Guidelines Newsletter

The Official Publication of the Florida Counseling Association

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Winter Issue

"Ethics in Counseling: Global and Communal Trauma"
Dear FCA Members,

Happy New Year! I trust that you are safe, well, and getting back into the swing of things after the holiday season. I am thankful that we made it to 2021 and hope that this year brings us wellness, joy, and success. We have collectively been going through various forms of global and communal traumas and transitions because of the pandemic, local, national, global unrest, personal struggles, and most recently, the attack on our nation’s capital building that cost 5 people their lives. You may have seen an email from the FCA office showing our endorsement of ACA’s letter denouncing that attack.

Though we may have some shared experiences with these events over the last year, the impact on each of us is unique. That said, the topic of this winter newsletter, Ethics in Counseling: Global and Communal Trauma, is very timely.

As I write this, I reflect on where I was last year at this time after an unexpected health crisis that almost took my life when I was in Nashville, TN, at ACA’s Southern Leadership Development Institute, representing FCA as your Current President. But thanks to ACA, FCA, ACA Southern Region Leaders, a team of superb medical experts, my higher power, and of course, my family, I am here today to tell the story. My point is that life can be unpredictable not only for the people we serve and work with but for us personally. Despite whatever is going on in the world, we must take care of ourselves first and foremost. Despite whatever is going on in the world, we must take care of ourselves first and foremost. As for FCA, we are in the third quarter of the Fiscal Year, which runs from July 1, 2020, to June 30, 2021. We reviewed the second year of our strategic plan on January 30th. Thank you to those who participated and everyone for all your hard work within and outside of FCA all year. If you are not in a leadership role within FCA and would like to learn about leadership opportunities, please reach out to me to discuss how you can serve.

I have a few reminders:

1. ACA’s Conference will take place virtually on April 5-30th instead of in-person in Orlando, Florida, which is disappointing but understandable.
2. If you are dealing with an ethical issue, you may reach out to FCA’s Ethics Committee for support by contacting Dr. Eric Davis, Ethics Committee Chair, at esdavis1@usf.edu.
3. Your respective FCA Region Reps are a source of support for professional networking, and you can find yours here on our leadership roster.
4. Another way to get involved with FCA is by submitting an article, announcement, or professional celebration to the newsletter.

Please contact Dominique Battle, FCA’s Secretary at fcasecretary1@gmail.com, for more information about submissions. I hope that you will find some insightful information in this current newsletter. As always, stay safe and healthy, and feel free to reach out to me at drlbjfca@gmail.com with any questions, concerns, or ideas.

Sincerely,
Letitia Browne-James, Ph.D., LMHC-S, NCCFCA
President, 2019-2021
The 2021 Virtual Traumatology Symposium is scheduled to take place on April 30th & May 1st.

More information to follow via Email and our website in the coming months!
Greetings fellow FCA members and welcome to 2021,

As I reflect on the past year, many thoughts enter my mind. I, like many of you, have been deeply affected by the recent tragedies that we have witnessed, or perhaps, directly experienced. As a nation, we are still coping through the adversities of 2020, a year that encompassed some of the most challenging times we have faced in our lifetimes—the global pandemic, racial injustice, and most recently, an attack on our nation’s capital.

From my heart, I write to all of you, hoping that you find strength and courage to live with compassion, respect, peace, and love, not just for yourself, but for others as well.

During this unprecedented time, we must continue to cultivate and nurture our most sacred relationships and sustain these connections. This notion is the inspiration for this year’s theme for the FCA 2021 Convention, Cultivating Nurturing Relationships: Sustaining Connection Throughout our Lives. Let us come together and continue being the wonderful and caring counselors that we are and help our nation heal.

As you navigate your daily activities, remember that when building a relationship (regardless of type or scale) what you say matters, what you do matters, and most importantly - you matter.

