Greetings FCA members,

We are swiftly approaching the conclusion of this leadership year and preparing for the summer. Some highlights of this quarter’s events include the American Counseling Association (ACA) conference, which was hosted in New Orleans, Louisiana. This was an amazing event, especially since we had a number of FCA members in attendance representing the state through scholarship (presentations) and other leadership activities. Aside from that we have had a number of incredible trainings and will continue to have more training opportunities from divisions and FCA as a whole.

Also, FCA had an impressive representation at the 2019 Day at the Capitol on February 19. Members focused on several important issues, which are highlighted in this newsletter edition.

Currently, our elections cycle for the 2019-2020 leadership is underway and this is an exciting time for us all as we eagerly wait to welcome our newly elected officers into their positions.

Right around the corner, we have our Traumatology Symposium that will be hosted May 17-18, 2019 in partnership with Jackson University, which is located in Jacksonville, Florida. We are very excited about this event. There is still time to register for this event if you have not done so already. Our Leadership Development Institute (LDI) is also approaching and the dates for this particular event will be June 14-15, 2019. This year LDI will be hosted in Ft. Lauderdale, Florida. This will be an excellent event as we transition to our new leadership and welcome our incoming president to her new role. We look forward to seeing you at these upcoming events.

This edition of the FCA Guidelines newsletter focuses on Assessment in Counseling. Assessment in counseling is something that is very important to our profession but, unlike treatment methods and protocols, isn’t necessarily highlighted. As counselors, we do have the ability to administer assessment with proper training, education, and supervision. As a result, I’d like to challenge each of you to explore this area within your practice and work with others to identify ways that this area can be strengthened. While some forms of assessment are more formal than others, we are constantly evaluating our clients in our practice, collecting the data, and reporting this information to assist us with formulating a well-informed treatment decision. It is hoped that this issue will provide some information to get you thinking about the many ways you currently incorporate assessment into your work and perhaps get you thinking about how you may broaden the use of assessment in your daily practice.

As always, I consider it as an honor and a privilege to serve as your president.

Cecilia L. Guyton, Ed.D., LMHC
Florida Counseling Association, President 2018-19
According to the 2010 U.S. Religion Census, a vast majority of Americans identify with a religious organization or actively pursue spiritual activities. In Florida, over 7.35 million individuals were identified as having a specific religion belief and adherence to the religious practices. This statistic, however, does not include individuals who identify as having a broader spiritual concept and/or belief (Grammich et al., 2010). Counselors have thorough and in-depth intakes that ask just about every conceivable question about a client’s life. However, inquiring regarding influence, meaning and value of spirituality and religion in an individual’s life is often left out of many formal assessments. When a counselor does not ask how spirituality impacts a client, there can be an assumption that such matters or issues are not relevant or important in the counseling process.

Professional counselors need to embrace multicultural competencies that include awareness and acknowledgement of religion and spirituality in the life of the client. “Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors (American Counseling Association, 2014).” The Association of Spiritual, Ethics, and Religious Values created spiritual competencies that complement the American Counseling Association (ACA) Code of Ethics that includes a section on assessments: “during the intake and assessment processes, the professional counselor strives to understand a client’s spiritual and/or religious perspective by gathering information from the client and/or other sources.”

There is a necessity for counselors to be equipped with evidence-based tools for spiritual assessment. The following are several assessments that are utilized to assist in compiling information surrounding spirituality and religious views of the client:

- Berg’s Spiritual Injury Scale (Berg, 1992)
- Brief R-COPE (Pargament, 1998)
- CSI-MEMO (Koenig, 2004)
- FAITH (King, 2002)
- FACT (LaRocca-Pitts, 2012, p.28)
- FICA (Puchalski and Romer, 2000)
- HOPE (Anadarajah and Hight, 2001)
- Rush Screener (Fitchett and Rick, 2009)
- SPIRIT (Maugans, Ambuel, and Weissman, 1997)
- Spiritual Values Inventory (Stancil, 1999)

Providing quality care there is a requirement for thorough assessments for the client as well as the counselor. Moberg (2002) declared there is the need for the use of empirically based measures that assess the spiritual domain. He asserted that “Evaluations of the degree of spiritual maturity and tests for spiritual growth can help to reveal the effectiveness of counseling, pastoral care, psychospiritual therapy, religious education, and other endeavors to improve spirituality as a part of whole-person care for the always-linked body, mind, and spirit” (p. 47). This becomes essential as one considers the inclusion of religion and spirituality into existing counseling models of wellness.

