Greetings all,

I hope that everyone has settled into your routines with ease after an eventful summer. Over the summer, a number of our leaders were involved with the educational opportunities in the Parkland, Florida community. Additionally, several traveled to Washington, DC to attend ILT, which is put on by ACA every year. FCA hosted a wonderful LDI for our members who are currently occupying leadership positions or are interested in leadership positions. We are off to an amazing start and doing wonderful work. Finally, we are preparing for our annual convention that will take place on October 5th and 6th, 2018 in Tampa, Florida.

I’d like to thank all our convention sponsors for their support. ‘Looking forward to seeing you all there!

Continuing with the momentum from our first quarter, a number of webinars/training opportunities for continuing education credits will be rolled out for our membership this year. The areas that will be presented by a number of dynamic professionals will cover assessment, trauma, wellness/self care, LGBT issues in counseling and a number of other topics for professional and personal growth. Hopefully you will be able to attend some of these incredible trainings.

The Guidelines edition for this quarter focuses on “Understanding Disabilities,” which is an important area for counseling professionals to consider in their practice. Multiculturalism covers a number of areas in the work we do as counselors and educators. Understanding disabilities to better serve persons with disabilities, their families, and caregivers is crucial. Language, identification of resources, and other constructs to understand this population are critical to practicing in a competent and ethical manner. There are a number of persons with disabilities who we come into contact with knowingly or unknowingly, in our professional lives. If you are aware of these encounters happening, how prepared did you feel? What steps were taken to in order to increase your knowledge to proceed competently?

This Guidelines issue provides articles with valuable information to facilitate your awareness when serving this population, their families, and caregivers.

I look forward to the work that we will continue to do this quarter. Again, I’m humbled to serve as your president and look forward to seeing you all at this year’s convention.

Cecilia L. Guyton, Ed.D., LMHC
Florida Counseling Association, President 2018-19
In 2015, more than 53 million adults living in the United States were reported having a disability (The Centers for Disease Control and Prevention). In fact, the United States Department of Labor (2017) stated that persons with disabilities form the largest minority in the country, yet it is continuously noted that curriculum focused on counseling this population is often absent from many counseling and psychology programs.

Dunn and Brody (2008) and Wright (1991) found that individuals without disabilities often associate having a disability as “a negative experience and something undesired,” which are not always the beliefs of those with disabilities or their family members (Stuntzner & Hartley, 2014, p. 1). Smart (2009) added that even so, individuals without disabilities tend to remain focused on the downside of having and living with a disability. Such misconceptions can negatively influence counseling work with clients with disabilities and their families. Therefore, it is vital that counselors strive to increase their knowledge and competencies pertaining to working with the disability community (Hartley, 2012).

Differentiating Amongst Disability Groups

When talking about disabilities, many tend to place persons with disabilities into one homogeneous category for simplicity of discussion. However, differences among disability groups can often be significant. Disability groups can be separated according to physical disabilities (e.g., spinal cord injury, muscular dystrophy, arthritis), sensory disabilities (vision and hearing loss), cognitive disabilities (e.g., traumatic brain injury, intellectual developmental disorder, etc.), and emotional disabilities (e.g., psychiatric conditions such as schizophrenia, bipolar disorder, anxiety, and personality disorders).

It is imperative that counselors recognize the differences between disability groups, while understanding that in-group differences also exist. For example, while vision and hearing loss are listed as sensory disabilities, they share few, if any, similarities. Additionally, while individuals with spinal cord injuries and muscular dystrophy most often use wheelchairs, spinal cord injuries are typically sustained later in life whereas persons with muscular dystrophy are born with their condition. Whether a person is born with a disability or acquires one during their lifetime can impact one’s adjustment and adaptation to their disability. Additionally, the life stage in which one has acquired a disability can also play a role in terms of how the individual adjusts and adapts to their disability. Counselors will benefit from being mindful of these points and allowing the client to speak about their own unique experiences.

Considerations and Recommendations for Counselors

Stuntzner (2012) offered various recommendations for counselors working with clients with disabilities. These include: being aware of negative experiences as they pertain to disabilities (e.g., societal attitudes, discrimination, etc.), treating individuals with disabilities as we would treat those without disabilities—as human beings, increasing cognizance of personal biases that may impact the counselor-client relationship,
and incorporating strengths and abilities of clients with disabilities into counseling sessions.