Warmly,

Courtney N. Martensen, MS, LMHC, NCC
FCA President-elect 2020-2021
Of all things that have happened in our world in 2020, and going into 2021, one of the most difficult aspects—physically, emotionally, cognitively, and behaviorally—has been our inability to connect with other humans because of the pandemic. We were told in the first few months of 2020 that “social distancing” was a way to reduce the spread of the virus. What that meant to many was to live as communally as possible with the people who lived in their homes; this was sometimes difficult because people of the homes were working or going to school, which increased the likelihood that spread could occur. But what were people to do? People resigned themselves to the idea that limiting interaction with family and friends who lived outside the home was paramount to controlling the spread of the virus. At first, people found ways to connect: FaceTime and Zoom dinners and playdates were keeping “connection” possible between networks of people. As the year ran on, however, “zoom fatigue” (Lee, 2020) became a real occurrence as businesses, classrooms, and mental health resources closed up physical shop and moved to online platforms. Hearing from someone, “let’s meet for coffee,” took on a new meaning, and those once treasured moments we had making connections with others sometimes seemed like tiresome extensions of our already exhausted eyes, brains, and bodies.

Literature suggests that humans’ brains are wired for connectivity (Sukel, 2019) and social relationships between people serve to not only promote well-being but increase our psychological resources against stress (Cohen, 2004; Lincoln, Chatters, & Taylor, 2005). We have come to discover what happens when humans cannot connect in the ways that we have grown accustomed to and offer us most benefit. Literature offers information around the mental health implications arising from social distancing, isolation, and quarantine (Venkatesh, 2020): diagnostic symptoms (e.g., depression, anxiety) have increased or have been exacerbated since people have implemented distancing or isolation (Clemens, Deschamps, Pegert, Anagnostopoulos, Bailey, Doyle, Eliez, Hansen, et al., 2020).

For individuals who have relationships with friends and family that can buttress the emotional weariness of social distancing—especially if they live within the same home and can maintain physical contact with emotional support—mental health challenges may be reduced or may not emerge at all in the context of the pandemic and all that has changed in our environment. For those who do not have that emotional support within their homes, or they live alone, social distancing may become a traumatic experience; those people may have been, quite literally, cut-off from their support systems because of the physical distance.

Moreover, individuals who are unaccepted by the only people with whom they can have physical contact can be a reminder of isolation in a different way; the communal trauma that is experienced by groups who are marginalized and oppressed, forced to live in isolation from others who might otherwise offer them the desperately needed support. A communal trauma faced by individuals of the LGBTQ community, specifically LGBTQ youth, is increased risk of suicide (Facts About Suicide, Trevor Project); since the pandemic, due to social distancing parameters, suicide has become a heightened concern for this community.

**LGBTQ Youth and Suicide: Application and Considerations**

According to the CDC and The Human Rights Campaign (Transgender Children & Youth: Understanding the Basics, 2019) LGBTQ youth and specifically, transgender and nonbinary youth, are at greatest risk of suicide and violence when compared to peers. The Trevor Project (2020) identifies that suicidality amongst LGBTQ youth is exacerbated by unsupportive communities (The Trevor Project, 2020). In 2019, The Trevor Project released the largest cross-sectional national survey of its kind, to date (See National Survey on LGBTQ Youth Mental Health). With over 34,000 respondents, illuminating alarming statistics.
Approximately 65% of youth disclosed that someone had suggested that they reconsider their sexual orientation. Incidences of discrimination directly linked to gender or sexual identity was experienced by over 70% of youth. Even amongst youth, 80% felt their mental health was significantly impacted by the political climate in the United States. Lastly, around 90% of youth were endorsed the significance of safe spaces and crisis intervention support systems.