Corey (2006) discussed the importance of self-assessment and reflection when incorporating assessments related to spirituality or religion into the counseling practice. He posed several reflection questions to ask self about your own concepts of religion or spirituality to determine whether it is a constructive force in your life which include:

- What do you think is the heart of your spiritu-
Guidelines

ritt: Is the way that I live my life congruent with my
 DO Does my religion or spirituality assist me in bet-
 DO Does my religion or spirituality allow ac-
 DO Does my religion or spirituality encourage me to
 DO Does my religion or spirituality provide me with
 DO Is my religious faith or value system something
 DO Do my core religious and
 DO Does my religion or spirituality help me live
 DO Does my religion or spirituality help me integrate my
 DO Does my religion or spirituality encourage me to ex-
 DO Are my religious beliefs or
 DO Does my religion or spirituality helping me be-
 DO Does my religion or spirituality encourage me to ques-

In conclusion, the need to have an inclusive, all-

References

American Counseling Association (2014). ACA

and medical practice: Using HOPE questions as a
practical tool for spiritual assessment. American
Family Practice 63, 81-89.

Berg, G. (1994). The use of the computer as a tool

Competencies for addressing spiritual and religious issues
in counseling. Counseling and Values, 55(1), 2-5.

practice. In G. Walz et al. (Eds.), VISTAS: Compelling
Perspectives on Counseling (pp. 117-119). Alexandria,

Fitchett, G., & Risk, J. (2009). Screening for spiritu-
al struggle. Journal of Pasto-
ral Care and Counseling, 63
(4), 1-12.

Grammich, C., Hadaway, K.,
Houseal, R., Jones, D. E.,
Krindatch, A., Stanley, R., &
Taylor, R. H. (2010). 2010 U.S. religion census:
Religious congregations & membership study. University
Park, PA: The Association of Religion Data Archives

Mengel, M.B., Holleman, W.L., & Fields, S.A.
(Eds.), Fundamentals of Clinical Practice: A Text
Book on the Patient, Doctor and Society (651-659).
NY: Plenum.

*When a counselor does not ask how spirituality impacts a client, there can be an assumption that such matters or issues are not relevant or important in the counseling process.*


and particular evaluative criteria. *Journal of Adult Development*, 9, 47-60.


When a counselor does not ask how spirituality impacts a client, there can be an assumption that such matters or issues are not relevant or important in the counseling process.

Linda Falkner LMHC, Qualified Supervisor for Registered Mental Health Counseling Interns and Registered Marriage and Family Therapist Interns

CHEER COUNSELING
339 E. Robertson St.
Brandon, FL. 33311

Info@cheercounseling.com

www.cheercounseling.com

INTERN SUPERVISION
RMHCI & RMFTI
(813) 620-4900
As a counselor, what ‘fills my cup’ is when clients realize that they are making progress. Specifically, when clients have been stuck for years and years, it is extremely rewarding to know that they are noticing change. Many individuals with whom I work have a trauma history, oftentimes diagnosed with Posttraumatic Stress Disorder (PTSD). Historically, I admit, I am the type of counselor that stayed away from engaging in regular, standardized assessments throughout the course of counseling.

My attitude toward assessments has shifted. A few years ago, while being trained in Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder, I was introduced to the Posttraumatic Stress Disorders Checklist (PCL-5). The PCL-5 is a self-report measure based on DSM criteria, updated to include the latest diagnostic criteria added in the 5th version. At first, I will admit that I did not pay too much attention to the part of the CPT protocol that calls for clients to fill out a PCL-5 weekly. It was not until I was using the protocol with a very stuck client that I realized all of the benefits of using the assessment to demonstrate progress. Let me walk you through my journey from avoiding assessments to utilizing them as an intervention and measure of progress.

The stuck client was skeptical of our work. They had attempted other therapies to address PTSD, including other evidence-based approaches and a variety of talk therapy approaches. Needless to say, they were not buying what I was selling. My client’s initial PCL-5 score was very high, indicating high levels of distress due to the trauma history. Every week, this individual would begrudgingly fill out the PCL-5. A few weeks into our work, I noticed the scores on the PCL-5 were dropping towards subclinical levels. I was able to use the scores, their self-report, to demonstrate their improvement. I was able to tell my client that even if they did not believe me, the self-report report demonstrated these improvements. If my client was at all suspicious, it was probably due to disbelief that therapy addressing the PTSD could actually work. Their hard work and motivation was obvious to me, however that feedback was not as powerful as those dropping scores on the PCL-5. To my pleasant surprise, the client responded in a very excited way, motivated and proud of their work.

In my practice I have noticed that assessments have the power to normalize what clients are going through. Assessments do not have to be sterile reports. They do not have to just be a number or a score. Rather, working through understanding of the score with clients has so much clinical power. There are creative ways to utilize the information, such as using them as a motivator for continued work. There are also many assessment tools that counselors at a master’s level and above can utilize in good conscious, without additional training. There are however certain assessments that require additional courses and training. A little bit of research goes a long way. When in doubt, ask a colleague or a supervisor.

