Dear FCA Members,

As I am writing to you in this Fall newsletter, I have first to reflect and thank everyone (committee members, attendees, and Convention Sponsor) who helped make our 71st Convention a huge success, mostly since it was our first time having it virtually due to COVID-19 safety precautions. It took a lot of planning in a short period of time to change it to a virtual event, but we did it successfully. My picture enclosed was taken in my home office right before I gave the Convention Welcome on October 2, 2020. Our Convention’s theme was: 2020 Vision: Obtaining Ethical Clarity in Counseling. As you may know from reading previous newsletters, our overall theme for the year is Ethics in Counseling, and the title of the Fall Newsletter is Ethics in Counseling: Telehealth. I want to remind everyone that as an FCA member, you are welcome to submit an article, announcement, or professional celebration to go into the newsletter. You may contact Dominique Battle, FCA Secretary at fcasecretary1@gmail.com, for more information about submissions.

I want to remind everyone that as an FCA member, you are welcome to submit an article, announcement, or professional celebration to go into the newsletter. You may contact Dominique Battle, FCA Secretary at fcasecretary1@gmail.com, for more information about submissions. As we adjust to the new normal in this pandemic climate, most of us have shifted our work to a virtual format, whether we are counselors, supervisors, educators, trainers, students, and/or researchers. And so much screen time with less face-to-face interaction can be physically, mentally, and emotionally draining. So, please be mindful of what you need to do for yourself to stay healthy and be fully present with those you are working with virtually as well as your loved ones you may interact with off and on screen. As part of my self-care plan, I have been intentionally limiting my screen time when I can. Remember that using healthy coping skills is an ethical practice to help you be your best self. You may also have questions, concerns, insights, and gain new learning opportunities from your personal and professional lived experiences. Therefore, I hope that you will find some insightful information in this newsletter to help you on your professional journey. Please note that we have an Ethics Committee within FCA, where you can ask ethical questions related to counseling. The chair of that committee is Dr. Eric Davis, and you can reach him via email at esdavis1@usf.edu. We will also be offering a series of FCA and Division training virtually to help you stay current in the field. For example, at the FCA level, we have a social justice webinar series as a part of my Presidential Initiative. Vickie, our fantastic Office Manager will always send out email notifications to all members for all FCA Trainings and Division Specific Trainings to the respective Division Members. For those of you that it applies, these events usually have CE credits available free to all FCA members. These professional development opportunities are also beneficial to pre-licensed and graduate students. As always, stay safe and healthy, and feel free to reach out to me with any questions, concerns, ideas, or if you are interested in becoming more involved with FCA.

Sincerely,

Letitia Browne-James, Ph.D., LMHC-S, NCC
FCA President, 2019-2021
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**Member Highlights**

**Congratulations Dr. Elisa Niles!!**

Congratulations are in order for the Florida Counseling Association’s Convention Committee Coordinator, Dr. Elisa Niles, LMHC-S, NCC, CCTP, CCMHC, RPT-S on her Chapter Publication! Dr. Niles published a chapter in "Techniques and Interventions for Play Therapy and Clinical Supervision", titled "An Integrative Approach to Play Therapy Supervision Using Sandtray Therapy".

**Chapter 7**

An Integrative Approach to Play Therapy Supervision Using Sandtray Therapy

Elisa A. Niles
Liberty University, USA & Hodges University, USA

**ABSTRACT**

Supervisors are gatekeepers to the counseling profession and the same applies to safeguarding play therapy. Clinical supervision in play therapy helps play therapists master their skills when working with children, adolescents, or adults. Integrative sandtray supervision facilitates emerging play therapists’ developmental levels. The integrative developmental model of supervision and sandplay concepts offer a different way of conducting play therapy supervision. Supervisors learn to master each stage of development. Sandplay supervision allows play therapists supervisors a new medium for emerging play therapists to process cases, discuss ethical issues, and explore professional and personal challenges. Each sandplay can mark the four developmental stages and three content areas. Supervisors monitor the development of emerging play therapists’ essential skills, ethical practice, and multicultural competence. Cultural sensitivity should also be applied within the supervisory relationship and reflected in the sandplay. This chapter seeks to broaden the scope of practice for play therapy supervisors.

