriage and family therapy. Some state and local jurisdictions still have statutes, guidelines, and practices that discriminate against non-psychologists in the forensic mental health arena. For example, the ability to administer and interpret psychological tests—a vital component of quality forensic evaluations—has been limited by at least five states, despite the fact that our national counseling organizations concur that testing clearly falls within the scope of practice of CMHCs (for more on this, download National Board of Forensic Evaluator's (NBFE) "Can Licensed Mental Health Counselors Administer and Interpret Psychological Tests?" from *tinyurl.com/ydxjde6w*). Additionally, some statutes appear to exclude CMHCs from conducting forensic evaluations.

The good news is that thus far, every statute sent to me from any state that appears to exclude CMHCs from forensic evaluation has on further scrutiny been found to only slightly limit CMHCs. Typically, such statutes govern only one or two types of forensic evaluations, such as competency or civil commitment. Many other types of forensic mental health evaluations (e.g., violence potential, criminal responsibility, domestic violence, substance abuse, child custody/divorce, personal injury, immigration, sentencing variations, etc.) are available to CMHCs.

A Call to Action

I won't be happy until every U.S court agrees that the professional identity of a licensed mental health professional—clinical mental health counselor, clinical social worker, marriage and family therapist, clinical or forensic psychologist, psychiatrist, psychiatric nurse practitioner—shouldn't determine whether that professional is a suitable expert witness. Rather, the individual's unique training, experience, knowledge, and expertise should be determining factors. In jurisdictions where this is not the case, I call on state chapters of AMHCA to advocate relentlessly for professional equality, perhaps using the shortage of qualified evaluators in the court system as a major talking point.

Forensic Mental Health Evaluation—How to Get Started

Consider watching a free, two-hour webinar I presented last year ("Introduction to Forensic Mental Health Evaluation for Counselors," viewable at *youtu.be/WFBbbvxrSv8).* It covers:

- The definition of forensic mental health evaluation,
- Differences between forensic and clinical evaluations,
- The role of the expert versus the fact witness,
- An overview of different types of forensic evaluations,
- Qualifications required to administer and interpret psychological tests used in forensic evaluation,
- Ethical considerations for forensic evaluation,
- The admissibility of testimony by expert witnesses,
- How counselors can become forensic evaluators, and
- An overview of resources.

If you are interested in forensic evaluation after viewing this webinar, then I recommend that you consider becoming a Certified Forensic Mental Health Evaluator (CFMHE). Though not required to conduct forensic evaluations, certification is an excellent way to ensure that you are following an established national standard and to demonstrate to the courts that you are a recognized, vetted expert. To learn more about the credential, visit the National Board of Forensic Evaluators (NBFE) *nbfe.net,* a nonprofit public charity founded in 2003 by Norman E. Hoffman, PhD, EdD, LMHC, LMFT, NCC, CCMHC, CFMHE.

Whether or not you pursue forensic certification, it will be important to establish yourself as an expert witness and a forensic evaluator. Here are some additional strategies:

- **Participate in formal training in forensic evaluation and the role of an expert witness,** whether with NBFE or with other organizations, such as the Global Institute of Forensic Research *(gifrinc.com).*
- **Obtain credentialing in your area(s) of specialization within the forensic realm.** For example, AMHCA offers the Diplomate and Clinical Mental Health Specialist (DCMHS) credential in several specialized areas of clinical mental health counseling, attesting that you are an advanced practitioner *(amhca.org/career/diplomate).*
- **Create a detailed *curriculum vitae* (CV).** To establish yourself as an expert, in addition to the components of a typical resume, include in your CV a transcript of every professional training you have taken, every presentation you have given, and every article you have written in your specialization area. You should also keep a list of all the court cases and case numbers you have worked on.
- **Forge relationships with referral sources,** such as attorneys, probation officers, government agencies, and other forensic evaluators. Take attorneys out to lunch to discuss your services. Offer in-service training in your area of specialization for the Public Defender's Office, District Attorney, or local law firms. Consider clinicians and other forensic evaluators as allies, not competition. They may have different specializations than you, or want to refer to you if they have a conflict of interest with a potential client or if they are not available.