If you take anything away from my experiences working with clients who experience PTSD, remember assessing and providing feedback based on the assessments can serve as lightbulb moments for clients. The consistency in the information provided by assessments provides an added support and positive reinforcement to their already difficult work.
With the recent increased incidents of completed suicides by children and adolescents, it is ever imperative that these younger clients are screened for risk of suicide. Unfortunately, there are limited formal screening tools for the child and adolescent population (O’Connor et al., 2013). This article briefly describes some of those suicide screening tools, including the Beck Scale for Suicide Ideation, Columbia Suicide Severity Rating Scale, Reasons for Living Inventory, Suicide Behaviours Questionnaire, Suicide Probability Scale, and the Tool for Assessment of Suicide Risk (Patterson, 2016).

The Beck Scale for Suicidal Ideation was developed for individuals age 17 and older. This assessment is a self-report measure and has been successfully applied to use with adolescents (Goldston, 2000; Perlman et al., 2011). The Columbia Suicide Severity Rating Scale is a semi-structured clinical interview that can be utilized with children and adolescents. This screening is limited due to a lack of overall quality in psychometrics as they have not been fully evaluated (Giddens et al., 2014). Additionally, this assessment requires specialized training before administering.

The Reasons for Living Inventory is a self-report measure that determines protective factors (Aishvarya, et al., 2014). This assessment was adapted for the adolescent population. The Suicidal Behaviours Questionnaire is another self-report measure which has been proven to be helpful with adolescents (National Action Alliance for Suicide Prevention, 2013; Perlman et al., 2011). This measure was developed by Marsha Linehan (1981) who is the founder of Dialectical Behavior Therapy (DBT) which is a highly effective therapy for suicidal behavior.

The Suicide Probability Scale is a self-report measure that can be used for adolescents 14 and older. It has been found to be reliable and valid (Perlman et al., 2011).

The Tool for Assessment of Suicide Risk has been adapted for the adolescent population which is a comprehensive measure used in conjunction with a mental health assessment (Perlman et al., 2011). Child and adolescent counselors, parents, medical providers, and others are in need of increased tools and education on effective suicide risk screening. Although some of the above assessments have been studied for use with adolescents, additional assessments need to be specifically developed for the child and adolescent population. Alternatively, more of the above mentioned assessments can be revised to more accurately represent these younger clients. As sadly, child and adolescent suicide is more prevalent than ever.

Reference
Dear Community Partners and Stakeholders,

The Florida Counseling Association (FCA) has been dedicated to promoting mental wellness in our Florida communities and beyond through service, counseling, education efforts to community members. However, as an organization dedicated to providing the most current and best clinical practices to professional counselors which include mental health, marriage & family, and school counselors, we offer professional development opportunities to professional counselors across the state and country. One of our initiatives to this is our traumatology symposium geared towards helping professional counselors increase their skills and knowledge in recognizing and treating individuals affected by traumatic events. This is a well-needed initiative as our Florida communities have experienced many communal tragedies such as the 2016 Pulse Mass Shooting in Orlando, Florida, the 2018 Stone Mountain Douglas mass school shootings in Parkland, Florida, the opioid epidemic that has adversely affected families due to these substance addictions including overdose deaths. People have also been affected by individuals of various ages dying by suicide and bullying in schools and on social media to cause more problems in communities. Additionally, other forms of community violence such as gang rivals and killings, police-involved shootings, families impacted by chronic illnesses, poverty, racism, sexism, and many other forms of tragedies, oppression, discrimination, and marginalization continue to affect people in our communities.

Therefore, we’d like to announce that FCA in collaboration with Jacksonville University will be hosting the 2019 Traumatology Symposium: "Connecting the Pieces: Healing through Culturally Sensitive Trauma Informed Care.” This year's symposium will take place on May 17-18, 2019 on the campus of Jacksonville University in Jacksonville, Florida. It is geared towards professional counselors and counseling students who want to enhance their knowledge and skills to assist communities, individuals, and families proactively and in crises that creates or exacerbates trauma.

Please share this information with the professional counselors in your community. They can find more detailed information about registering for the event at https://www.flacounseling.org/Traumatology-Symposium. They may also contact Dr. Letitia Browne-James, Symposium at letitiabrowne@hotmail.com for more information.
**Guidelines**

**4th ANNUAL TRAUMATOLOGY SYMPOSIUM**

**Connecting the Pieces:**

*HEALING THROUGH CULTURALLY SENSITIVE TRAUMA-INFORMED CARE*

**May 17-18, 2019**

Where: Jacksonville University
School of Applied Health Sciences
Brooks Rehabilitation College of Healthcare Sciences
2600 University Blvd. N.
Jacksonville, Florida 32211

---

**Trauma: The Insidious Parasite**

Dr. Stein-McCormick is a fulltime private practitioner in Brandon Florida as well as faculty at Capella University in the Clinical Mental Health Counseling School of Counseling and Human Services and South University, Psychology Program. Dr. Stein-McCormick is a graduate of the University of South Florida Counselor Education and Supervision Program. She has been practicing as a clinical psychotherapist for the last 30 years specializing in trauma, psychopharmacology and Military Issues.

Her research interests include trauma, military reintegration, MST, ADHD in children and Adults and dual exceptionality in Gifted children. She has published a reintegration monograph for the Military and has contributed to numerous textbooks and has been invited internationally to speak on Ethical Military Counseling.