**Congratulations Emily Flositz!!**

Congratulations are also in order for the Florida Counseling Association’s Technology Committee Chair, Emily Flositz, who has been named FCA Member of the Year! The purpose of this reward is to recognize a member who has made a significant contribution to FCA!
Haberstroth et al. (2014) found that a lot of state counseling boards did not have statutes regarding telehealth counseling and that in the states that did have specific statutes professional counselors rarely followed them (American Counseling Association, 2014). Of course, this study is not exactly new, but it is important to think of the implications of counselors providing services either without clear guidelines or ignoring the guidelines altogether. If a provider is ever unsure about the statutes that are in their state or basic ethics in regard to telehealth counseling, it is always recommended to read the statues published by their state board as well as to refer back to the American Counseling Association’s code of ethics. If further help is needed in regard to ethics in this area members of the American Counseling Association can receive a free consultation on ethics.

The American Counseling Association has an entire section dedicated to distance counseling in its code of ethics. Some of the things that they mention as important considerations in the informed consent process are informing the client about the possibility of technical difficulties, potential risks and benefits in using telehealth counseling, as well as emergency procedures when the counselor is unavailable and anticipated response time (American Counseling Association, 2014). It is imperative that we know what the current laws and expectations are for telehealth. Due to COVID-19 many laws are being reduced or changed slightly to accommodate more clients, such as insurance providers allowing telehealth where they previously did not. Practicing counselors need to be aware of these things due to how rapidly they are changing and how much these things can potentially impact a counselor’s clients and their ability to work with them.

It is also understood from Haberstroth et al., that telehealth counseling has been shown to be helpful with multiple different mental health concerns (American Counseling Association, 2014). In their article Haberstroth el al., found that some of the downsides to telehealth counseling are limited focus in sessions and lack of nonverbal cues but benefits are especially high for those who live in rural areas with limited access to mental healthcare (American Counseling Association, 2014). These are things that must be considered when we are choosing whether or not telehealth counseling is the right fit for a client.

The American Psychological Association’s website (American Psychological Association, 2015) encouraged counselor’s to truly consider if telehealth counseling is the best option for the client instead of the most convenient one, as well as considering if the app or website the counselor is using for their services is completely confidential. These are both important things to acknowledge in a time where face-to-face counseling is hard to do safely. Many video apps appear confidential but have flaws that stop them from actually being HIPPA compliant. If telehealth counseling has the potential to do more harm than good, then we cannot in good conscience choose it as an option.
One study by Wrape and McGinn (2018) done on the effectiveness of couples and family counseling through telehealth services found good outcomes from the telehealth counseling. However, the concern they raised is that when doing online counseling with couples it is harder to appropriately screen for interpersonal violence and safety because the partner could always be just outside of the camera view (Wrape and McGinn, 2018). Presumably, the same concern can be seen in assessing child abuse in children through telehealth counseling.

Clearly, there are many things that have to be thought of throughout the process of providing telehealth counseling. It is vital that counselors engage in their own research in the ethics of counseling online as well as effective online therapeutic approaches. This is difficult during a time where there is so much chaos and change but it is a mandate for all of us to engage in behaviors befitting of the counseling profession. Therefore, we must put in the hard work even beyond this article to make sure we are fully prepared to provide the services our clients need.

References


Written By:

Rebecca Moore
M.A., Registered Mental Health Counselor Intern

President, Florida Association for Child and Adolescent Counseling
Historically there have been barriers to mental health services including practical concerns such as driving, financial cost, scheduling difficulties, childcare, and psychological barriers pertaining to stigmas and safety (Wrape & McGinn, 2019). The coronavirus lockdown has created even more barriers to traditional face-to-face mental health services which has led to an increased need and availability of telebehavioral health services (Jeffrey et al., 2020). The standard of care in telebehavioral health service delivery is the same level of quality care as face-to-face services while maintaining client satisfaction and treatment adherence (Jones et al., 2014). Prior to the inception of services, consent must be obtained and a review of confidentiality and a discussion about limitations must take place (Jeffrey et al., 2020). This may be done electronically if it is within state regulations. Privacy and confidentiality are concerns during any delivery of mental health services and these concerns are increased when counselors are unable to control session environments (e.g., clients’ homes). There are multiple layers to these concerns including confidentiality and privacy regarding external variables (e.g., electronic communication) and internal to the therapy (Wrape & McGinn, 2019).