Stuntzner (2012) also recommended noting how individuals with disabilities talk about themselves (including possible terminology they may use), understanding that the majority of individuals with disabilities do not fixate on their disabilities or potential limitations, and realizing that such individuals are the experts of their bodies and experiences. It is important to note that just because someone has a disability, it does not mean that this is the reason they might be seeking counseling services. Similar to counseling other populations we may not have much familiarity with, take advantage of trainings, case consultations, and supervision when counseling persons with disabilities, and refer only when necessary for the client to receive the best possible care (ACA, 2014; Stuntzner, 2012).

Conclusion

As previously discussed, persons with disabilities form the largest minority group in the United States, and this population continues to increase on a yearly basis. We as a profession must do more to educate ourselves about working with persons with disabilities, as the need for understanding disabilities and disability-related issues remains unmet. Together, we can ensure that all counselors in the profession are competent in working with persons with disabilities and are able to provide the best quality of services possible to this population.

References


Smart, J. (2009). *Disability, society, and the individual* (2nd ed.). Austin, TX: PRO-ED.


LGBT and Ability: Barriers to Treatment
Dr. Ami Crowley
FALGBTIC Past-President

While research related to the lesbian, gay, bisexual and transgender (LGBT) population is increasing, it remains sparse. Even less attention is given to LGBT individual with disabilities. The intersectionality of these disabilities adds a complex profile often overlooked in research and ignored in clinical settings. The standard approach is to address ability level and sexuality as separate entities (Harley, Nowak, Gassaway, & Savage, 2002). LGBT individuals with disabilities frequently need counseling not because of their identity or disability, but because they are confronted by heterosexist attitudes and ability restrictions. They often report being told that life is hard enough as a disabled person, identifying as queer as well will just makes their lives harder (Duke, 2011).

Homophobia, heterosexism, and ableism within the behavioral health sectors, homophobia and heterosexism within the special education and disability services establishments, and ableism among members of the LGBT community have marginalized LGBT people with disabilities, and—until fairly recently—rendered them all but invisible (Duke, 2010). Denial by others of their right to identify, to experience pleasure, and the increased external control over their sexuality are commonplace (McClelland et al., 2012). LGBT individuals with disabilities are often left to explore their sexuality and gender expression in less safe environments in order to avoid the control and shaming of caregivers (McClelland et al., 2012). Identifying the barriers for LGBT individuals with ability issues can assist counselors and counselor educators in breaking down these barriers. This will often require cooperative programming and inclusivity across disciplines from education, to counseling, to disability services.

Innovative, inclusive, and LGBT-friendly special education and supported living programs can, and do, empower LGBT youth with disabilities to develop positive queer identities (Duke, 2011). The process of transitioning and identity discovery should not be discounted as symptoms of a disability, but rather viewed through the individual lens each person presents. Additionally, one’s ability to identify their sexuality and gender should not be limited by one’s co-occurring intellectual or physical limitation. Access to resources, including education on safe sexuality, needs to be made available to all individuals and access to such resources should meet accommodation needs (McClelland, et al., 2012). Sex positive support and education to help this group navigate complex gender expression and sexual environments is also needed (McClelland et al., 2012).

There is a need for training curricula and resource materials to enhance the ability of counselors in all settings to accommodate these individual’s sexual health needs (McClelland et al., 2012). This starts in the counselor education programs and should be integrated, like all multicultural competencies, into each course taught. Exposing students to the stigmas experienced by individuals who identify as lesbian, gay, bisexual, queer, transgender, gender fluid, intersex, two spirit, asexual, and persons with disabilities in their training programs provides a platform upon which appropriate education can be introduced. Affirming and sex positive education provided to students sets the stage for affirming and sex positive counseling for individuals.
Upcoming Event

**Creative Group Activities for a Variety of Settings and Individuals**

**November 2, 2018**

**12-1:00 p.m.**

Florida Therapy
2711 W 15th St,
Panama City, Florida 32401

This workshop will focus on group work activities for all levels of group member functioning. The presenters will discuss different activities that have been used successfully within their settings. Activity details will be discussed to the extent that participants could use these activities in their next group setting.