DIVERSIFY YOUR PRACTICE BY BECOMING A

CERTIFIED FORENSIC MENTAL HEALTH EVALUATOR

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

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

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

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

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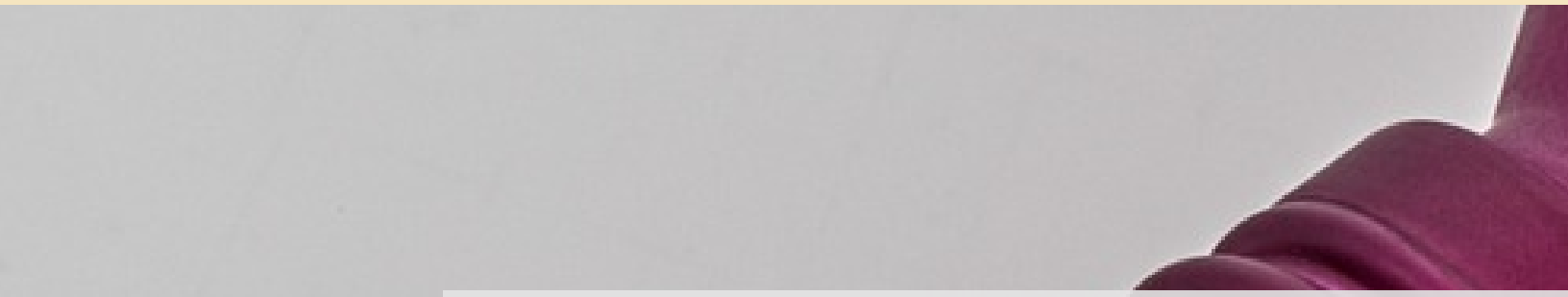

MEDICATION ASSISTED TREATMENT DEEMED APPROPRIATE FOR SOBER LIVING

By: Jeffrey C. Lynne, Esq.

Alison Knopf, the award-winning journalist and editor of Alcoholism & Drug Abuse Weekly (ADAW), recently published an article highlighting SAMHSA's new guidelines for recovery housing, which includes MAT/Medication Assisted Treatment. In her story entitled "SAMHSA guidelines for recovery housing emphasize MAT," she writes:

If there's any question about the appropriateness of medication-assisted treatment (MAT) using methadone and buprenorphine for recovery housing residents, it has been settled by the most recent report from the federal government: Don't ban it, and, furthermore, do it.

Best practices for operating recovery housing are a key part of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act, under Subtitle D, "Ensuring Access to Quality Sober Living (SEC. 7031)." The law mandates the Department of Health and Human Services to identify or facilitate the development of best practices, and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued this report last week. The document is focused on MAT for opioid use disorders, because the SUPPORT Act is only for opioid use disorders.

"This document is intended to serve as a guidance tool for states, governing bodies, treatment providers, recovery house operators, and other interested stakeholders to improve the health of their citizens related to substance use issues," according to the executive summary.

The document constitutes guidelines. There are no provisions for the federal government to enforce or monitor these—except for SAMHSA funding, which can be based on state evaluations and adherence to these guidelines.

This report identifies 10 principles to help define safe, effective and legal recovery housing. What is recovery housing? It's not just housing; it's an

intervention that is meant to help a recovering person access a safe and healthy living space "while supplying the requisite recovery and peer supports," the report states. Under the SUPPORT legislation, it also has to be "free from alcohol and illicit drug use and centered upon peer supports and connection to services that promote sustained recovery from substance use disorders," according to SAMHSA.

The SAMHSA report, "Recovery Housing: Best Practices and Suggested Guidelines" specifically adopts NARR's (National Alliance of Recovery Residences) levels of housing and appears to incorporate NARR's MAT guide, "Helping Recovery Residences Adapt to Support People with Medication-Assisted Recovery".