If sessions are interrupted by distractions within the home, counselors should gently yet assertively generate boundaries that concur with informed consent discussion at the commencement of services (Wrape & McGinn, 2019). According to the AAMFT Best Practices for Online Therapy Report, clinicians should be cautious to ensure end-to-end encryption, protected hardware, and protected software (Caldwell et al., 2017). It is important to take certain steps to ensure confidentially and discuss limitations to confidentially with families when using technology as the modality of therapy (Pennington et al., 2017). The importance of protecting privacy during counseling sessions by meeting in a private location in the home without interruptions should be stressed. During the first session the counselor should acknowledge this is a new way of receiving services and reassure the family any challenges will be addressed. Moreover, counselors should work with the family to make sure they have the most appropriate webcam setup, lighting, audio, and any other facet of their tech scheme (Jeffrey et al., 2020). Counselors may need to be slightly more animated to demonstrate feelings over telebehavioral health sessions and check in often to establish constant connection to join with families because nonverbal clues may be missed. Furthermore, counselors should employ self-report rating scales to enhance client care (Jeffrey, et al., 2020). Studies have shown evidence that telebehavioral health is an effective and safe alternative to traditional face-to-face counseling (Wrape & McGinn, 2019).
Counselors should have a safety plan set in place with families and high conflict families. Additionally, family members and counselors should be proactive and establish a “brain break” signal to let others know when a quick breather is needed. Families should problem solve how each member of the family will self-regulate/cool down (e.g., deep breathing, a walk, hold a favorite object) and all family members should agree to support each other (Wrape & McGinn, 2019). Counselors should know the physical location of the family for each session in case an emergency takes place. The home address or location of the family while sessions take place should be included in the initial paperwork. Counselors should be aware of local community referrals, networks and support resources for families (Wrape & McGinn, 2019).

There are numerous ethical considerations and unique concerns regarding telebehavioral health for families. The counseling profession has been reshaped by the COVID-19 pandemic, and counselors have been catapulted into the world of telehealth. It is an exciting time in counseling when we can reach even more families and provide much needed support to help families obtain the mental health wellness all humans deserve.

References


As an educator who has pandemic-pivoted to online teaching, I know how discouraging it can be to see more black boxes than faces in the virtual classroom. Initially, I asked all of my students to turn on their cameras for participation points, but then I visited my family home and re-thought the whole mandatory camera issue.

I come from a blue-collar family and my parents still live in the house where they raised me and my siblings. Colloquially, we live in the “hood” where not much has changed except the gentrifiers who make offers to buy our aged home. During my visit, I had a hard time finding an ideal place in our home to conduct class. I wondered how much I wanted my students to see. If I conducted class from our family room students might become distracted by the walls of family photos—a cluttered visual timeline that spanned from my great-grandparents to my children. If I facilitated class from the kitchen table they might think I was on set of a Tyler Perry Madea movie. I also considered driving to another location altogether—the library, Starbucks, or anywhere actually—but then I worried about the message I might inadvertently send to my family who had worked hard for me to be who I am.

*Teachers, please don’t require your students to have their cameras on. Here are just a few reasons:

1. **Streaming quality:** Having the camera on uses a lot of bandwidth and is taxing on their computer. It can make streaming choppy for the students (and anyone else on their wifi) and they could miss parts of the lesson.

2. **Distraction:** Students aren’t accustomed to looking at all the other students during lessons. Constantly scanning all those faces exacerbates virtual meeting fatigue and makes it difficult to focus on the lesson.

3. **Anxiety:** Students have said having their cameras on is like looking in the mirror while your entire class is looking at you for hours each day. This makes some students incredibly anxious and unable to focus.
4. **Inequity of living situations**: Not all students have access to a learning location they are comfortable with their class seeing. We need to be mindful of:

- Homeless students streaming from a car or shelter
- Students with disabilities who need physical supports and don’t want it on display
- Families who wear cultural head coverings in public, but not at home and would risk being seen on camera
- Students in rooms that are cramped, cluttered, or in disrepair
- Students who have multiple family members who might end up in the background
- Students with lower quality internet or computer, which would be evident in the streaming or picture quality
- Students who are also helping take care of younger siblings, who might be on camera

5. **Potential or bullying**: Unfortunately, students sometimes take screenshots and share them with friends to make fun of the student or their surroundings

6. **Students not engaged**: This should be a conversation with the student and their parent/guardian, not in front of the entire class.