For more information:
Florida Counseling Association c/o Gayle Branson
fcaoffice@flacounseling.org
305-814-9460

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**References**


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*Homophobia, heterosexism, and ableism within the behavioral health sectors, homophobia and heterosexism within the special education and disability services establishments, and ableism among members of the LGBT community have marginalized LGBT people with disabilities, and—until fairly recently—rendered them all but invisible (Duke, 2010).*
Disabilities and the Law
Courtney Martensen
FACAC Past-President

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, neurodevelopmental disorders usually begin during the developmental period and often become evident before a child begins school; these deficits can produce impairments in various domains including personal, social, and/or academic. Co-occurring developmental disorders are common among children; children with attention-deficit/hyperactivity disorder (ADHD) may also have a specific learning disorder (American Psychiatric Association, 2013).

A law entitled the Individuals with Disabilities Education Act (IDEA) currently exists for children who experience various deficits that may manifest during the developmental period. This law assists with ensuring that eligible children receive accommodations/education to assist with any deficient that may be experienced (“About IDEA,” n.d.). As stated by congress in the law:

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities (“About IDEA,” n.d., para. 5).

Working in the public school system in Jacksonville, Florida, I find that many of the children who are referred for counseling services also meet diagnostic criteria for various neurodevelopmental disorders and are in need of special accommodations and/or services. In order to provide best treatment, I modify techniques and interventions to best suit the functioning levels of my clients. With proper assessment and understanding, mental health counselors can continue to support children with various disabilities.

References
Region 5 Hosts Two Day Event

FCA Communal Trauma Parkland Events

Carolyn D. Jones
FCA President Elect

On August 3rd and 4th, FCA Region 5 hosted a two-day event in Parkland, Florida as a continuing effort to respond to the shooting tragedies experienced at Marjory Stoneman Douglas High School on February 14, 2018. The two-day trainings, focusing on trauma, were presented by Deb Del Vecchio-Sully, LPC, NCC, DCMHC, a stress and trauma expert, who also worked with survivors of the 9/11 terrorist attacks and community members impacted by the Sandy Hook Elementary School shooting.

Luna Medina-Wolf, Region 5 Coordinator did an amazing job of leading the collaboration of those involved including the presenter and the generous event sponsors.

The Communal Trauma Training on day one was attended by 74 counseling professionals from the community who learned about the neuroscience of trauma and the traumatized brain, best practices in providing counseling following a communal tragedy, common reactions to communal trauma survivors, and burnout prevention and self-care.

Journey of Hope: A Healing Retreat, on the second day of the event, was developed for Marjory Stoneman Douglas High School (MSDHS) personnel and was attended by 18 teachers and staff. The feedback from the MSDHS staff and faculty was positive. They found the events to be extremely helpful as they were preparing to return to their various duties for the upcoming school year.

It is the intention of FCA to continue to provide support of the Parkland community and develop future programs and initiatives focused on communal trauma.
Region 5: FCA Communal Trauma Parkland Events

“I was grateful to be able to spend some quality time with Deb Del Vecchio-Sully and learn from her endless wisdom. Her divine guidance and teaching had been one of the most amazing experiences I’ve had in a long time. I was always someone who loved to lean and reflect back on how I can become a better person and a better professional. I feel that the past weekend made me a better person and a better professional.”

~Luna Medina-Wolf
The University of Central Florida has seen some amazing programs and accomplishments this year related to disability awareness and support services! This summer, UCF’s Center for Autism and Related Disabilities (https://cfl.ucf-card.org/) held an eight-week study on the effects of judo on children ages 8 to 18 with autism spectrum disorder. In this program, students learned how to communicate more, enhance their reasoning skills, and improved their ability to interact with others. While judo is included in martial arts, it is not a fighting or attack sport. Students instead learned how to fall safely, focus more, and increase their confidence.

Launched in 2014 by engineering students, UCF’s Limbitless Solutions found a new home late last year on campus in a larger space to do what they do best, design and build life-changing prosthetic limbs for children that are innovative, artistic, functional, and cost-efficient. This year they have grown to provide training for children on using their bionic limbs through the use of video games and comic book series. Limbitless Solutions also recently announced the launch of the first U.S. clinical trial, partnering with Oregon Health & Science University, for 3D-printed prosthetics.