It is our hope that one day soon, eventually, the inevitable obvious conclusion will be reached – the recovery "journey" may start with treatment, but sustained recovery and the ability to be free of dependency upon substances takes long-term community support, in a community of fellow peers. For some, this includes both short term and long term use of MAT, depending upon each individual's chemistry and needs.

But is also begs the question – cities that are effectively banning sober living by creating mandatory spacing requirements are doing so under the guise of preventing a "*de facto social service district*." What is a "de facto social service district?" Who has determined with evidence and study that a concentration of NARR level approved/certified housing is BAD for people in recovery? What if it actually helps, and these spacing requirements (ex. 1,000 feet between each home) actually hinder recovery???

Using the same assumptive reasoning in treatment, the abstinence-only approach has worked in the past, and continues to work for many (though mostly people with Alcohol Use Disorders primarily). Using MAT has a stigma attached to it (rightfully and understandably so) because the thought is that we are merely substituting one drug for another, not forcing the patient to fully confront their inner demons and move to the next level of emotional independence. But the science says otherwise.

While we also understand that Big Pharma clearly has played a role in having MAT become synonymous with "treatment," causing many to be suspicious and cynical of these supposed positive outcome studies, the larger picture is the need for recovery residences to learn how to incorporate MAT into their housing policies and procedures because MAT is here to stay.

While some housing providers continue to insist they have the right to deny residency to a patient/client on MAT, legal observers in this niche space have suggested that denying a patient residency because they are on MAT may actually violate the Fair Housing Act (FHA) and the Americans with Disabilities Act (ADA) based upon discrimination of a protected class based upon their medical condition alone.

We have written on this topic for years, and the antagonism between the two sides (for and against) remains strong. However, there is now more than sufficient evidence and science of the efficacy of using MAT as useful tool to jumpstart many people's recovery, and to sustain in long into sober living.

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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
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DOMESTIC VIOLENCE

By: Darlene Silvernail PhD, LMHC, CAP

Domestic violence can affect anyone. If you are a victim of abuse, you are NEVER to blame - it is NOT your fault. The abuse can be physical, sexual, emotional, psychological, economic or a combination of many types of abuse. Committing domestic violence is a choice made by the abuser! For more info go to www.FCADV.org. www.ncadv.org: NCADV's website that provides information on all NCADV programs, activities, and events as well as information on legislative issues, domestic violence research material, and other related topics. It is a widely used tool, attracting over two million visits a year. Links for Domestic Violence resources http://www.fcadv.org/domestic-violence-links

Here are 26 ways you can make a difference

1.Volunteer! Plug in your zip code at domesticshelters.org to find shelters and domestic violence agencies in your area.

2.Donate goods. Domestic violence survivors who leave an abuser often have little more than the clothes on their backs. Donations of household goods, uniforms, toys and small appliances can make a big difference. Check with your local shelter to see how you can help.

3.Wear purple clothing or ribbons on Thursday, Oct. 20 in support of domestic violence awareness, and share your photo with the tag #PurpleThursday.

4.Distribute purple ribbons to visible community members such as clergy, law enforcement officers, court officials, librarians, postal employees and emergency room staff.

5.Part with a few dollars. Many shelters and agencies run on shoestring budgets. Even a small donation can make a big difference. You can even donate to DomesticShelters.org, which likewise is a non-profit on a very tight budget.

6.Join the #MoveToEndDV ambassadors program. Ambassadors reach out to local domestic violence shelters and ask them for a wish list of goods and services they need, then connect with local businesses that might be able to fill the wish list.

7.If you run a business, pledge your time, money, products or services in the #MoveToEndDV business program.

8.Join the Goodreads group Reader with a Cause. Members read and discuss the ways today's books cover equality, empowerment, domestic violence, sexual assault and stalking.

9.Write an op-ed or editorial raising awareness about domestic violence for your local newspaper.

10.Ask the editor of a high school or college newspaper in your community to run a story on teen dating violence.