*source unknown

**Written By:**

**Dr. Latonya Summers**  
LPCS, LCAS, MAC, NCC  
**President, Florida Association for Multicultural Counseling and Development**
FAMCD Announcements

Congratulations to FAMCD Secretary, Dr. Amanda DiLorenzo-Garcia who successfully defended her dissertation entitled, “Experiences of Loss and Growth: A Phenomenological Inquiry of Mass Shooting Survivors and Their Family Members or Family-of-Choice”.

Congratulations to FAMCD President, Dr. Latonya Summers, whose book "Multicultural Counseling: Responding with Cultural Humility, Empathy, and Advocacy" was approved for publishing by the Springer Publishing company. Dr. Lotes Nelson, FCA Treasurer is co-editor of this project.

Congratulations to the Florida Association for Multi-Cultural Counseling and Development Division for being awarded "Best Division Newsletter 2019-2020"!!
Mental health professionals across the board have had to become more flexible within this year, than they have ever been required. As a profession, we are at a crossroad and have had to continually decide the best path to take when making ethical decisions. Now more than ever, it is imperative that helping professionals engage in best practices that involve considering all factors and variables that could potentially interfere with the outcome(s) of a decision.

Due to COVID-19, there is also a presented need for counselors to be more vigilant and protective of client well being. This need is heightened among counselors who work with students in the school setting with a great majority of those students being virtual learners. Ethical dilemmas are common for School Counselors, given the complexities of servicing students, their families, and school personnel at times. As a result, ethical standards offered by the American Counseling Association (ACA) and the American School Counselor Association (ASCA) are most helpful in these situations. In some circumstances, particularly now with more students working virtually, School Counselors have to learn to navigate these ethical dilemmas in a different way.

According to ASCA, (2016), School Counselors are required to:

a. Adhere to the same ethical guidelines in a virtual/distance setting as school counselors in face-to-face settings.
b. Recognize and acknowledge the challenges and limitations of virtual/distance school counseling.
c. Implement procedures for students to follow in both emergency and nonemergency situations when the school counselor is not available.
d. Recognize and mitigate the limitation of virtual/distance school counseling confidentiality, which may include unintended viewers or recipients.
e. Inform both the student and parent/guardian of the benefits and limitations of virtual/distance counseling.
f. Educate students on how to participate in the electronic school counseling relationship to minimize and prevent potential misunderstandings that could occur due to lack of verbal cues and inability to read body language or other visual cues that provide contextual meaning to the school counseling process and school counseling relationship.

Although, School Counselors do not engage in telehealth in the traditional sense, the ethical duty is still present to ensure that students are monitored for emotional, social, and physical disparities and challenges in their now virtual environments. School Counselors are responsible for navigating the terrain of the children and adolescents, as well as communicating with parents and other stakeholders. In the traditional counseling relationship, the client and related documentation are two necessary components; however, in the schools this process is a bit more convoluted. As school counselors gain experience, they may rely more on intuition or instinct than on a more conscious process of ethical decision-making (Levitt, Farry, & Mazzarella, 2015). Ethical challenges can arise among virtual students and counselors in particular when referring students to adjunct services and agencies. There must be enough information shared to be helpful in providing assistance, but maintaining the integrity of the counseling relationship is ultimately the goal. Navigating how much information to be shared, can often times cause internal struggles and make a School Counselor wonder, “Is sharing this really helpful?”

To ensure that School Counselors are upholding the standards of the profession, ASCA encourages the use of the Solutions to Ethical Problems in Schools (STEPS) model (Stone, 2010).
In this nine-step model, counselors are guided to:

1. Define the problem emotionally and intellectually
2. Apply the ASCA Ethical Standards for School Counselors and the law
3. Consider the students’ chronological and developmental levels
4. Consider the setting, parental rights and minors’ rights
5. Apply the ethical principles of beneficence, autonomy, nonmaleficence, loyalty and justice
6. Determine potential courses of action and their consequences
7. Evaluate the selected action
8. Consult
9. Implement the course of action

Through application of these steps, School Counselors are given a firm guide to acknowledging and working through ethical decision making specific to the K-12 virtual environment. School days can be unpredictable causing counselors to rapidly shift from one role to the next. Through this model, decision-making becomes clear, allowing more time to interact with students virtually and truly engage in the work that we love.