Dr. Stein-McCormick has fist hand experience working with the military as she is Veteran of the US Army, her husband is Navy retired, and has a daughter in the Texas Air National Guard. She has also had numerous opportunities to train in trauma and resiliency under The Center for Excellent in Washington DC. Most recently has become part of the Veteran’s Choice and is providing private treatment for Veterans in her private practice.

She also participated in the Military and Family Life Counselor Program, MFLC which has taken her all over Europe, Korea and most recently a year in Alaska working with the service members and their families.

---

**KEYNOTE**

**Dr. Carmen Stein-McCormick**
Multicultural Competence (MCC) refers to a counselor’s ability to work with all clients, regardless of age, affectional orientation, race, ability, culture, religious affiliation, etc. This field-wide calling for counselors to work from a culturally responsive framework is partly due to the continued growth of diversity in our country but—more so—it is due to our field’s professional and ethical responsibilities. Knowing this, we must also realize that the counseling field has much room for improvement in this regard, notably in the domain of assessment.

In a study done by Hays, Prosek, and McLeod (2010), the researchers found that racial and ethnic minorities were diagnosed with bipolar disorder more often than white clients were. Other studies have found that underrepresented clients are more likely to experience misdiagnosis (Ashley, 2014; Sue & Sue, 2016), inappropriate treatment (Ashley, 2014), premature termination due to insufficient counselor competency (Anderson, Baustista, & Hope, 2019), and a fractured therapeutic alliance (Owen, Tao, Leach, & Rodolfa, 2011). These outcomes are often a product of deficits in counselor awareness and competency, as well as various limiting factors in assessment tools and techniques. Fortunately, even with these limitations, there are guidelines that counselors can follow to reduce the chance of diagnostic errors and ineffective treatment plans.

Assessment through a Multicultural Lens

Self-Awareness. Mohr, Weiner, Chopp, and Wong (2009) found that therapists were more likely to perceive clinical issues in bisexual clients, compared to same-sex and heterosexual clients. The researchers determined that this was due to a common stereotype, which labels bisexual men as “confused and conflicted” (Mohr et al. 2009). This brings attention to the significance of counselor self-awareness, particularly in assessment.

Examining one’s own cultural identities, biases, and attitudes, helps bring attention to the possibility that any one of these internal components might impair their clinical judgment (Sue & Sue, 2016). Diagnostic overshadowing, for example, occurs when a counselor directs their attention to a specific client characteristic that is, in fact, irrelevant to the presenting problem (Sue & Sue, 2016). If a client comes in with symptoms of anxiety and a counselor inaccurately concludes—without evidence—that these symptoms are due to the client’s use of a wheelchair, this would be an instance of diagnostic overshadowing. In order to avoid errors like this, one must ensure that they are regularly bringing attention inward and challenging their beliefs and implicit biases.

Awareness of Client’s Identities. Although possessing knowledge around various cultures and identities is essential, it is equally vital that counselors see each client as separate and unique—
thoroughly assessing which elements of one’s knowledge to apply, or not apply, to each client (Sue & Sue, 2016). The capacity to recognize each client’s intersecting identities is also critical in assessment and diagnosis because assessment tools and techniques do not take into account a client’s unique set of traits and identities. Accordingly, it is imperative that counselors supplement this limitation by referring to what they know about the individual client when assessing, diagnosing, and treating a client (Braun, Fine, Greif, & Devenny, 2010).

Selection of Assessment Tools. Many standardized assessment tools have built-in biases due to the underrepresentation of marginalized groups during the development and norming processes (Sue & Sue, 2016). Using an assessment tool with sizable built-in bias will likely produce inaccurate results and lead to ineffective or harmful treatment planning. Thus, counselors must be deliberate in selecting assessment tools—carefully evaluating each tool for biases or limitations (Ridley, Hill, Thompson, & Omerod, 2001). Examples include construct biases, language barriers and poorly translated items, differences in client response styles, ambiguous instructions, and environmental factors that might affect subject’s focus or overall results.

Collaboration. After assessment, one must be sure that the diagnosis is accurate, and unrelated to physical health, environmental or cultural factors, or social stressors (Braun et al., 2010). Once the counselor has gone through the steps to establish a diagnosis or hypothesis as valid, they should work with the client to evaluate results—including affirming or denying the results—and jointly build, or reassess, a treatment plan (Sue & Sue, 2010). Counselor-client collaboration helps to countermeasure biases within assessment tools, and facilitate accurate identification of the presenting problem(s) (Sue & Sue, 2016).

Client Strengths. Centralizing client strengths is especially valuable for underrepresented clients, and even more so with clients who experience negative stereotypes (Sue & Sue, 2016). Doing so encourages counselors to view their client more holistically—bringing awareness to, both, challenges and strengths (Tomlinson-Clarke, & Georges, 2014), decreases the likelihood of diagnostic errors and misdiagnosis (Sue & Sue, 2016), and empowers clients by bringing attention to their supportive factors, skills, and traits (Tomlinson-Clarke, & Georges, 2014).

