Greetings FCA members,

It is with hopes that this welcome finds each of you well and within good spirits. After hopefully a happy holiday season with family, friends and loved ones, we find ourselves moving forward into Winter. Since our last newsletter, we have launched our webinar series. There have been a number of both division sponsored webinars as well as those presented by FCA. We are excited about the number of registrants there have been for the webinar series and have appreciated the positive feedback about the quality of the trainings. Our virtual trainings and webinars will continue throughout the year. In addition, we will be adding our Qualified Supervisor Trainings (QST) and hosting the Traumatology Symposium in partnership with Jacksonville University (JU). Additionally, we have begun the process of working with division leaders in order to create our new strategic plan for the next five years. We have exciting times ahead of us and are glad for your continued support. I speak from my heart when I say that I truly appreciate that each of you has decided to be a member of FCA. Please continue to check our new website for updates on training and webinar schedules and, of course, our 2019 FCA Convention.

This Winter edition of our Guidelines newsletter focuses on Spirituality in Counseling. As we reflect on the holiday season that we have recently exited, there are a number of individuals that may consider the season a time for reflection on their personal understanding of spirituality and belief and value systems. As practitioners, counselors-in-training, counselor educators, etc., must consider the sense of strength one may draw from their spirituality. Additionally, there is a distinction that must be made between spirituality and religiosity as they are not synonymous. It is with hopes that this newsletter edition speaks to the different challenges that you may face and provide you with resources to support you in your professional role.

Warmest regards,

 Cecilia L. Guyton, Ed.D., LMHC
Florida Counseling Association,
President 2018-19
Each person holds several identities including gender, affectional/sexual (A/S) orientation, and their religious/spiritual (R/S) identity (Sue & Sue, 2013). Formation of these identities in many LGBTQ+ individuals is a complex process, further complicated when one’s faith does not historically approve of their A/S or gender identity (Vespone, 2016). Not only does this internal conflict complicate identity development, it has also shown to cause psychological distress, interpersonal struggles, (Ellison & Lee, 2010) and feelings of shame and guilt (Sherry, Adelman, Whilde, & Quick, 2010). Research has examined the manner in which LGBTQ+ individuals approach the intersection of their sometimes-conflicting A/S identities and their R/S identities (e.g., Brennan-Ing, Seidel, Larson, & Karpiak, 2013; Dahl & Galliher, 2009, 2012). While this is not always the case, efforts can be made on the part of the individual to manage and address this conflict, such as rejection of one or more identities, or a movement to integrate or reconcile identities (Brennan-Ing et al., 2013; Dahl & Galliher, 2009, 2012).

Current literature suggests that one of the ways that some LGBTQ+ individuals might react to this conflict, is by moving away from their R/S identity or rejecting religious beliefs and communities (Brennan-Ing et al., 2013; Dahl & Galliher, 2009). Results from a 2014 Gallup poll confirmed what much of the literature has cited, finding that LGBTQ+ individuals are less likely to identify with a religion than a comparison group of non-LGBTQ+ participants (Newport, 2014). Dahl and Galliher (2009) analyzed responses of 105 LGBTQQ participants and found that some reported an atheist identity or no longer identified with a religion. Brennan-Ing et al. (2013) found that, among 210 LGBT adults age 50 and above, some participants reported reducing- or even shunning- religious participation to manage this internal conflict. While leaving one’s faith can sometimes provide a sense of relief, for others it causes feelings of grief and rejection (Wood & Conley, 2014).

Though not always, research has also indicated that individuals who choose to remain connected with their R/S identity may reject their sexual identity, begin experiencing guilt about one’s sexual identity, and/or hide one’s sexual identity altogether (Dahl & Galliher, 2012). Masking one’s A/S identity makes it possible for the individual to remain a part of their religious community, while also avoiding harm or condemnation.