References


Written By:

**Dr. Michele Pinellas**
Registered Mental Health Counselor Intern

**Treasurer, Florida Association of Counselor Education and Supervision**
Congratulations Dr. Pinellas!!

Celebrations are in order for the Florida Association for Counselor Education and Supervision (FACES) Treasurer and the 2020 Convention Co-Coordinator, Michele Pinellas. Dr. Pinellas recently completed her doctoral degree in Counselor Education and Supervision from National Louis University-Florida. Dr. Pinellas' dissertation was entitled “Fostering Resilience: A Pilot Study for Mindful Yoga as an Intervention for Adolescents Exposed to Chronic Adversity”. Currently, Dr. Pinellas is a School Counselor with aspirations to become a School Counselor Educator.

Dr. Caroline Perjessy, FACES Past-President and Associate Professor of Counselor Education and Supervision at NLU Florida, won the Florida Counseling Association’s "Jeff Siskand" Leadership Award for her service to FCA and the Florida Counselor Education and Supervision (FACES) division. Congratulations Dr. Perjessy! This award is designed to recognize an individual or an organization who/that has made a significant contribution in leading their Chapter, Division, and Association.
This year telemental health has taken center stage of our profession. While telemental health boasts many benefits, among them the maintenance of social distancing, increased access to care and heightened convenience, for many individuals that I have encountered in my practice, there is a lingering sense of a lack of security. I am not speaking of logistical security, as counselors have diligently worked to ensure our online platforms are ethically bound, private, confidential and HIPAA compliant. Rather, I am speaking about the emotional security that the four walls of our offices provide to many of our clients. The sense of inhabiting a safe space that, at least for the therapeutic hour, belongs solely to the counselor and client and can hold and protect the client’s words. This is what many clients are lacking as they engage in counseling from home spaces where they may be unable to guarantee their privacy, or may be confined to an environment that is unsupportive. This risk is particularly salient for the LGBTQ (Lesbian, gay, bisexual, transgender, queer) + community as they may find themselves in an environment that fails to affirm their identity, or places them at risk for abuse or victimization.

As my practice, working mostly with LGBTQ+ clients, transitioned to telemental health I noticed a glaring lack of connection between my clients and I that extended far beyond the physical distance placed between us via a computer screen. Upon inquiring, many clients shared with me the anxiety stemming from a fear that someone in the household may overhear something they or I say during the course of our session that alludes to their identity. This is when it clicked, many of my clients are risking disclosing sexual orientation or gender identity before they are ready, wanting, or safely able to do so, for the sake of continuing mental health care. Or, they are closing up, avoiding certain topics, and holding in the things they wanted to say in order to protect themselves, but sacrificing the chance to be heard and validated in the process. This is not a dilemma our clients should be faced with. The question, however, is “How do we protect our LGBTQ+ clients and maintain open communication?”

One promising solution I have found is to add a form to existing intake paperwork that specifically targets, and creates a plan of engagement for topics surrounding LGBTQ+ identity. The form I drafted for use with my clients addresses the following areas:

- When asking for the client’s pronouns, the intake form also includes the question “Are you comfortable with me using these pronouns while you are at home during our sessions?”
- When asking about sexual orientation the intake form includes a similar question. “Are you comfortable with me approaching this if it comes up for us, while you are at home during our sessions?”
- The form includes the same question when asking about gender identity and gender expression. “Are you comfortable with me approaching this if it comes up for us, while you are at home during our sessions.”
- I also found it incredibly important to offer my LGBTQ+ clients a means to discuss significant relationships in their lives, without unwillingly disclosing any aspect of their identity. In order to do so I include the following questions and statements.