No matter the counselor age, race, affectional orientation, ability, etc.—we are all guaranteed to work with clients who differ from us. There are endless layers to multicultural assessment and, while this article hardly scratches the surface, one can begin to see the intentional processes that go into ensuring culturally responsive assessment and diagnosis. That is, maintaining awareness, continually expanding one’s multicultural competencies, carefully evaluating and selecting assessment tools, collaborating with each client, and utilizing client strengths.

Resources


---

**SAVE THE DATE:**

**LEADERSHIP DEVELOPMENT INSTITUTE**

**JUNE 14-15, 2019**

**NOVA SOUTHEASTERN UNIVERSITY**

**FORT LAUDERDALE, FL**
Creating a Clarifying Picture: Using the Murphy-Meisgeier Type Indicator for Children
Teresa Pilacek
FACAC Treasurer

When working with children, it is essential to also work with parents where possible to create consistency and understanding of the presenting concerns. As a child and adolescent therapist, it can be common to find that there is conflict in how a child handles a situation and the way that a parent thinks they should handle a situation. Or sometimes parenting approaches fall flat, causing conflict or a lack of attunement in the parent-child relationship. Assessment can sometimes be helpful for creating a clarifying picture to explain the unique perceptions that each child has for navigating challenges. One assessment tool to help with this is the Murphy-Meisgeier Type Indicator for Children (MMTIC).

The MMTIC is an instrument that is designed for children, grades 2-12, that identifies the four preferences that are defined by the Myers-Briggs Type Indicator (MBTI). The four preferences are determined as being either Extraversion or Introversion, Sensing or Intuition, Thinking or Feeling, and Judging or Perceiving. Just as the MBTI has helped adults build awareness with how they take in information and make decisions, the MMTIC serves a similar purpose, as the intention is to increase self-awareness and self-management for children as they go through maturation processes, provide valuable information to professionals who work with children so that they can base interventions to each child’s unique style, and to help parents better match their parenting approach to meet their child’s individual needs.

As a counselor, the MMTIC is an inventory that can be administered, as long as it is done so ethically. It is important that the counselor be well informed of the information that is being assessed, including training associated with learning the 8 types of preferences. The counselor should discuss the purposes of the assessment with both the child and adult, gaining consent from each, prior to administering the inventory. The inventory can be taken either online or with a paper booklet. It is imperative the administering counselor be available to help interpret the scores of the assessment for both the child and parent. During the interpretation, the child should be allowed to confirm or deny the reported results, as they relate or do not relate.

As with all assessments, the MMTIC does have limitations. It should be considered that psychological type is developmental in nature and could shift over time. It is important not to imply permanency of any of the preferences.

References
According to the U.S. Immigration and Nationality Act, a refugee is a person who is unable or unwilling to return to his or her home country because of a fear of persecution due to race, residence within a social group, a held political opinion, religious orientation, or national origin (American Immigration Council, 2018). Generally, individuals who are compelled to flee their homes may either seek safe haven or asylum within their home country or cross an international border (American Immigration Council, 2018). Refugee families in particular may have a myriad of reasons to flee their homeland, including extreme weather patterns, gang violence, political upheavals, and war, all of which are common themes that may prompt the migration process (McLeman, 2014; Suarez-Orozco et al., 2018).

In today’s global climate, forcible displacement and refugee rates are increasing at an alarming rate. The number of worldwide refugees has doubled over the course of the past decade. In 2017, there were 65.3 million displaced persons and 19.6 million refugees accounted for worldwide. Among the figures represented, over half of this population were represented by youth (UNHCR, 2018).

Stressors that require individuals to immigrate are significant and often extremely difficult for children and families to endure. Some stressors include loss of family members, exposure to war, human rights violations, unsafe conditions, residential instability, and denial of rights throughout the migration process (OECD, 2016; Suarez-Orozco et al., 2018). Upon arriving and re-settling, children may continue to endure stressors such as culture shock, alienation, xenophobia, racism, discrimination, separation from other refugees, and challenges in navigating the system of care and protection (Suarez-Orozco et al., 2018).

When completing assessments with refugee children, standard procedures to obtain consent from caregivers and assent from child participants must be upheld to ensure fundamental human rights. Due to the complex nature of the stressors they have experienced and their cultural contexts, there are also additional implications for assessment when engaging with this population.

To be culturally competent, counselors should use instruments that are both meaningful and relevant to the cultural context from which the child originates. This comes hand-in-hand with the recognition that the majority of assessments were developed by researchers from the dominant culture. Failing to recognize the influence of the dominant culture as it relates to assessment may impose dominant culture values and bias onto the child and potentially generate other issues such as conceptual mismatches, language barriers, and differences in meaning. Such complications render the assessment approach invalid (Sayre, 2002; Dettlaff & Fong, 2011).
Given the difficulties a child may bear as either a refugee or a displaced individual, assessing child welfare is crucially important. Therefore, it is necessary to provide culturally competent evaluation to address safety, permanency, and well-being. Throughout this process, assessing and understanding the complexity of issues faced by children immigrants it is critical for planning services and evaluating outcomes to promote child welfare outcomes (Dettlaff & Fong, 2011; Dettlaff & Lincroft, 2010).