Minority LGBTQ Youth

In a report released by the Human Rights Campaign (HRC) it was stated that “Sadly, 2020 has already seen at least 44 transgender or gender non-conforming people fatally shot or killed by other violent means, the majority of which were Black and Latinx transgender women. We say at least because too often these stories go unreported—or misreported.” (See more at https://www.hrc.org/resources/violence-against-the-trans-and-gender-non-conforming-community-in-2020). Similarly, a recent study by Ivey-Stephenson et al., (2019) found that amongst High School students, being colored, female, and identifying as gay, lesbian, or bisexual were factors, respectively, that contributed to higher prevalence of suicidal behaviors and attempts. The Trevor Project (2020) endorses comprehensive empirically-based approaches and suggestions to supporting LGBTQ youth. The remainder of the article focuses on applicability and considerations for counselors and LGBTQ allied support systems to have when working with LGBTQ youth.

Florida and Miami-Dade County implemented some of the more intense “social distancing” guidelines and curfews during COVID-19, as well as has been an epicenter to political unrest and protests. As such, the LGBTQ youth in Miami have been exposed to an unforeseen number of stressors and trauma, that we may not begin to fully comprehend for years to come. As counselors, it is now our responsibility to consider the implications and lived experiences that will soon be the responsibility of us to counsel these youth and their families through.

Safety Considerations

Concentration should be on increasing suicide awareness by identifying risks for increased exploitation and abuse of LGBTQ youth. This means that counselors in the South Florida and Miami area are susceptible to encountering unique issues when compared to other ecosystems across state of Florida and the nation. The Trevor Project identifies an alarming correlation, globally, between economic crisis’s related to unemployment rates and suicidality. The following is an evaluation of how these concerns manifest to increasing predisposition to minority LGBTQ youth suicidal behaviors and factors to consider during treatment and support.

The LGBTQ community has long-faced discrimination that increased unemployment rates and disparities in resources that lead to increased risk for suicidality (The Trevor Project, 2020). Unemployment and Housing affect LGBTQ youth in several ways. First, Unemployment and housing disparities are critical factors that impact the overall safety and quality of living conditions for LGBTQ youth and their families, primarily by limiting access to support. Directly, youth encounter “Unsupportive environments [that] may result in increased dysphoria, particularly among transgender and/or nonbinary youth, as some may need to hide their authentic selves to maintain safety.” (P. 5, The Trevor Project, 2020). LGBTQ youth face a progressively higher probability of stigmatization within their own homes. This leaves many youths at critical developmental periods, feeling powerless to be their authentic selves, or when daring to, encountering physical, emotional, or sexual abuse. According to IMPACT (2010), every time a person identifying as LGBTQ is exposed to verbal harassment or abuse, the chance of them engaging in self-harming behaviors increases by 40% when compared to heterosexual or cisgender peers.

This leaves counselors with an increasingly challenging position. The very distancing protocols that have been implemented as safety precautions have placed restrictions on our information gathering and decision-making skills. The Trevor Project identified that virtual, and limited visibility through online systems restricts counselors from observable signs that manifest in cases of abuse corresponding to bruises, weight changes, odor, and other observations that may indicate abuse or overall deterioration of functioning in LGBTQ youth. This can be exacerbated by other conditions in their system. 

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Unemployment and Housing

Remember unemployment concerns? If you thought unemployment concerns and LGBTQ youth concerns were not important, here are some factors to consider. Many LGBTQ youth are now facing realities of prolonged exposure to toxic and unhealthy living and social environments. This can be challenging to process when considering HIPAA and privacy limitations. Many youths have limited space for privacy during online sessions or become concerned about “outing themselves” as some are still processing their gender or sexual identity privately. Some temporary findings show that individuals have responded positively to observing others journeys on gender-affirmations or coming out (The Trevor Project, 2019). Counselors are encouraged to consider alternative, remedial resources and support for LGBTQ youth and their unique circumstances during the continuing pandemic.

In a recent study by Rehman, Lopes, and Jaspal (2020), poor mental health is exacerbated in LGBTQ community by social stigma and low income. Many LGBTQ youth work to save up money to move out of oppressing and abusive homes. Others have been waiting to go away to college to only be restrained to their homes once again. Some experience unemployment and can no longer afford many of the gender-affirming therapies they were involved in, even the support of individual counseling. Insurance markets, once closed, are opening up panels in search for providers that can service the members there are contracted to support.