11.Publicly thank community members who are working to end domestic violence with a letter to the editor of your local paper or a statement in social media.

12.Share articles from DomesticShelters.org on social media. Not sure what to share? How about one of these hero pieces on ordinary people doing extraordinary things to help survivors of domestic violence?

13.Educate yourself. Would you know if a friend was being abused? By the time bruises appear, abuse may have been going on for years. Know the warning signs.

14.Know what to do. If a friend or loved one is being abused support them even if they make choices you don't agree with. Don't insist that they leave their partner, but help them develop a safety plan. Take a minute to read through this list of 25 ways you can help.

15.Donate cell phones, batteries and accessories to Hopeline, which provides phones to domestic violence survivors and funds to agencies that help them.

16.Sign up for a weekly email from DomesticShelters.org that offers articles for people experiencing domestic violence, survivors, friends and family, and others.

17.Watch and share the 1-minute Shatter the Silence video and download the One Love My Plan app that can help you evaluate whether someone is being abused.

18.Organize a silent witness exhibit, purple lights night or clothesline project to raise awareness of domestic violence in your community.

19.Send letters to religious organizations in your area asking them to address domestic violence in their meetings or newsletters in October.

20.Host a candlelight vigil in your community to honor survivors and victims of domestic violence.

21.Work with a local animal shelter to encourage people in the community to foster pets for survivors who need temporary pet care.

22.Organize a walk-a-thon, 5k fun run, comedy night, backyard barbeque with friends and donate the proceeds to your local shelter or agency.

23.Ask a local restaurant to donate a percent of their profits on a certain night to your local shelter or agency.

24.Start a supply drive. Enlist your community and collect clothing, personal care items, diapers and toys to donate to your local shelter.

25.If you know a shelter that's not listed on DomesticShelters.org encourage them to connect – it's easy and free. 26.Share the stories of survivors who are thriving on your social media accounts.

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Can Licensed Mental Health Counselors Administer and Interpret Psychological Tests?

ANALYSIS AND POSITION PAPER BY THE NATIONAL BOARD OF FORENSIC EVALUATORS

The National Board of Forensic Evaluators (NBFE) adopts the position that appropriately trained licensed mental health counselors may administer and interpret psychological tests, a viewpoint consistent with various state licensure boards including Florida, the state the NBFE is headquartered in, which declared that licensed mental health counselors, clinical social workers, and marriage and family therapists "may administer and interpret such tests as long as they have received the appropriate training, and thus, are qualified to perform such procedures." [1] We support the efforts of organizations such as the National Fair Access Coalition on Testing that advocate for "the protection and support of public access to professionals and organizations who have demonstrated competence in the administration and interpretation of assessment instruments, including psychological tests." [2]

Our position is based on four premises: (1) Counselors have always been experts in testing; (2) Testing is within the scope of practice of counselors; (3) Counselors meet the standards of test manufacturers; and (4) It is impractical and unethical to prohibit counselors from administering and interpreting tests.

FACT: COUNSELORS HAVE ALWAYS BEEN EXPERTS IN TESTING

The counseling profession began in the late 1890s and early 1900s. The first professional counselors were vocational guidance counselors who specialized in the administration and interpretation of various tests, including intelligence and aptitude tests. We believe Gladding and Newsome (2018) put it well when they wrote that the first counselors "quickly embraced psychometrics to gain a legitimate

[1] Foster, S.J. (2000, February 4). Letter to Judge Roger McDonald
[2] National Fair Access Coalition on Testing (n.d.). *The National Fair Access Coalition on Testing mission*. Retrieved from http://www.fairaccess.org/home.html.

foothold in psychology" (p. 8)[3]. Counselors have continued to administer and interpret such tests up to the present day.

FACT: TESTING IS WITHIN THE SCOPE OF PRACTICE OF COUNSELORS

There is a consensus within the counseling profession that testing is within the scope of practice of professional counselors.