Counselors should strive to work from a culturally competent perspective: one that is not all-knowing about a specific culture, but is open minded and invested in learning of the history and culture of the child’s population to formulate the correct assessment questions. Counselors should be especially mindful toward both language and conceptual equivalence. As language is considered an artifact of the child’s culture, counselors must use best practices to ensure they are properly conveying ideas through the child’s language. Given that language is a part of the child’s culture and identity, the use of such language is critical to implement into appropriate assessment measures (Dettlaff & Fong, 2011).

Finally, in assessing welfare of refugee children, counselors would do well to not only assess risk factors but also assess protective factors associated with each child. As adverse experiences occur at various stages of immigration, assessing the welfare of the children from a developmental perspective is non-negotiable (Carlson, Cacciatore, & Klimék, 2012). Resilience in achieving developmental tasks is fundamental to human growth in children, and can be facilitated with the use of external and internal factors (Masten, 2014; Suarez-Orozco, 2018). There are a number of microsystems that have been identified to effectively promote the positive growth in refugee children, which include neighborhoods that promote cohesion and belonging, schools that foster trust, safety, and interethnic group cohesion, and families that exhibit healthy interdependence. Internal factors congruent with resilient migrant children include biological sensitivity to their environment, social-emotional self-regulation, and motivation (Suarez-Orozco, 2018). In assessing and promoting such protective factors in practice, counselors will be working toward the psychological well-being of refugee children.

References


Greetings FASERVIC Members:

According to the Florida Association of Spiritual, Ethical and Religious Values in Counseling (FASERVIC) By-Laws, a Nominations and Elections is to be executed on behalf of FCA & FASERVIC Executive Board. As the Past Past President of FASEVIC, we, the Executive Board, have extended the deadline for nominations and invite you to send in your nominations for the position of FASERVIC President-Elect, Secretary, Treasurer and Graduate Student Representative.

Please contribute to this process by nominating candidates that you consider as demonstrating excellent leadership and have the potential to continue the mission and objectives of FASERGIC, FCA and ACA. FASERVIC members may self-nominate or nominate another FASERVIC member.

The FASERVIC by-laws provides us with a list of important factors to keep in mind in this process:

**President-Elect** – elected by the membership at large for a three-year term one year as president-elect (July 1, 2019 – June 30, 2020) followed by one term as President and one term as Past President.

**Treasurer** - elected by the membership at large for a one-year term (July 1, 2019 – June, 30 2020).

**Secretary** - elected by the membership at large for a one-year term (July 1, 2019 – June, 30 2020).

**Graduate Student Representative** - elected by the membership at large for a one-year term (July 1, 2019 – June, 30 2020).

If you are interested in running for any of these Leadership positions, or would like to nominate someone or yourself please email FASERVIC Past Past President, Dr. Stephanie Carroll at faservic.fca@gmail.com.

A nomination form will be sent out for completion at this time. The completed Nomination for Officer’s form must be completed by Friday, April 26, 2019 @ 5:00 p.m. or until all positions are filled.

Your consideration for FASERVIC Leadership is much appreciated!
Thank you!

Dr. Stephanie Carroll, 2018-2019 FASERVIC Past Past President
FCA Member SPOTLIGHT

Consider spotlighting your members’ accomplishments.

70th Annual Florida Counseling Association Convention

Destination - Self-Care! Awareness and Challenges: Strategies and Solutions

October 4-5, 2019
USF Embassy Suites & Conference Center - Tampa, Florida

MORE INFORMATION SOON AT WWW.FLACOUNSELING.ORG
Florida Association For Multicultural Counseling And Development Webinar Series Presents:

Culturally Responsive Calculations: Considerations When Administering Assessments

Presented by:
Michelle D. Mitchell, PhD, LPC (PA), NCC

Webinar Overview: Multicultural competence is considered an essential component of ethical clinical practice (Arredondo & Toporek, 2004). In fact, the area of multicultural counseling has gained such importance in the helping profession that guidelines for training, research, and practice have been developed over the years (APA, 2003; ACA Code of Ethics, 2014; Ratts et al., 2016). Therefore, addressing the intersectionality of client identities during the implementation of assessments is a critical skill as well as an ethical mandate counselors are expected to uphold. In this way, counselors are charged with obtaining knowledge on the essential components of multicultural competence, cultural considerations when administering assessments, as well as being appropriately equipped to provide support, resources, and advocacy efforts for culturally diverse clients. Please join us to learn more about cultural responsiveness in assessment delivery among diverse clients.