**Working with Clients Struggling with These Two Identities**

**Counselor Identity & Self-Disclosure.** Research has suggested that counselors who identify with stronger conservative Christian beliefs have significantly decreased LGB competency (Bidell, 2014). It makes sense then, that LGBTQ+ clients would feel discomfort about meeting with counselors who identify as Christian, as well as other historically conservative or oppressive religious identities. As with many identities, however, religious identities themselves are not homogenous identities. There are counselors who hold both a religious and LGBTQ+ identity, as well as religious counselors who are LGBTQ+ affirming and competent in counseling LGBTQ+ clients. Buser, Goodrich, Luke, & Buser (2011) explored experiences of...
LGBT individuals who sought counseling, specifically to address their religious/spiritual issues, and found that LGBT clients faced a mix of positive and negative counseling experiences. Goodrich, Buser, Luke, & Buser (2016) suggest that seeing a counselor who identified as Christian was beneficial in working with LGB clients who were struggling with their Christian intersection.

The field of counseling has mixed beliefs when it comes to counselor self-disclosure (e.g., Bottrill, Pistrang, Barker, & Worrell, 2010; Rogers, 1957; Yalom, 2002). Despite this, however, it seems that in addition to religious transparency, self-disclosure of A/S identity may help LGBTQ+ clients to feel more affirmed or understood in counseling (Borden, Lopresto, Sherman, & Lyons, 2010; Israel, Gorcheva, Walther, Sulzer, & Cohen, 2008). This type of non-immediate, intrapersonal disclosure can be done in a number of ways, including the use of community symbols and flags on marketing materials, websites, and social media, as well as displaying these in the office areas. In many cases, this type of counselor disclosure does not have to be explicit to have a positive effect on LGBTQ+ client outcome.

**Affirmative Counseling.** In order to be an affirming counselor, one must possess the appropriate knowledge, awareness and skills to effectively work with the LGBTQQI population. Elements of this include counselor self-awareness, demonstrating inclusiveness through creating a welcoming environment (LGBTQ+ magazines in your waiting area, inclusive language on intake forms, etc.) (Lee, 2019).

**Group Counseling.** Rodriguez et al. (2000), found that many clients mentioned that merely talking with a group was helpful in integrating A/S and R/S identities. Yalom (as cited in Lee, 2019) found that LGBTQQI-affirming groups help clients to feel as they belong, and provide them with hope, strengthening self-identity and resilience in clients who receive these services.

**Resources & Literature.** Having knowledge about books, movies, or websites that may affirm clients’ identities and experiences would be helpful. Examples of this include: Religion is a Queer Thing, a book by Elizabeth Stuart, or Muslims for Progressive Values (http://www.mpvusa.org), an online resource for Muslim individuals who prioritize human rights, compassion and dignity.

Role Plays and Experiential Exercises. Duan and Brown (as mentioned by Lee, 2019, p. 176) advocate for the use of role plays and experiential exercises, as they have been found to be helpful for positive client outcome in LGBTQQI clients.

While some LGBTQ+ individuals choose to reject their R/S community or choose to reject- or mask- their A/S identity, it is important not to assume that clients would need to choose one identity and eschew another. In order to work effectively with a client who is facing this unique internal discord, we must be aware of what it looks like to support reconciling clients; through appropriate disclosure, use of external resources, specific frameworks and techniques, multicultural competency, and support.
References


When I was a child, I recall looking up to the night sky and wondering *is he up there?* I wasn’t referring to a higher being, but to my great-grandfather who died when I was around age six. My parents did not believe it was a good idea to attend his funeral, but I do remember visiting him in the hospital, proudly showing him that I could put my tangled, long hair into a ponytail, and rushing over to his bed side to feed him his meal. He would tell me, “wait, not so fast,” but I was already aiming another spoonful of mushiness into his mouth. From that moment to the time of his passing, the details are a bit fuzzy. Knowing he was no longer with us, I cried and questioned, “Am I going to die, too?” As I got older, I recognized that my one of my social identities shifted from religion to spirituality. There is a difference between religion and spirituality. Religion is believing there is a power bigger than yourself while following within the guidelines created by a higher power; spirituality is more obscure and focuses on the idea that the divine is within us rather than outside of us. “Spirituality is almost always seen as much warmer, associated with love, inspiration, wholeness, depth, mystery, and personal development like prayer and meditation” (Flemmer, 2009, p. 163).