First, it is pertinent to simply ask if their home environment is safe and supportive, and if they have sufficient privacy. Before proceeding, it is vital to clearly state that the client’s unique identity is valued, and that as a counselor we are proud of every aspect of their LGBTQ+ identity. Also as counselors, protecting our clients from harm is a priority, and we should make it clear to our clients that we will take every measure to preserve their safety. This may include avoiding overt disclosure of their identity through the course of our conversations. I then proceed to offer prompts to clarify the degree to which this may occur.
While this all may seem very calculated and perhaps even a bit tedious, it cannot be underestimated how important it is that we are not only protecting our LGBTQ+ clients from harm, in the process we are also letting them know that we see them; we acknowledge and have empathy for the extra strain that is placed upon them. This alone can make all the difference for a client. I have had great success implementing this system with my clients, and I encourage you to use your own unique voice as a counselor to put this to practice as well. As counselors, we are called to affirm, validate, and protect all of our clients. This is one way we can start to do so, almost immediately after reading this, to care for our LGBTQ+ clients.

Would you prefer me to talk about relationships in gender neutral terms?

“If you would like to tell me about significant relationships, platonic, romantic, sexual, or otherwise in your life, and share details such as their gender identity, gender expression, and sexual orientation that you are uncomfortable disclosing out loud during our session please do so here.”

“Please indicate if you are comfortable with me using these individual’s names.”

“Please indicate if you are comfortable talking about these individuals using a different name. Go ahead and provide a new name for them.”

“Please indicate if you would like me to avoid disclosing any aspect of these individual’s identities”.

Finally, even if a client indicated they have a safe and private environment at home, I recognize there is the possibility that their environment may change at any moment, even during a session. Therefore, I ask clients to pick a word or phrase to indicate that they would like to shift the conversation away from the topic due to a change in environment, and indicate this on the form.

While this all may seem very calculated and perhaps even a bit tedious, it cannot be underestimated how important it is that we are not only protecting our LGBTQ+ clients from harm, in the process we are also letting them know that we see them; we acknowledge and have empathy for the extra strain that is placed upon them. This alone can make all the difference for a client. I have had great success implementing this system with my clients, and I encourage you to use your own unique voice as a counselor to put this to practice as well. As counselors, we are called to affirm, validate, and protect all of our clients. This is one way we can start to do so, almost immediately after reading this, to care for our LGBTQ+ clients.
Outstanding Division of the Year Award Winner

FCDA Wants YOU! Put your leadership skills on display while sharing some of your visions for FCDA! You can do all of this and more by becoming our President-Elect! While stepping into the role of President-Elect, you will have the opportunity to shadow current FCDA President John Long and co-serve on a committee of your choosing. Currently this is a 3 year commitment as President-Elect, President and then Past-President.

Interested?

Send an email to Jackie Gill at FCDAMembership@gmail.com to find out more information.

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FCDA Announcement

The Florida Career Development Association (FCDA) is an Award-Winning Division!! FCDA was presented with "Outstanding Division of the Year 2019-2020. This award is designed to recognize the division who best demonstrated the objectives of an FCA Division! Congratulations!!!
Hello everyone!

FASERVIC (Florida Association for Spiritual, Ethical, and Religious Values in Counseling) is back in business! In September, the board was officially elected and the division returned to active status. We’ve already introduced ourselves to the division, but considering we will be holding a large event for all FCA members (more info to come), we thought we’d introduce ourselves to everyone!
Meet FASERVIC's New Board Members

Ben Harel, M.S., RMHCI
President, FASERVIC

Ben Harel is a Registered Mental Health Counseling Intern with the state of Florida. He currently works as a Senior Youth Counselor in New Horizons, a school-based substance abuse and mental health prevention program. He has previously worked in adult outpatient, intensive outpatient, and drug court programs and has since shifted his focus to working with adolescents and young adults. His counseling and research interests include wellness, adolescent and family counseling, and interest, attention, and engagement in counseling and education. Ben enjoys reading, exercising, and getting attacked by his cat in his free time.