For example, in 2017, Puckett et al., identified that transgender and nonbinary individuals encountered barriers to gender-affirming treatment; this was found in a pre-COVID-19 community. Hormonal fluctuations, mood imbalances, and communal trauma are all severe conditions that increase suicidality. Counselors who are facing their own unrest are aiming to manage these conditions from the other side of a computer. If one thing Miami and the LGBTQ community has done well it is be united. Yet, LGBTQ youth still face an exacerbated hardship during these times.

The Trevor Project advocates for continued support for interactions and involvement with others; they encourage counselors to promote social engagement and support in various ways and to be vigilant of the differences between social distancing and social isolation. A conceptualization for counselors to consider is that many youths are unable to utilize their sometimes already restricted range of coping skills. Even temporary limitations on social gatherings prevent LGBTQ youth from being themselves or even more critical escaping from the abuse they may be experiencing within the very walls of their own homes. Many youths, especially LGBTQ youth, are exposed to unforeseen hazards that if left untreated can have negative implications for future adjustment of an already vulnerable population.

References


Hello FCA members,

This is Ben Harel, President of FASERVIC. I am reaching out to you all to discuss something many of us have experienced: GRIEF.

We deal with grief every year, but this year has been especially difficult. This is not only due to the pandemic and recent sociopolitical events, but because these factors have made it difficult to support each other in person. In addition to doing our best to cope with our losses, we struggle to support our friends, colleagues, and clients who are dealing with their own.

Grief has been a tribulation to us personally and an obstacle to us professionally, and FASERVIC would like to help. We are surveying interest in an FCA grief support and discussion group meeting. This group would be comprised of a small number of members and would meet virtually. This is not only a place to vent and seek support, but to learn about and share coping strategies and interventions to assist in supporting and counseling others.

Further details such as meeting times/dates/etc. will be discussed with interested members. Please email faservicboard@gmail.com if you are interested or would like more information.

Lastly, we have begun searching for panelists for a grief seminar. If you know any counseling professionals or religious/spiritual/community leaders who specialize or are competent in discussing and exploring grief in a virtual panel, please feel free to recommend them.

Grief is not something you get over. It's something you carry. And it doesn't get any smaller or lighter. But you can become stronger, so that it's easier to keep moving forward.
With the advent of the Covid-19 epidemic many counseling training programs and agencies changed their methods of supervision and counseling to an online environment. Although the provision of telemental health counseling is not something new, for most counseling agencies and training programs this represented a radical change and required significant effort to adapt to the new circumstances. Although many agencies and training programs moved to a traditional telemental health and online supervision format, some found in this context an opportunity to include live supervision components, as a continuation of what they were already doing, or as a way of enhancing quality in the provision of counseling services by novice online counselors, and facilitated by the use of technology. In this article I describe briefly some of the ethical considerations involved in the provision of online live supervision of telemental health counseling.

Online live supervision of telemental health counseling is described as the provision of supervision synchronously through a virtual platform to a supervisee while they provide telemental health counseling services to a client. An important feature of live supervision is the possibility for the supervisor to provide synchronous feedback to the supervisee during the course of their counseling session. Both, the live online supervision and the provision of telemental health services are done through a HIPAA compliant videoconference platform where the supervisor, the supervisee and the client are present. Depending on the preferences of the training program or the counseling agency, the supervisor may or may not be visible to the supervisee and the client. In the same way, the supervisor can use a private chat channel of the telemental health platform, or a separate and secure communication app such as Tiger Connect to provide feedback to the supervisee.

The provision of counseling, online counseling, supervision, and online supervision involve ethical issues that have been discussed extensively in the counseling literature. In the case of online live supervision of telemental health counseling (OLSTHC) there are however some unique ethical considerations. Of course, the main ethical framework for the provision of OLSTHC is the code of ethics of the American Counseling Association, section H on distance counseling, technology and social media (ACA, 2014).