Training Objectives:
1. Participants will be able to describe the essential components of multicultural competence as per the multicultural and social justice counseling competencies.
2. Participants will be able to describe cultural considerations when administering assessments.
3. Participants will be provided with techniques and resources on how to be engage in culturally responsive practice.

Date: Friday, May 24, 2019
Time: 12:00pm-1:00pm EST
Cost:
Free FCA Member
$12 Non FCA Member
$25 for 1-hr CEH

Dr. Michelle Mitchell is an Assistant Professor in the Department of Counseling at Wake Forest University in Winston-Salem, NC. She is a Licensed Professional Counselor in the state of Pennsylvania and a NBCC Board Certified Counselor with clinical experience in working with underprivileged and marginalized populations. As a faculty member, Dr. Mitchell (a) assists in the development undergraduate and graduate students, through counseling curricula and advising; (b) participates in professional service; and (c) an active research agenda. More specifically, Dr. Mitchell remains active in service through her role as a Co-Chair of the Association for Multicultural Counseling and Development's (AMCD) Strategic Planning Committee and Mentoring Program. Furthermore, Dr. Mitchell's research focuses on the assessment of multicultural competence and self-efficacy among counselors. In fact, her dissertation was entitled, 'The Development and Validation of the Multicultural Competency Assessment (MCA)' where she developed and tested the psychometric properties of a new multicultural competency assessment.
The Florida Counseling Association Day at the Capitol in Tallahassee was February 19, 2019. Members and state-wide partners shared information with State House Representatives and Senators about what is means to be a counselor in Florida. Members shared client stories and how legislation can support counseling efforts to make life better for Floridians.

Members, though sharing the needs of their clients in their districts, focused on:

**2019 FCA - Bills of Interest in Both House and Senate**

**SB 84/HB 109 Conversation Therapy Conversion Therapy**: Prohibiting a person who is licensed to provide professional counseling or a practitioner who is licensed under provisions regulating the practice of medicine, osteopathic medicine, psychology, clinical social work, marriage and family therapy, or mental health counseling from practicing or performing conversion therapy for an individual who is younger than a specified age; providing that such licensee or practitioner is subject to disciplinary proceedings by the Department of Health and the appropriate board under certain circumstances, etc.

**SB 110/HB 499 – Youth in Solitary Confinement**

*Youth in Solitary Confinement*: Creating the “Youth in Solitary Confinement Reduction Act”; prohibiting the Department of Corrections or a local governmental body from subjecting a youth to solitary confinement except under certain circumstances; requiring that within a specified time and at specified intervals a mental health clinician evaluate face to face a youth prisoner who is subjected to emergency cell confinement; providing for an individualized suicide crisis intervention plan, if applicable; requiring sheriffs and chief correctional officers to adopt model standards relating to youth prisoners, etc.

*Effective Date:* 7/1/2019


*While there is very little movement as of 2/13/2019, we can educate them about our position as a profession and the research and reasoning behind it.*

This concludes the report on the 2019 FCA Day at the Capitol.
**FCA Day at the Capitol—continued**

HB 601/SB 318 – Pub. Rec./Reporting Child Abuse

**General Bill** by Roth Pub. Rec./Reporting Child Abuse: Provides that specific school personnel who follow certain policies when reporting child abuse, abandonment, or neglect are reporters for purposes of confidentiality; prohibits release of name of, or other identifying information with respect to, any person reporting child abuse, abandonment, or neglect except under certain circumstances; provides statement of public necessity. **Effective Date:** July 1, 2019 **Last Event:** House Bill in Children, Families & Seniors Subcommittee on Wednesday, February 6, 2019 5:50 PM. **On Committee agenda—Children, Families, and Elder Affairs, 02/19/19, 12:30 pm, 301 Senate Building**

SB 128/HB 179: Child Abuse

**Child Abuse:** Expanding the list of incidents or injuries that constitute harm to a child’s health or welfare to include incidents or injuries resulting from violations of child restraint and seatbelt requirements; requiring the central abuse hotline to accept certain reports or calls for investigation for children who do not live in this state; expanding the types of reports that the Department of Health must refer to Child Protection Teams, etc. **Effective Date:** 7/1/2019 **Last Action:** 1/25/2019 Senate - Referred to Banking and Insurance; Appropriations Subcommittee on Health and Human Services; Appropriations

SB 360/HB 307: Insurance Coverage Parity for Mental Health and Substance Use Disorders

Insurance Coverage Parity for Mental Health and Substance Use Disorders; Requiring contracts between the Agency for Health Care Administration and certain managed care plans to require the plans to submit a specified annual report to the agency relating to parity between mental health and substance use disorder benefits and medical and surgical benefits; deleting certain provisions that require insurers, health maintenance organizations, and nonprofit hospital and medical service plan organizations transacting group health insurance or providing prepaid health care to offer specified optional coverage for mental and nervous disorders; revising the standard for defining substance use disorders, etc. **Effective Date:** 7/1/2019 **Last Action:** 1/10/2019 Senate - Referred to Children, Families, and Elder Affairs; Criminal Justice; Infrastructure and Security; Appropriations

**HB 247 Marriage and Family Therapists**

**General Bill** by Mercado Marriage and Family Therapists: Provides equivalent education requirements for licensure by examination; removes certain education requirements for licensure or certification by endorsement. **Effective Date:** July 1, 2019 **Last Event:** Now in Health Quality Subcommittee on Wednesday, January 23, 2019 2:26 PM

*No matching Senate Bill at this Time.*
FCA Day at the Capitol—continued

Visit the new FCA website
https://www.flacounseling.org/

FCA MEMBERS ONLY
"FIND A JOB PAGE!"