From my experience working with children, I wonder what’s going on in their heads; what sort of information are they trying to piece together as they observe their surroundings? To a child, the world may appear to be magnified and overwhelming to understand the meaning of it all. I picked up a book not too long ago titled, *The Spirituality of Play: An Existential Understanding of Play Therapy with Children* by David Flemmer. It seemed interesting and I browsed through the information, I found something meaningful to me, “… children are aware of existential parameters to their lives. They are able to express this in their own way, but sometimes lack both the means and the permission to do so” (Flemmer, 2009, p. 38).

I believe there is some truth to this statement. Children are insightful, and do not have the verbal tools needed until they become older. Through play, children express themselves more fully and have opportunities to explore emotions, as well as promote understanding and have use of symbolism (Jackson, 2012). Children are continuously trying to make sense of the world and through their own assessment, determine if it is safe to explore. As counseling professionals, we understand the importance of establishing trust and encouraging children to communicate through play; “This is where we must meet each other and where we must meet our children” (Flemmer, 2009, p. 18). When it comes to spirituality, this is message is an important part of one’s identity and I wonder if this is an area that is often explored with children who practice spirituality or have a spiritual background?
I think about the child’s spiritual development and where they may be in that process. I think about counseling professionals who may not be well versed or trained on the topic of spirituality and because of this, may have missed opportunities to incorporate this as part of a strength-based approach when working with children while using play therapy. This is certainly an area I would like to explore more as a counseling professional. To be an effective, culturally competent counselor, its importance to be open to curiosity, open to other points of view, and open to being vulnerable so that the connection between the counselor and child client can manifest trust and empathy, which becomes a solid foundation to grow and sustain the therapeutic relationship.

References


Most clients have some type of spiritual belief. Approximately 60% believe in spirituality without a doubt, 20% believe with some doubts and 20% have mixed views on spirituality (Hout & Smith, 2015). As part of the biopsychosocial intake process in my current therapist position in a community mental health center, clients are asked about their spiritual beliefs. This helps prepare clinicians on how to proceed with clients especially clients that have suicidal tendencies.

Recently, a new client was assigned to me who has a diagnosis of Bipolar I and Post Traumatic Stress Disorder (PTSD). He explained that there were many terrible events taking place in his life. He listed the reasons why it was time to take his own life and reported that he had 4 previous suicide attempts. I asked him if he had a current plan to take his own life, he denied having a plan for suicide, but then proceeded to tell me why the world would be better without him.

To gauge the amount of spirituality in his life, I asked him some questions to assess how much spirituality he utilized. He became quite animated and said he believed in God and that God is about the only thing that keeps him hanging on to this life. Once the client identified spirituality as a positive support for him, I utilized this information to discover how his beliefs might further support him in his times of need. We also discussed his strength and successes in his life up to this point.

Our session moved toward the meaning of life and we spoke about how he can find personal meaning from researching God’s word in the Bible. He was encouraged to explore what the Bible says about forgiveness for self and for others. He expressed interest in researching what God says about loving his people and incorporating these beliefs into his own life. He was open to the idea of challenging his automatic negative thoughts and replacing them with the truth of God’s word that he found in the Bible. Instead of ruminating on the feelings of shame of his behaviors of the past, he was eager to begin to replace those shaming beliefs with the new beliefs based on forgiveness that are clearly stated in the Bible.