UCF offers support services to students with disabilities through the department of Student Accessibility Services (https://sas.sdes.ucf.edu/) as well as Inclusive Education Services (https://ies.sdes.ucf.edu/) which provides individuals with intellectual disabilities an inclusive and enriched academic experience to earn a credential in Hospitality, Social Services, or Education. Earlier this year in February 2018, to be repeated next month in October 2018, UCF Career Services partnered with Inclusive Education Services to host a Major Exploration workshop to prospective students through the Down Syndrome Foundation College and Career Program. Participants learned their Holland Interest Code and how to use online resources through Career Services to explore majors and careers related to their interests. In the past, UCF Career Services in collaboration with aforementioned departments has held professional panels on disabilities in the workplace and when to disclose during the job search. No matter the scale or reach of a program or activity, any effort to increase awareness of disability issues or supports the employability and life skills of persons with disabilities is valuable and rewarding work.
As counselors we work with parents, children, and students of all different abilities and it is important for us to know how to help them most effectively. Unfortunately, there are myths that people have about disabilities that generally tend to stigmatize the person with the disability as well as their parent, such as the parent did something wrong to cause this disability (Setume, 2016). To help counselors understand these myths and how to help their clients, there are generally four models that are used for people to understand disability: the religious model, the charitable model, the medical model, and the social model of disability (Setume, 2016). As counselors, we can advocate for change as well as educate people and dispel the myths surrounding disabilities (Setume, 2016).

In addition to understanding disability, Wright and Reese (2015) bring up a great point about the importance of being culturally sensitive to the experiences to people who have different abilities. Specifically, their article informs its readers about those who are deaf or hard of hearing and how this population has a large culture of its own. Counselors, however, do not always take on a multicultural approach with deaf or hard of hearing clients. They go on to state that counselors do not have training in this area and it is important to refer out if they do not have the competency to help a particular client.

For example, the authors found that those with hearing loss do not think of themselves as disabled; but, they do tend to have more psychological distress than their hearing peers that may be due to a lack of social support and cultural competency, as well as prejudice and discrimination. The Deaf culture tends to be more collectivist, direct, expressive, and that eye contact is essential and it is important to speak directly to the deaf person, not to their interpreter or family member. These are all things that we should keep in mind as counselors to continue to do the best that we can for our clients.

References


Disability and Spirituality in Counseling
Stephanie Carroll
FASERVIC Treasurer

Working with individuals to address the concept of holistic wellness to include physical, emotional, mental, and soul/spiritual self is foundational in the therapeutic process. Two distinctly diverse focal areas that are many times interrelated include disability and spirituality. Disability may be physical, intellectual, mental, cognitive, developmental, or some combination thereof and have traditionally sought attention from “health care” professionals. Conversely, spirituality has historically been associations with religion, church, mosque, or synagogue along with individuals such as theologians, clergy, imams, and rabbis (Gaventa, 2018). Concerns related to disability and spirituality have different characteristics of functioning (such as mental or physical health) both aspects facilitate change in that one area effects change in the wholeness of an individual (Moe, Perera-Diltz, & Rodriguez, 2012). Clinicians are encouraged to broaden their views on human functioning and how best to promote overall wellness of a client.

One study originally explored how adults with severe disabilities perceive the interaction of both spirituality and disability in their lives. The primary goal was to identify themes that characterized the role of spirituality in the individuals’ lives. The chief findings included five emerging themes: acceptance, awareness, connections, creativity, and purpose (Boswell, Glacoff, Hamer, McChesney, & Knight, 2007). One implication was specific to counseling and the need to address spiritual needs, frustration, and foster positive growth. These themes can be translated to action steps that counselors can take when working with individuals with disabilities. Specifically, acceptance of disability and its influence on identity and self-image appeared to be a significant factor and referred to “acceptance” as an essential step leading to spiritual progress.

Importance should be placed on counselors’ creating a space where individuals can have freedom to express themselves from a multifaceted lens of body, mind, soul/spirit (Moe et al, 2012). Education and research on both disability and spirituality in counseling warrants continued efforts for individual wholeness and wellbeing.

References
Counselors assist their consumers who have various mental health impediments with improving cognitive awareness and their behavioral and social functions. At times, a consumer may have a diagnosis that states depression due to traumatic brain injury (TBI) or a neurocognitive disorder or PTSD. At this point, the counselor would have to work with the multiple stressors that impact the customer. Counselors, however, may be instrumental in increasing a client’s successful outcome by increasing their own counseling competencies through awareness training focusing on traumatic brain injury.