Sign in to FCA website Go to "Career Center" tab, then "Find a Job" link
https://www.flacounseling.org/c

FCA MAILING
ADDRESS:
PO Box 4474
Deerfield Beach, FL 33442

HB 509 Clinical Social Workers, Marriage and Family Therapists and Mental Health Counselors

General Bill by Gregory Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors: Revises provisions relating to licensure & regulation of clinical social workers, marriage & family therapists, & mental health counselors; revises provisions relating to interns in mental health profession. Effective Date: July 1, 2019 Last Event: Filed on Tuesday, January 22, 2019 1:34 PM
*No comparable Senate Bill at this Time.

SB 540: Human Trafficking

GENERAL BILL by Book Human Trafficking: Requiring the owner or operator of a public lodging establishment to train certain employees and create certain policies relating to human trafficking by a specified date; requiring the Department of Children and Families, in consultation with the Department of Law Enforcement and the Attorney General, to establish a certain direct-support organization; requiring that the criminal history record of a
FAMCD & ARCA Webinar Series Presents:

Autism And The Black Family Part II

Presented by:

Maria Davis-Pierre, LMHC, Certified IEP Coach

Webinar Overview: This workshop will highlight the importance of cultural awareness when working with Black families of children diagnosed with Autism Spectrum Disorder. Beginning with a detailed analysis and explanation of culture broadly, the presenter will lead the conversation toward helping attendees understand their cultural development and biases. Next, attendees will learn how their own biases can lead to “resistance” with families in the therapy setting. The workshop will continue with the theoretical understanding of Black culture and its implications for therapy. The aim of this presentation will illustrate the current state of the field in the area of servicing diverse communities as well as open the door to having more clinicians incorporate the discussion of culture.

Training Objectives:
1. Participants will learn the importance of cultural competence and the important role it plays in the Black autism community.
2. Participants will gain knowledge on how their own biases and unknown ableist views affect the outcomes of successful joining with black parents who have a child with autism.
3. Participants will learn how to have culturally responsible discussions with the parents and educators of children with autism spectrum disorder.

Date: Thursday, July 18, 2019
Time: 7:00pm-8:00pm EST
Cost:
Free for FCA & ARCA Members
$12 Non FCA Member
$25 for 1-hr CEH

ARCA Members:
(Email fcaoffice@flacounseling.org for registration promo code)
For CRCC credit info, email: arcaoffice@arcaweb.org

Maria Davis-Pierre is the founder of Autism in Black Inc. She is a therapist, coach, speaker, author and advocate. After going through the process of getting her daughter diagnosed at 18 months, Maria changed her specialty and began working heavily in the Autism community. In January of 2018, Maria launched her 2nd private practice, Autism in Black Inc., which aims to provide support to black parents who have a child on the spectrum through educational and advocacy services. Autism in Black Inc. is dedicated to bringing awareness and acceptance to Autism Spectrum Disorder and reducing the stigma associated with ASD in the black community.

Maria is a licensed mental health counselor (LMHC) in the state of Florida. She graduated from Florida State University with a Bachelors of Science in Sociology and went on to obtain a Masters of Science in Mental Health Counseling from Nova Southeastern University. Maria is currently working on her Ph.D. in Family Therapy from Nova as well, and is the current Secretary for the Florida Association for Multicultural Counseling and Development.

Feel free to visit www.flacounseling.org or contact fcaoffice@flacounseling.org for more information.
ATTEMPT SOMETHING BIG

“There will be moments where you are going to doubt your call and/or this preparation. God is timely with helping us through these moments of discouragement. Hang in there. Press forward.”

Lillyan Vargas
Coordinator of the Counseling and Pastoral Care Program and Mentored Ministry, Asbury Theological Seminary.
Visit asbury.to/voices to read Lillyan’s story.

ARE YOU CALLED TO JOIN GOD IN HIS MISSION?

ASBURY THEOLOGICAL SEMINARY
Kentucky • Orlando • Memphis • Online

Download your free ebook
Yes!?, from Asbury Seminary.
Visit: asbury.to/FC

Guidelines
Please submit articles for your FCA Guidelines. Your contributions make this newsletter an incredible resource for Counselors across Florida.

Pictures used throughout this issue Guidelines are from Pexels and clipart-library online libraries offerings free pictures for personal and commercial use, found at pexels.com and clipart-library.com.