A recent study by Cazanescu and Szentagotai-Tatarif (2018) demonstrates that when irrational beliefs turn into rational ones, they can improve positive emotion regulation, thus helping the client increase a more positive mood. An example of replacing these thoughts is that whenever the negative thought of shame would arise, he was encouraged to say over and over in his mind, “I am forgiven, I am forgiven.” This new mantra, or set of words, is based on his belief in God and the evidence that is written in the Bible. It is easier for the mind to replace thoughts based on a personal truth than it is to use wishful thinking thus helping him decrease his negative mood.

At the end of the session the client stated that “God sends certain people in our lives for a reason.” He expressed gratitude for having me as his new counselor. We made a few more appointments and he was encouraged to call if in crisis again. He did call the next day and told me how he utilized this new technique and reported that life doesn’t seem as overwhelming now that he was reminded that God is by his side. When spirituality is important in a client’s life, it is important to respect the client’s beliefs and incorporate those beliefs into the counseling process.

References


Spirituality has become such a game changer in the world of counseling that back in 2005 the Board of Ethical and Professional Standards of the American Counseling Association (ACA) code of ethics felt it necessary and pertinent to add spiritual competencies for all counselors to pay attention and adhere to when practicing in the field. The spiritual competencies are simply guidelines that hold the purpose of acknowledging diversity and implementing a cross-cultural style that holds at its core the value, self-respect, potential, and individuality of all people. They are meant to be used in conjunction with evidence-based practices and aspirational ethics of counseling. The six competencies are outlined and explained in this article with the intent to make us all better counselors.

The first spiritual competency is **Culture and Worldview**: The intent of this competency is that a counselor can describe both similarities and differences between spirituality and religion; including the basic beliefs of various spiritual groups, the major world religions, what it means to be agnostic and even the term atheism. Also, the counselor recognizes that a client’s spiritual beliefs or lack thereof are a driving force in their worldview and can influence psychosocial functioning.

The second spiritual competency is **Counselor Self-awareness**: This spiritual competency speaks to the counselor actively exploring their own attitudes, beliefs and values about spirituality/and or religion and is cautious about how their beliefs may affect the client and the counseling process in general. The counselor can identify the limitations of their knowledge of a client’s spiritual/religious perspective and has resources /leader to consult with when needed.

The third spiritual competency is **Human and Spiritual Development**: This competency expects that the counselor be able to describe and apply various models of spiritual and/or religious development to the counseling relationship as well as to human growth and development.

The fourth spiritual competency is **Communication**: This competency’s emphasis is that the counselor have the ability to respond to a client regarding their spiritual beliefs with acceptance and sensitivity. Also, it is expected that the counselor use concepts consistent with the client’s spiritual beliefs and the client finds acceptable. Lastly, the counselor has the ability to recognize spiritual and religious themes in their client communication and address them when they are therapeutically relevant.

The fifth is spiritual competency is **Assessment**: This spiritual competency takes into account that at the point of intake the counselor strive to understand client’s spiritual and/or religious perspectives by gathering as much information from the client as well as other sources.

The sixth and final spiritual competency addresses **Diagnosis and Treatment**: Its implications are that when making a diagnosis a counselor knows that client’s spiritual beliefs can either enhance well-being, contribute to problems or exacerbate symptoms. Also, when designing a treatment plan, the counselor will set goals with client that are congruent with the client’s spiritual and/or religious perspective. They will modify therapeutic interventions to include the client’s spiritual beliefs, they will make incorporate spiritual/religious techniques when appropriate and acceptable to client’s worldview and make sure there is current supporting evidence-based research for the inclusion of the client’s beliefs.
Spiritual Competencies continued

Preamble must accompany any publication or dissemination, in whole or in part, of the ASERVIC Competencies, it is as follows:

**Preamble:** Competencies for Addressing Spiritual and Religious Issues in Counseling are guidelines that complement, not supersede, the values and standards espoused in the ACA Code of Ethics. Consistent with the ACA Code of Ethics (2005), the purpose of the ASERVIC Competencies is to “recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). These Competencies are intended to be used in conjunction with counseling approaches that are evidence-based and that align with best practices in counseling.