Though there is a myriad of theories available for working with clients in counseling contexts, there are three theories that provide insight or assistance to counselors when working with clients with intra-cranial injury. The theories are organized to respond to various areas of the individual: the mind (cognitive behavioral approach), consciousness (solution focused) and life (ecological). Each of the theories has a similarity in that they focus on solutions, the act of moving forward, pulling from the resourcefulness that is already within the consumer, and moving from small to larger changes. Their difference is the method of approach to resolve the conflict. Each theory presented will be reviewed through the lens of the evaluation of a theory as presented by Denscombe (2010). Denscombe explained that good theories should provide general framework for viewing and understanding phenomena. The aspects for evaluating theories are: purpose, relevance, design, accuracy, and generalizations. This structure is applied for evaluating each theory (cognitive behavioral, solution focused, and ecological) regarding their usefulness with consumers who have experienced an intra-cranial injury.

Cognitive behavioral approach is a well-researched theory that takes an approach on what thoughts are at the root of the consumer’s emotional or behavioral conflict. There is a significant amount of current research literature available highlighting the benefits of cognitive behavioral counseling approaches with individuals who have intra-cranial injuries. However, for this newsletter resource, two articles are suggested for more information about how to effectively work with their clients. The first by Bedard, Felteau, Marshall, Dubois, Gibbons, Klein and Weaver (2012) focused on Asian psychotherapies through Mindfulness-based cognitive therapy, which help in reducing depression following a traumatic brain injury. The second article, reporting a pilot randomized controlled trial, by Hsieh, Ponsford, Wong, Schonberger, Taffe and McKay (2012) reflected on a newer phenomenon of motivating change through motivational interviewing and cognitive behavior therapy for anxiety following traumatic brain injury.

Next, the solution focused approach relies on the awareness of what the customer presents in counseling as a core for solutions and change. There are two interesting resources for the reader to consider when working with their consumers with TBI. Rath, Simon, Langenbahn, Sherr and Diller (2003) presented group treatment approach that was utilized for the problem-solving deficits with outpatients who sustained traumatic brain injuries. In the other resource, Weiss (2010) looked at the intra-cranial injury in military members by using genograms as a solution-focused approach for building resiliency in service members and their families.
The ecological model reflects the environment, the individual, the culture and the disability, which embodies the whole person within their life (Patterson, Garza, Parker, & Schaller, 2012). Two resources that may help the reader from the ecological perspective include the article by Stergiou-Kita, Dawson and Rappolt (2011), which describes an inter-professional clinical practice guideline for vocational evaluation following traumatic brain injury using a systematic and evidence-based approach; and the empirical research by Kendall (2003) that presents the ecological approach as a psychosocial theory for predicting vocational adjustment following traumatic brain injury.

All of the theoretical frameworks presented are perspectives that influence the areas of the mind, consciousness, and life. Each theory evaluated through the articles reflects several counseling perspectives for working with clients who may have an intra-cranial injury. For your convenience the resources highlighted in this newsletter article are listed in the references.

References


Put the Person First
Christine Sacco-Bene, Ph.D., LMHC, NCC
FCA Secretary

Many (at this point in my life — MANY) years ago, I started my counseling career as a Peer Counselor with a Center for Independent Living (CIL). CILs receive their funding through the Rehabilitation Act of 1973 and were developed as consumer controlled organizations to assist people with disabilities. It was in this first counseling experience that I learned to put the person first. Since that time, I use that position in the classes I teach as my soapbox speech. People are not schizophrenic, rather they have been diagnosed with schizophrenia. Children are not autistic, they have autism. The person is not bound to his/her/their wheelchair, the individual uses the wheelchair (or other devise) for mobility. Putting the person first is important; after all, they are so much more than their disability. Language is a powerful tool.

On one particular occasion, nevertheless, I was even reminded just how important putting the person first is to the person on the receiving end. When my daughter was in first grade (she’s now in college), I volunteered at the church connected to her school. In this volunteer post, I assisted with the distribution of food to folks in the community, many of whom were homeless.