When counseling training programs and agencies transition to a fully online counseling and live supervision experience it is recommended to present clients and supervisees with an updated informed consent or supervision agreement for their online counseling and online supervision experiences respectively. The updated informed consent for clients needs to include, in addition to its regular components, any changes in the conditions in which counseling services are delivered, the online live supervision component, and if applicable, the acknowledgment and clarification of the presence of a supervisor and other members of a treatment team during the OLSTHC experience.

During OLSTHC, in addition to the basic confidentiality and exceptions to confidentiality, supervisors need to ensure the supervisee and the client are in conditions where they enjoy the maximum level of confidentiality and privacy as possible. As such, discussions about the location, access to a trusted person for clients, ways to enhance confidentiality and privacy at home or the place where services are provided and received, as well as the use of technology to enhance privacy such as earphones and headphones may be necessary.

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A special confidentiality and privacy conversation should be in place when the clients are minors or older adults. This is particularly important if the client requires significant assistance from adults or family members to access their counseling sessions. As an example, it is recommended to let the clients who are children know they can close the door, ask the adults to step out of the room, or put on some music if they want to have more privacy in their sessions at home.

Additionally, Important ethical issues connected to training and supervision include the need for supervisees to be trained in the provision of telemental health counseling. An important requirement is also for supervisors to have experience and training, and to hold professional credentials in both telemental health counseling as well as supervision, and if possible, supervision of telemental health counseling.

There are also considerations related to licensure, credentialing and accreditation. Supervisors are to be licensed and ideally hold a state or national supervisor credential in every state where the supervisor, the supervisee and the client are located during the OLSTMC. It is also important that counseling training programs align their policies and procedures related to the provision of OLSTHC with the temporary conditions (COVID-19) and permanent provisions established by their respective accrediting bodies, licensure boards, as well as federal, state and local government.

Finally, the production of records by supervisee both in the context of their online counseling as well as their online live supervision sessions is an important aspect of the OLSTHC experience. Some recommendations in this regard include the use of a web-based electronic health record system to avoid the transmission of records through unsafe means, the use of HIPAA compliant platforms and technological applications, and the establishment of business associate agreements with telehealth software providers. If recordings of the supervision and or counseling sessions are required, the use of cloud, encrypted and or password protected storage is preferred.

References:

Asian Adoptees and Mental Health Counseling

WRITTEN BY ELIZABETH BRASGALLA

This article is to guide mental health specialists and future mental health specialists to become better counselors and advocates to the adoptees’ community (specifically Asian adoptees). I created an informal needs assessment asking about previous and/or current therapeutic relationships while also touching upon racism and stigmatization.

This article was created to educate both mental health specialists and adoptees. It is my hope that this article spreads awareness of the struggles adoptees face, eliminates stigmas made by both adoptees and counselors, and creates a safe environment where therapeutic relationships can become cohesive and cooperative. Below, are the four themes I noticed based on the responses from the needs assessment.

“It really hurts clients of all backgrounds and ages when we as counselors put them into this box that we believe they fit in.”

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Instead of pressuring Western thinking and societal norms on the adoptee, reculturation encourages the adoptee to explore and identify with their birth culture.

Theme 1: Have an Open Mind

It really hurts clients of all cultural backgrounds and ages when we as counselors put them into this box that we believe they fit in. This affects the treatment process, communication, and the therapeutic relationship. It also creates a stigma that could be harmful and cause trauma or re-traumatize the client. Therefore, counselors need to be aware of and open to people’s differences.

Baden, Treweeke, & Ahluwalia (2012) wrote an article that introduces a term called Reculturation. Instead of pressuring Western thinking and societal norms on the adoptee, reculturation encourages the adoptee to explore and identify with their birth culture. This is a process of identity seeking. As counselors, it is important to note that not all adoptees may need this, but for those that do, to keep an open mind on where they are in their adoption acceptance, and their identity development. Remember, they came to us, which is already a big step.
As counselors, we need to be patient and mindful that our clients are trusting us with the information they provide about their private lives.