**References**
Our world is ever-changing and as a result there are many different types of traumatic situations that individuals experience. This informational essay is not meant to be all-encompassing; it will simply give an overview of crisis counseling utilizing the Critical Incident Stress Management (C.I.S.M.) method.

Crisis is defined along with the different types of crisis that are categorized. C.I.S.M. is very different from traditional counseling. These differences will be explained. A history and explanation of C.I.S.M. is discussed, along with the most common interventions that are associated with C.I.S.M.

Next hurricanes and mass shootings before and after the events occur are explained along with some of the current research findings about the effectiveness of C.I.S.M. In conclusion, the certification process for C.I.S.M. is discussed along with the cost.

**What is Meant by Crisis?**

There are many definitions of the word “crisis”. However, each of them has one thing in common—the individual feels overwhelmed. McDonald (2016) explains that “people are in a state of crisis when they face an obstacle to important life goals—an obstacle that is, for a time, insurmountable by the use of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made.” (as cited in James, 2008, p. 3).

Aside from the definition of crisis, it is also important to understand how a crisis presents itself. There are three basic steps that explain how this occurs (McDonald, 2016).

1. A negative even happens which leads to a feeling of subjective distress.
2. This distress then leads to an impairment in functioning.
3. Coping skills fail to improve functioning.

There are many different types of crisis situations. These include natural disasters such as hurricanes, wildfires, tornadoes, volcanic eruptions, as well as school shootings, other mass shootings, suicides, murders, and rapes.

**Differences Between C.I.S.M. and Counseling**

There are multiple differences between C.I.S.M. and counseling. C.I.S.M. works when individuals provide psychological first aid in a short period of time. It is not considered long-term counseling. In contrast, counseling usually takes place in multiple sessions over a period of weeks or even months.

C.I.S.M. is provided by either a certified C.I.S.M. professional or a peer who is involved in the traumatic incident. Counseling is only provided by licensed mental health professionals. C.I.S.M. can be used as a pre-cursor to counseling. Mental health counseling, if still indicated, can begin after completing the C.I.S.M. process.

**What is Critical Incident Stress Management (C.I.S.M.)?**

Critical Incident Stress Management, or C.I.S.M., is an intervention protocol developed particularly for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and be given referral for further help if required. It is not psychotherapy. It is a confidential, voluntary and educative process, sometimes called 'psychological first aid' (Cardinal, 2018).

Critical Incident Stress Management was created by Jeffrey T. Mitchell, Ph.D. in 1974 for use with small homogeneous groups of paramedics, firefighters and law enforcement officers who were distressed by an exposure to some specifically traumatic and gruesome event. It is firmly rooted in the crisis intervention and group theory schools of thought.
The first article on Critical Incident Stress Debriefing, which is an intervention within C.I.S.M., appeared in the *Journal of Emergency Medical Services* in 1983 (Mitchell, 2014).

Over time, the use of Critical Incident Stress Debriefing spread to other groups outside of the emergency services professions. The military services, airlines, and railroads find the process helpful. This is even more effective when it is combined and linked to other crisis intervention processes. Businesses, hospitals, schools, churches and community groups eventually adopted the Critical Incident Stress Debriefing model as a major part of their overall staff crisis support programs. There are multiple types of C.I.S.M. interventions that may be used, depending on the situation. Variations of these interventions can be used for groups, individuals, families and in workplace environments (Mitchell, 2014).