The primary counselor education accrediting body is the Council for Accreditation of Counseling & Related Educational Programs (CACREP). CACREP's 2016 education standards refer to the expectation that all accredited counseling degree programs teach counselors to administer and interpret tests:

Section 2: Professional Counseling Identity

Subsection: Counseling Curriculum

The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

7. ASSESSMENT AND TESTING

a) historical perspectives concerning the nature and meaning of assessment and testing in counseling
b) methods of effectively preparing for and conducting initial assessment meetings
c) procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
d) procedures for identifying trauma and abuse and for reporting abuse
e) use of assessments for diagnostic and intervention planning purposes
f) basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
g) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
h) reliability and validity in the use of assessments
i) use of assessments relevant to academic/educational, career, personal, and social development
j) use of environmental assessments and systematic behavioral observations
k) use of symptom checklists, and personality and psychological testing
l) use of assessment results to diagnose developmental, behavioral, and mental disorders
m) ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results [4]

The National Board for Certified Counselors (NBCC) is the first and largest certifying body in the United States for professional counselors. The credential NBCC has established for clinical mental health counselors is Certified Clinical Mental Health Counselor (CCMHC). In order for this credential to be awarded to a counselor, the counselor must have been educated on the administration of psychological

[3] Gladding, S.T. & Newsome, D.W. (2018). *Clinical mental health counseling in community and agency settings* (5th ed.). Boston: Merrill.
[4] CACREP (2016). *2016 CACREP standards*. Retrieved from http://www.cacrep.org/section-3-professional-practice/.

tests[5]. In addition, counselors must pass the National Clinical Mental Health Counseling Examination (NCMHCE), which includes test items on the administration of psychological tests for purposes of assessment, diagnosis, and treatment planning[6].

The American Counseling Association (ACA) is the largest association representing counselors in the United States. The ACA identifies "the administration of assessments, tests, and appraisals" as a primary component of the scope of professional counseling.[7] The ACA's most recent *Code of Ethics* refers repeatedly to the ability of counselors to administer and interpret tests, provided that counselors are appropriately trained in the tests they utilize.[8] The ACA takes an official position that "professional counselors with a master's degree or higher and appropriate coursework in appraisal/assessment, supervision, and experience are qualified to use objective tests. With additional training and experience, professional counselors are also able to administer projective tests, individual intelligence tests, and clinical diagnostic tests."[9]

The American Mental Health Counselors Association (AMHCA) is a division of the ACA that exclusively represents clinical mental health counselors. AMHCA's published standards for clinical mental health counseling clarify that mental health counselors are expected to be trained in clinical assessment and testing, and AMHCA's published report on the professional identity of clinical mental health counselors includes assessment and testing as one of the eight common core areas of training and education for counselors.[10][11] Like the ACA, AMHCA's 2015 *Code of Ethics* refers to the ability of counselors to administer and interpret psychological tests provided that counselors are appropriately trained.[12] AMHCA co-authored a document outlining standards for assessment in mental health counseling with the Association for Assessment and Research in Counseling (AARC), formerly the Association for Assessment in Counseling and Education, clearly defining the competencies that counselors must possess to administer and interpret psychological tests such as the MMPI-II and the MCMI-III.[13]

From 2005 to 2013, the 31 major counseling associations, organizations, and certifying bodies met to arrive at a consensus for the definition and scope of practice for professional counseling. The scope of practice they adopted includes "Assessment: The practice of counseling includes the administration and interpretation of assessments for appraisal, diagnosis, evaluation, and referral determination to