Theme 2: I Am Afraid That My Counselor Will Share My Secrets...

Counselors have a strict policy to follow throughout their career. This is called the ACA Code of Ethics. Here, mental health counselors, marriage and family counselors, and school counselors are bound to these codes. The ACA Code of Ethics guarantees that anything said in the session, stays in session regardless of your cultural background. Although, there are a few big exceptions to confidentiality.

If one of these comes up during a counseling session, the counselor is mandated to report it: 1) If the client expresses intent to harm themselves or others, 2) The abuse of children, the elderly, and other vulnerable populations are present, or 3) If the information is court-ordered. Other than that, you, as the client are welcome to share as much or as little as you want when you want. As counselors, we need to be patient, and mindful that our clients are trusting us with the information they provide about their private lives.
Because adoptees feel isolated, misunderstood, and abandoned, it can be challenging to feel a connection with someone who really understands what that process is like. And even then, every adoption story is different; it has its own history, possible trauma, and resolution. When counselors are not properly trained or educated, the client suffers, and the therapeutic relationship is hindered. According to Malott and Schmidt (2012), awareness of the cultural differences, knowledge of one’s own biases and the history of transracial adoption, and actively seeking professional training to extend their knowledge and skills (along with having the skills to broach the topic of racism) will help the counselor extend their repertoire, and will help the client (or family) feel safe in the counseling environment. For counselors everywhere, I encourage us to educate, reach out, and ask for guidance.

Theme 3: Counselors Need to Educate on Adoption

Because adoptees feel isolated, misunderstood, and abandoned, it can be challenging to feel a connection with someone who really understands what that process is like. And even then, every adoption story is different; it has its own history, possible trauma, and resolution. When counselors are not properly trained or educated, the client suffers, and the therapeutic relationship is hindered. According to Malott and Schmidt (2012), awareness of the cultural differences, knowledge of one’s own biases and the history of transracial adoption, and actively seeking professional training to extend their knowledge and skills (along with having the skills to broach the topic of racism) will help the counselor extend their repertoire, and will help the client (or family) feel safe in the counseling environment. For counselors everywhere, I encourage us to educate, reach out, and ask for guidance.

Additional Resources for Further Education on Transnational Adoption:

- C.A.S.E.
- Rutgers
- I Am Adoptee
- Adoption Trauma Therapists
- Beyond Words
- Introduction to Adoption: Implications for Counselors Webinar
As counselors, we have the privilege and the honor to advocate for those that cannot.

Theme 4: Advocate, Advocate, Advocate

The word "advocate" is a pretty broad term. You can advocate for almost anything: human rights, animal rights, social justice, and more. From the answers collected in the needs assessment, this final theme encourages counselors and people everywhere to advocate for mental health awareness, normalize the counseling process, make it more accessible, spread the word via social media, and overall, just to talk about the need for mental health. Additionally, advocate for the voice of adoptees as well. Click here to watch a video of Sara Jones, a Korean woman reclaiming her voice as a transnational adoptee. As counselors, we have the privilege and the honor to advocate for those that cannot.

Overall, these four themes were pulled from the responses of Asian Adoptees all over the United States. Since this topic is personal to me, I wanted to give those who have also had that experience (being transnationally adopted); but have had different experiences (counseling relationships, coping mechanisms, mental health issues, and more). I made this needs assessment as an opportunity for them to share their experiences with counseling, and what it is (or was) like for them to be a client. It’s important to give people a chance to speak their minds. This is how we grow, become knowledgeable, and competent counselors for clients of all cultural backgrounds.

References:


Ted Talks (2019). Reclaiming my voice as a transracial adoptee [Video]. Youtube: https://www.youtube.com/watch?v=RMM9FhZLP80&t=46s
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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