**Interventions in C.I.S.M.** (Everly & Mitchell, 1997)

1. Pre-crisis preparation: stress management education, stress resistance, and crisis mitigation training
2. Disaster or large-scale incident, as well as, school and community support programs include demobilizations, informational briefings, “town meetings” and staff advisement
3. Defusing. This is a 3-phase, structured small group discussion for purposes of assessment, triaging, and acute symptom mitigation.
4. Critical Incident Stress Debriefing (C.I.S.D.) refers to the “Mitchell model”; a 7-phase, structured group discussion, and designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure.
5. One-on-one crisis intervention/counseling or psychological support throughout the full range of the crisis spectrum.
6. Family crisis intervention, as well as, organizational consultation.
7. Follow-up and referral mechanisms for assessment and treatment, if necessary

**When and Where to Use C.I.S.M.**

**Demobilization:** This is a very quick intervention that takes place ASAP after the incident occurs. It is described as a primary stress prevention and intervention technique that has two main parts: participants are given information to help them with the management of their stress reactions and the second part includes just resting while enjoying a snack and a beverage prior to the participant returning to their duty (Mitchell & Everly, 2000).

The goals of demobilization include:
1. To provide a transition from the critical incident to the routine
2. To reduce the intensity of immediate stress-related reactions
3. Evaluation of participants for additional needs
4. To inform the group about potential stress reactions
5. To provide information about additional support
6. To establish positive expectations about outcome

**Defusion:** A defusion typically lasts from thirty to sixty minutes, but it can go even longer. It is most effective when it occurs within one to four hours after a critical incident. It is rare and is not recommended to be conducted more than twelve hours after the incident. Similar to a debriefing, it is a confidential and voluntary opportunity to learn about stress, share feelings regarding the incident and release emotions. The main goal is to stabilize people that have been impacted by the incident so that they can return to their normal routines without experiencing unusual stress. Where appropriate, a formal debriefing also may be required (Cardinal, 2018).

**Debriefing:** It can also be called Critical Incident Stress Debriefing. It typically takes place within one to three days after the incident occurs, however, the debriefing itself does not necessarily take place at the incident site. Debriefing is an intervention that includes a group meeting or discussion about a particularly distressing critical incident. Founded on the core principles of
crisis intervention, the Critical Incident Stress Debriefing (CISD) is designed to lessen the impact of the incident and to help the individuals in recovery with the stress they are experiencing from the incident. The CISD is facilitated by a specially trained team that includes professional and peer support personnel (Mitchell, 2014).

**Pre-Crisis Preparation (Hurricanes)**
(American Psychological Association, 2011)

1. Talk to clients to prepare them for the upcoming hurricane.
2. Review their safety plan with them. This is an effective way for them to see they have some control in their lives.
3. Ensure they have a hurricane kit on hand and that it is fully stocked.

**Items For a Hurricane Kit** (Red Cross, 2018)

1. Water: one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
2. Food: non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
3. Flashlight
4. Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
5. Extra batteries
6. First aid kit
7. Medications (7-day supply) and medical items
8. Multi-purpose tool
9. Sanitation and personal hygiene items
10. Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
11. Cell phone with chargers
12. Family and emergency contact information
13. Extra cash
14. Emergency blanket
15. Map(s) of the area

**Post-Crisis Psychological Effects**
(A.P.A., 2011)

1. Stabilization and safety
2. Timely information
3. Substance abuse, depression, and domestic violence are prone to increase

**Key Principles (Mass Shootings)**
(U.S.D.H.H.S., 2005)

1. No one who witnesses the consequences of mass criminal violence is unaffected by it.
2. Sometimes, families and survivors wish to be left alone to privately deal with their suffering.

Galewitz (2018) wrote about a child psychologist who previously attended Margaret Stoneman Douglas High School. She states that “routines are very important to help kids feel normal, but it’s important to honor how kids want to deal with their feelings, and anything within reason should be supported.” She goes on to say that “it is important that kids get back to school, but it may be an individual thing when kids are ready. No kid can learn when their feelings are in the way.” The following are some suggested prompts that may help to begin the conversation with survivors:

“Things will never be the same as they were but will gradually begin to feel better.”
“It is definitely understandable that you feel this way.”
“This is your body and mind’s way of dealing with what has happened to you. Your reactions to this event are normal.”
“Feeling intense emotions and having thoughts that you have never had before is normal. You are not going crazy.”
“Your reaction to trauma and stress is driven by your brain and the automatic responses that occur.”