Well, one day a woman came in to the church office. She shared she was homeless, lived in the tent community across the street — back in the woods, and needed a bus pass to go downtown to do some “running around.” Sitting in the room with us was my daughter at the end of the table just drawing away with her crayons. As the woman and I chatted, she disclosed that she had a mental health disorder and physical disabilities, hoping this information would help her get the bus pass. In our brief meeting, I had to inform her that it was not customary to give bus passes away. The Food Pantry needed evidence of an appointment in order to issue the pass. Needless to say, this fact irritated the woman and as her irritation grow, so too did her volume and her exaggerated physical behaviors.

Her volume and reactions were such that the church staff started getting antsy and even asked if the police needed to be called. They were focusing on the negative aspects of the mental health disorder and were afraid of her. I told them the police would not be necessary. Thinking her level of agitation might be due, in part, to her being hungry, I asked my little one to go back to the kitchen area to bring me two grocery bags packed for the individuals who were homeless in our community. My daughter went to retrieve the food. When she returned, the woman took the bags from her gently and then opened and ate the canned fruit and Vienna sausages faster than I had ever seen anyone eat. Meanwhile, my daughter went back to the end of the table and continued to draw.

When the woman was through eating, she told me she was feeling a bit better. However, the bus pass issue was not resolved and it was frustrating. The woman was ready to leave, certainly not happy, but less irritable. At that moment, my daughter approached her and gave her the drawing on which she was working. “This is for you,” she said. The woman, with tears in her eyes, gingerly took the picture, folded it, and put it in her bra next to her heart and then patted my daughter’s hand.

My daughter put this woman first. Not her anger, not her homelessness, not her disabilities — her. She was not distracted by the language or societal discourse. Periodically, I remember this sweet interaction and the important message, “Put the person first.”
Qualified Clinical Supervisor’s Training
Meets requirements for
Florida Board of LMHC/LMFT/LCSW for Supervisor Training
12 CEU Hours

Cost: $230 (FCA or Well members) per person
      $300 (non-FCA or Well members) per person

Location: The Well
          833 22nd Street South, Suite B
          St. Petersburg, Fl. 33712

Date/time: Friday, October 19, 2018, 8:00 a.m. to 3:00 p.m.
          Saturday, October 20, 2018, 8:00 a.m. to 3:00 p.m.
          *Lunch on your own both days

Facilitator(s):

Paul Rodriguez, PhD, LMHC, CAP, CMF, Qualified Supervisor

Shon D. Smith, Ed.D., Approved Clinical Supervisor
Clinical Coordinator Practicum & Internship Experiences,
University of Florida
Association for Multicultural Counseling and Development,
President

This Course Has Been Approved by The Florida Board of Clinical Social Work, Marriage and Family and
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Materials prepared and presented by FCA, P.O. Box 4474 Deerfield Beach, Florida 33442
For more information on the requirements for Florida LMHC/LMFT/LCSW Qualified Supervisors,
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For Non FCA members that attend, you will become an FCA member as a result of your attendance and
completion of this training.

Seating is limited! To register, go to
https://www.flacounseling.org/events/EventDetails.aspx?id=1147557

Brought to you by The Well for Life, LLC, New Visions at The Well, INC. and the Florida
Association for Multicultural Counseling and Development (FAMCD)
69th Annual Florida Counseling Association Convention

Celebrating Diversity: Counselors as Leaders, Advocates, and Voices for Marginalized Individuals

October 5-6, 2018
Pre-Convention Session begins October 4, 2018

Embassy Suites by Hilton Tampa USF
Near Busch Gardens
3705 Spectrum Boulevard
Tampa, Florida 33612
(813) 977-7066

Convention Registration:
Registration fee includes choice of convention educational sessions, convention materials, TRACK certificates, two luncheons, and networking.