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[5] NBCC (2016). *Certified Clinical Mental Health Counselor*. Retrieved from http://www.nbcc.org/Certification/CertifiedClinicalMentalHealthCounselor/.
[6] NBCC (2016). Content covered in the NCMHCE. Retrieved from http://www.nbcc.org/InnerPageLinks/ContentCoveredInTheNCMHCE.
[7] ACA (2016). Endorsed scope of practice for professional counseling. Retrieved from https://www.counseling.org/about-us/about-aca/aca-media-center.
[8] ACA (2014). *2014 ACA code of ethics*. Retrieved from http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4.
[9] ACA (2003). Standards for qualifications of test users. Retrieved from http://aarc-counseling.org/assets/cms/uploads/files/standards.pdf.
[10] AMHCA (2017). *AMHCA standards for the practice of clinical mental health counseling*. Alexandria, VA: AMHCA.
[11] AMHCA (2016). *The professional identity of clinical mental health counselors*. Alexandria, VA: AMHCA.
[12] AMHCA (2015). *Code of ethics*. Retrieved from http://www.amhca.org/?page=codeofethicsia.
[13] AARC & AMHCA (n.d.) Retrieved from http://aarc-counseling.org/assets/cms/uploads/files/AACE-AMHCA.pdf.

help establish individualized counseling plans and goals that may include the treatment of individual with emotional, mental, and physical disorders." [14]

Counselors are also recognized as competent test administrators by various organizations outside of the profession. For example, in September 2016 the Social Security Administration clarified its long-standing position test results administered by clinical mental health counselors can be used for disability determination cases. In response, AMHCA issued a statement clarifying that appropriately trained counselors can administer intellectual aptitude exams and diagnose intellectual disorders.[15]

FACT: COUNSELORS MEET THE STANDARDS OF TEST MANUFACTURERS

Licensed counselors meet the criteria for the highest qualification levels of the four most popular psychological test distributors in the United States.

Level C is the highest qualification level established by **Psychological Assessment Resources (PAR)**. This level of qualification requires "an advanced professional degree that provides appropriate training in the administration and interpretation of psychological tests, or license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests." [16] Because licensed counselors must have a minimum of a Master's degree, which is an advanced professional degree, and because CACREP- and CACREP-equivalent counselor education programs require training in the administration and interpretation of psychological tests, licensed counselors meet PAR's criteria for qualification level C and are commonly certified as such by PAR.

Similar to PAR, **Pearson Clinical** drafted a Level C qualification policy for tests administered in the category of clinical psychology requiring that evaluators earn a "doctorate degree in psychology, education, **or** closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment OR licensure or certification to practice in your state in a field related to the purchase OR certification by or full active membership in a professional organization (such as APA, NASP, NAN, INS) that requires training and experience in the relevant area of assessment." [17] At first glance, readers may deduce that Pearson Clinical requires test administrators to earn a doctoral degree. However, Pearson emphasizes the word "or" repeatedly in their policy through bold print and/or capitalized letters to denote that an evaluator need only meet one of the listed criteria. Because licensed mental health counselors are licensed, and in some cases certified, to practice mental health counseling in their respective states, the second criterion should be met by all licensed mental health counselors. In addition, some counselors will meet the first and third criteria depending on education level and association membership.

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[14] 20/20 Task Force (2013). Meeting notes from Delegates meeting.
[15] NBFE (2016). Social Security Administration clarifies that counselors can evaluate for disability. Retrieved from https://www.nbfe.net/Articles/4321134
[16] PAR (2012). *Qualification levels*. Retrieved from http://www4.parinc.com/Supp/Qualifications.aspx.
[17] Pearson (2016). *Clinical psychology qualifications policy*. Retrieved from http://www.pearsonclinical.com/psychology/qualifications.html.

Like PAR and Pearson, the highest level of testing qualification established by **MHS Assessments** is Level C, which requires the evaluator to have completed a graduate-level course in in tests and measurement at a university "or…equivalent documented training," training and/or experience in the use of tests, and an advanced degree in an appropriate profession[18]. As previously noted, counselors graduating from CACREP-accredited clinical mental health counseling programs and CACREP-equivalent programs are required to complete a graduate level course in testing. Although MHS offers psychology and psychiatry as examples of "an appropriate profession," they do not explicitly exclude clinical mental health counseling, which we have already established is an appropriate profession for test access.