**C.I.S.M. Research**

As of 2014, without exception, research regarding C.I.S.M. is positive if providers are properly trained in C.I.S.M. and the providers adhere to well published and internationally accepted standards of C.I.S.M. practice (Mitchell, 2014).
Certification in C.I.S.M.

The world’s first university-based certification in the field of C.I.S.M. and psychological crisis is offered through the University of Maryland Baltimore County (U.M.B.C.) Department of Emergency Health Services in partnership with the U.M.B.C. Training Centers. The cost to sit for the exam is $295.00. There are two courses that providers will need to complete in order to sit for the exam: Assisting Individuals in Crisis and Group Crisis Intervention.

References


Thank you FCA Leaders, Volunteers, Sponsors, Presenters, and Members for making this year’s convention a success.
69th Annual Florida Counseling Association Convention
The latest FCA Convention was the first real state counseling convention that I had attended, and the experience was everything I could have ever dreamed of and more. Before the convention, I had imagined that I would get to the convention, volunteer at the convention and attend a few sessions and then with my UCF counseling program advisor, Dr. Stacy Van Horn, on Saturday. I was shocked when the first person I saw at the Hilton hotel was Dr. Christine Sacco-Bene who I had met at the Leadership Development Institute last June. She instantly recognized me and asked how I was doing. When I told her where I was interning, she asked who my supervisor was, and she told me my supervisor was actually one of her students at Barry University a few years ago. Learning that Dr. Sacco-Bene actually taught my internship supervisor floored me and I realized just how important it is to network in the profession and that when it comes to conventions the people you talk to may just know someone who you would never have expected you to know.

Throughout the weekend, I attended sessions on topics ranging from the importance of advocacy and resiliency for African Americans to how to interact and counsel children who have to be language brokers for parents whose first language is not English. I really liked all of the sessions and looking back now, I was able to go to sessions and learn some things that I would not have known if I had not attended the FCA convention. All of the sessions had practical information that I do feel will make me a better school counselor and advocate for the students I will serve.

When it came to the last sessions of the convention, I began to feel a little nervous as Dr. Van Horn and I were set to present about career readiness activities for all students. Dr. Van Horn and I both knew that really it was going to be a toss up as to how many people would actually come to our session as ours was in the last session block. We had gone over the presentation the Tuesday before the convention and I was pretty sure we were ready. We had great activities that we planned to do with our audience and knew it would be engaging. When we began to present, any feelings of anxiousness and nervousness went away, and I was able to co-present the session comfortably. We ended up having about 8-10 people attend our session and many said that they loved what we presented and found the session enjoyable. In all, I really enjoyed my time at the FCA conference and am so proud to be in a field that is so accepting and inviting.

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**CONGRATULATIONS**

FCDA congratulates Alex Botchen, FCDA Graduate Student Representative. Alex earned his M.A. degree in Counselor Education—School Counseling track from the University of Central Florida, Orlando, December 2018.
FCA Member SPOTLIGHT

Congratulations to Courtney Martensen for passing the Florida licensure exam and Dr. Letitia Browne-James for successfully defending her dissertation.

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
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Creating art together!

April 20, 2019 | 9AM to 3PM
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Creativity. Community. Connection.
Free event for all ages!
Strategic Planning

The Florida Counseling Association held this year’s Strategic Planning meeting on Saturday, January 12 at Nova Southeastern University in Fort Lauderdale. The planning session focused on the final analysis of the Association's progress toward the 2014-2019 Strategic Plan goals and developing the new Strategic Plan for the next five years, 2019-2024. Division representatives, FCA Members, and Executive Board Members participated in this year’s event.
Be the hero of your own story.
Let us be your guide

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

April 12 Submissions Due for Spring Guidelines

ASSESSMENT IN COUNSELING

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