Heather Geils, M.S., LMHC, NCC
President-Elect, FASERVIC

Heather Geils is a licensed marriage and family therapist, a nationally certified counselor, and a current doctoral candidate in the Counselor Education and Supervision program at the University of Central Florida. Heather’s current research interests include severe and persistent mental illness from a family systems perspective and suicide training guidelines and practices for counselors and educators. In her free time, Heather enjoys spending time with her family, traveling, carpentry, and pretty much anything related to animals.
Meet FASERVIC's New Board Members

**Joey Jachec, M.S. RMHCI**  
Secretary, FASERVIC

Joey Jachec is a Registered Mental Health Counseling Intern with the state of Florida. She currently counsels at the Children’s Advocacy Center of Brevard. Joey is a counseling team member of INUA: Partners in Hope, working in Naivasha, Kenya with at-risk youth. Joey also serves as secretary with Space Coast Mental Health Counselors Association. Topics of interest include trauma-related anxiety and depression, impact of family spiritual/religious beliefs on client wellness and LGBTQ+ issues, suicide prevention, and nonsuicidal self-injury. She enjoys traveling, snorkeling, camping, and connecting with family and friends.

**Lisa Rickman, M.S.**  
Treasurer, FASERVIC

Lisa Rickman is a school counselor at University High in Orange City and therapist at Casa Feliz Counseling in Deland specializing in perinatal mental health. Lisa’s research interests include postpartum recovery, expressive arts and trauma work with children & adolescents, and spirituality in counseling. She was a committee leader in her chapter’s Chi Sigma Iota Honor Society and a research assistant for Stetson’s Counselor Education Research Club (CERC). Lisa is the PSI (Postpartum Support International) Support Coordinator for Volusia County. She loves family time, photography, and appreciating life’s most beautiful moments.
Meet FASERVIC's New Board Members

Crystal Glover
Graduate Student Representative, FASERVIC

Crystal Glover is a graduate student at Stetson University earning a Master's in Marriage and Family Therapy and a Certificate in Clinical Mental Health Counseling. She is certified in Gottman Method Couples Therapy (I&II), Prepare/Enrich, and Trauma-Focused CBT. Crystal is currently an intern at Front Porch Counseling, a private practice in Daytona Beach. She is also a Wellness Advocate for Foundry, a program that helps those transitioning out of foster care. Crystal has a passion for working with young adults dealing with trauma, addiction, co-dependency, and unhealthy relationships. In her free time Crystal enjoys time at the beach, singing karaoke and finding fun DIY projects.

FASERVIC CONTACT INFORMATION

CONTACT:
faservicboard@gmail.com
Website coming soon:
https://www.flacounseling.org/FASERVIC

SOCIAL MEDIA:
IG: faservic_
Facebook: Faservic
Twitter: FASERVIC

More Exciting News, Updates, & Events Coming Soon!!!
Heartfelt Wishes

"Stephanie is truly a shining star! Even from across a room (or galaxy I would bet), everyone can feel her positivity and strength. She inspires me as she is one of the strongest women I know. Sending her lots of love!"

- FCA Past President Anne Flenner

Dr. Stephanie Carroll

We also wanted to take a moment to discuss Dr. Stephanie Carroll, a past president of FASERVIC who has been involved in the FCA for years. Dr. Carroll is currently undergoing medical treatment. While our current board is brand new to FCA leadership, we’ve learned about her through our interactions with current and past members. Watching our leaders and mentors emotionally and passionately gather to discuss Dr. Carroll painted a picture of who she is. As we get accustomed to our new leadership roles, we realize and respect the difficulty and intricacy of what she did in this role. Furthermore, we reach into our own experiences with friends and family undergoing medical treatment to empathize with her current tribulations, and invite others who wish to reach out to her to send messages and photos to faservicboard@gmail.com.
FCA Contact

FCA MAILING ADDRESS:
Florida Counseling Association
2750 Taylor Avenue Suite A-36
Orlando, Florida 32806

Website:
https://www.flacounseling.org

FCA Mission:
To promote the value of professional counseling as well as supporting and unifying professional counselors in all settings resulting in high quality practices in Florida.

FCA Purpose:
The purpose of the Florida Counseling Association is to promote the counseling profession through public awareness, professional development, and advocacy.

Newsletter Submissions:
As an FCA Member, you are welcomed and encouraged to submit an article, announcement, and/or professional celebration in the newsletter.
Please contact Dominique Battle, FCA Secretary at fcasecretary1@gmail.com for more information regarding submissions. If submitting articles, please submit articles for the FCA Guidelines Newsletter to fcaguidelines@gmail.com

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