Western Psychological Services (WPS) provides two advanced qualification levels. Level C permits an evaluator to purchase "all products except advanced psychiatric instruments and advanced neuropsychological instruments" and requires evaluators to have "a master's degree (MA, MS, MSW, CAGS) in psychology, school counseling, occupational therapy, speech–language pathology, social work, education, special education, or related field." [19] Again, licensed mental health counselors meet this criterion because they hold master's degrees in a related occupation. Level N is the highest level designated by WPS, allowing purchase of all tests. This level requires "a doctoral degree (PhD, PsyD, MD) in psychology or related field **or** MA (psychologist, social worker) a master's degree (MA, MS, MSW) in fields listed above and at least a weekend workshop on neuropsychological assessment." Many but not all licensed mental health counselors will meet these guidelines. Specifically, counselors who hold a doctoral degree in a related field meet the criteria, as well as master's-level counselors who have completed at least a couple days of additional training in neuropsychological evaluation.

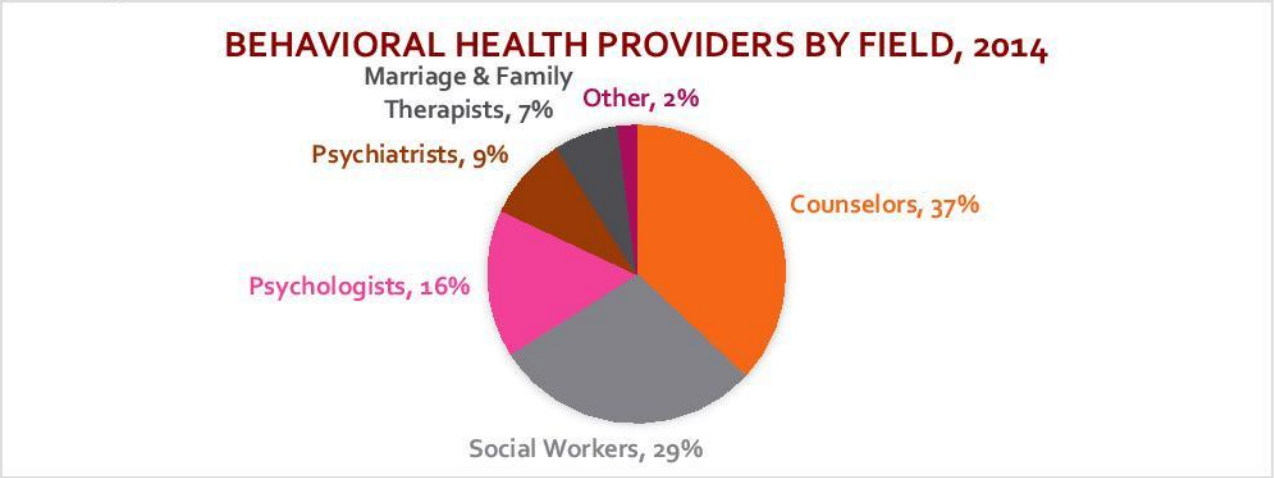
PREVENTING COUNSELORS FROM ADMINISTERING AND INTERPRETING PSYCHOLOGICAL TESTS WOULD BE IMPRACTICAL AND UNETHICAL

The demand for evidence-based practices and treatment approaches continues to rise in the United States. Third party payers and authorities in the behavioral healthcare sector continue to apply pressure to providers to offer evidence substantiating diagnoses and treatment methods, as well as efforts to measure response to behavioral health interventions. Increasingly, testing provides an integral source of data to comply with these standards of care. Testing aids counselors in formulating a diagnosis, planning treatment, and measuring client progress.

[18] MHS Assessments (n.d.). Qualification criteria and who can order. Retrieved from https://www.mhs.com/support/qual-criteria

[19] WPS (n.d.). Qualification guidelines. Retrieved from http://www.wpspublish.com/store/Qualification_Guidelines%20V3.pdf

According to the Centers for Medicaid and Medicare Services, counselors comprise the largest percentage of the U.S. behavioral healthcare workforce in the National Provider Identifier insurance.[20]



To deny the largest sector of the U.S. behavioral healthcare workforce the opportunity to administer and interpret psychological tests is illogical. It implies that licensed mental health counselors are qualified to treat mental disorders but not to diagnose them nor evaluate the efficacy of their treatment approaches. This practice is akin to expecting a physician to diagnose and treat hypertension without allowing the physician to measure a patient's blood pressure.