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CE Hours will be offered—$20 fee for CE Processing


For more information about registration, special services, payment, and cancellation policy, please visit https://www.flacounseling.org/events/EventDetails.aspx?id=1093092

For general questions, please contact fcaoffice@flacounseling.org
69th Annual Florida Counseling Association Convention

PRE-CONFERENCE SESSIONS

Please join us at this year's annual convention pre-conference sessions on Thursday October 4, 2018. Sessions will be offered at $35 for the morning session and $35 for afternoon sessions. Save $10 and register for both morning and afternoon sessions for $60. This year's sessions are as follows:

**Morning Session**

8:30AM-11:30AM
Ms. Elisa Niles, LMHC-S, NCC, CCTP
Addressing Counselor Wellness from a Trauma-Informed Care Approach

**Afternoon Sessions**

12:30PM-2:30PM
Paul Rodriguez, Ph.D., LMHC, NCC, CAP, CCMHC
Establishing your Private Practice, Complexities, Challenges and Realities

2:30PM-4:30PM
Klieshia Izzard, Ed.D., LPC, NCC, ACS
Three Invaluable Laws of Growth to Expanding your Practice in Supervision and Training
69th Annual Florida Counseling Association Convention

Plenary Speaker
October 5

S. Kent Butler, Jr. Ph.D.  Holds his doctorate in Educational Psychology, with a concentration in Counseling Psychology, from the University of Connecticut. Dr. Butler is a Licensed Professional Counselor (LPC), Nationally Certified Counselor (NCC), and Nationally Certified School Counselor (NCSC). He currently serves as the faculty advisor to CHI SIGMA IOTA International Honor Society. Dr. Butler also serves as the Principal Investigator, for The High-Risk Delinquent and Dependent Child Educational Research Project: Situational Environmental Circumstances Mentoring Program (SEC). Dr. Butler has served the Association for Multicultural Counseling and Development (AMCD) as the 2011-2012 President and American Counseling Association (ACA) Governing Council Representative (2015-2018). He is honored to be a member of AMCD’s Multicultural Counseling Competencies Revisions Committee (2014-2015) which produced the newly endorsed Multicultural Social Justice Counseling Competencies (MSJCC). Dr. Butler was bestowed with an ACA Fellow Award in April of 2016.

Keynote Speaker
October 6

Simone Lambert, Ph.D., LPC, NCC is the 67th president of the American Counseling Association.

She is a core counseling faculty member in the School of Counseling and Human Services at Capella University and has been a counselor educator since graduating from The University of North Carolina at Greensboro in 2001. Dr. Lambert is a licensed professional counselor and national certified counselor, serving as a counselor and supervisor over the past two decades.

Her research interests include addiction prevention, counselor wellness, chronic illness, sensory processing disorder and issues related to children, adolescents and families. She has published numerous book chapters and articles primarily focused on issues related to mental health, addiction, youth and families.

Dr. Lambert is a past president of the International Association of Addictions and Offenders Counselors (IAAOC), a division of the American Counseling Association. Most recently, she served as the IAAOC representative to the American Counseling Association Governing Council. Dr. Lambert received the 2010 International Association of Addictions and Offenders Counselors Addictions/Offender Educator Excellence Award.
Florida Counseling Association is pleased to partner with Metro Wellness as the Service Project for the 69th Annual Convention!

Established in 1993, Metro Wellness & Community Centers is a 501(c)(3) organization committed to providing quality health and wellness services that are inclusive, relevant, supportive and represent the lifetime continuum of the diverse people in our community.

With active community center locations throughout the Tampa Bay area, the centers provide premier comprehensive HIV services and medical care, social activities, classes, support groups, counseling, health and fitness programs, youth programs, substance abuse programs, older adult programs, behavioral health services and free HIV testing.

How to help:

Donate quality household goods and gently used clothing to be sold at the Metro Thrift and Gift store. 100% of store profits are used to support ongoing HIV/AIDS programs and services and provide purchase certificates for hundreds of people with HIV in the Tampa Bay area.

Cash donations of any amount. You can specify which campaign to support. Your cash donations go to help the following campaigns at Metro Wellness:

- Alex Johnson Remembrance Fund
- Capital Campaign
- Elder Programs
- Angel Funds
- Food for Clients
- Women and Families
- Transgender Support Group
- LGBT Youth Group
- LGBT Welcome Center
- Youth Bus Passes
- General Funds

All donation can be brought to the convention and given to any FALGBTIC or FCA Leader.

Donations will be dispersed to the Metro Wellness following the convention.

More information on the specific funds can be found at:
https://www.metrotampabay.org/donate-to-metro/
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Please submit articles for your FCA Guidelines. Your contributions make this newsletter an incredible resource for Counselors across Florida.

December 14 Submissions Due for Winter Guidelines
SPIRITUALITY IN COUNSELING

April 12 Submissions Due for Spring Guidelines
ASSESSMENT IN COUNSELING