Counselors cannot be expected to treat what they cannot objectively diagnose or measure. Ultimately, such a practice would negatively impact client care. Thus, NBFE views any efforts to restrict the rights of counselors from administering and interpreting psychological tests as potentially harmful to clients and therefore unethical.

POSITIONS OF STATE LICENSURE BOARDS

Although most state licensure boards do not prohibit appropriately trained licensed counselors from administering and interpreting psychological tests, there are rare exceptions. For example, licensure boards in Alabama, Arkansas, and Texas permit counselors to administer and interpret all tests except projective tests. California allows counselors to administer and interpret tests except "projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavioral."[21] Tennessee, the most restrictive state on this issue, prohibits counselors from "the use of projective techniques in the assessment of personality, nor the use of psychological or clinical tests designed to identify or classify abnormal or pathological human behavior, nor the use of individually administered intelligence tests."

[20] American Psychological Association (2014, September). *What percentage of the nation's behavioral health providers are psychologists?* Retrieved from http://www.apa.org/monitor/2014/09/datapoint.aspx.
[21] American Counseling Association (2016). *Licensure requirements for professional counselors: A state-by-state report*. Alexandria, VA: Author.

Licensed counselors should consult their state licensure boards and state chapters of their counseling associations to verify scope of practice in their respective states.

A CALL TO ACTION FOR FAIR AND ETHICAL TESTING PRACTICES

The National Board of Forensic Evaluators calls on state legislatures, licensure boards, and authorities in all disciplines of the mental health profession to advocate for laws, rules, and policies that protect the rights of all appropriately-trained licensed mental health professionals to administer and interpret psychological tests. We also encourage licensed counselors to seek ongoing training in this area that exceeds that which they received in graduate school. Counselors should abide by the ethical guidelines related to testing outlined in the ACA and AMHCA ethical codes, including the obligation to "use only those testing and assessment services for which they have been trained and are competent."[22]

ABOUT THE NATIONAL BOARD OF FORENSIC EVALUATORS

The National Board of Forensic Evaluators (NBFE) is a 501(c)(3) not-for-profit organization dedicated to providing quality training and certification of all licensed mental health professionals (e.g., counselors, social workers, marriage and family therapists, psychologists, psychiatrists) in the specialty area of forensic mental health evaluation. NBFE is a proud partner of the American Mental Health Counselors Association and several other state, local, and international organizations in the mental health field. To learn more about NBFE, visit www.nbfe.net.

Position paper authored by Aaron Norton, Executive Director of NBFE, edited by Dr. Norman Hoffman, President and Founder of NBFE, and approved by the NBFE Board of Directors 8/15/16. Revised 9/4/17, 12/18/17, 5/25/18.

[22] ACA (2014). *2014 ACA code of ethics*. Retrieved from http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4.

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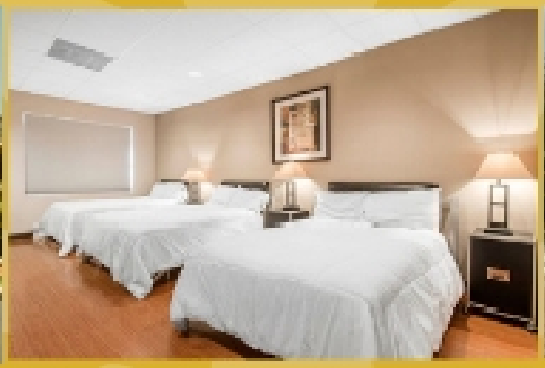

ADDICTION | SUBSTANCE USE DISORDER | MENTAL HEALTH

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For facility information visit
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SUBMIT BY 11/15

CALL FOR WEBINAR PRESENTERS

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

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