



## TRAINING DESCRIPTIONS

**Note:** Training event titles, lengths, descriptions, and learning objectives can be modified to meet the needs of the host organization and their participants. Many trainings can be expanded to be full-day workshops. Though most descriptions are written to apply to “counselors,” content is generally appropriate for all mental health professionals, including clinical mental health counselors, rehabilitation counselors, substance abuse professionals, marriage and family therapists, clinical social workers, psychiatrists, and clinical and counseling psychologists.

| Avoiding Medical Errors: DSM-5 Resources for Differential Diagnosis |   |
|---|---|
| <b>Description</b>  | Decades of research suggest that misdiagnosis of mental disorders is a common medical error. For example, individuals with Borderline Personality Disorder are often misdiagnosed with Bipolar Disorder, and many children and adolescents are misdiagnosed with ADHD. Although many people who meet the diagnostic criteria for Major Depressive Disorder (MDD) are undiagnosed, as many as 60% of people who are diagnosed with MDD do not meet criteria for the disorder! Bipolar II Disorder, Social Anxiety Disorder, specific phobias, PTSD, Generalized Anxiety Disorder, OCD, eating disorders, Intermittent Explosive Disorder, and Body Dysmorphic Disorder are often missed by clinicians. Why is that? We’re often trained in graduate school to with cookie-cutter, seamless case examples, but in the real world, clients often don't present with "textbook" presentations of symptoms that neatly fall into a particular disorder. Many symptoms of mental disorders are "overlapping," meaning that the same symptom may be listed under several disorders. <b>With the limited time that clinicians often have, how do we quickly formulate an accurate diagnosis? Find out by attending this 2-hour medical errors update!</b> We'll use <u>real</u> case examples to show you how to use differential diagnosis resources for overlapping symptoms. |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Define "overlapping" symptoms.</li> <li>2. Describe how to use the "differential diagnosis" section of the DSM-5.</li> </ol>  |

|  |   |
|--|---|
|  | 3. Use the DSM-5 Differential Diagnosis mobile application to formulate a diagnosis for case scenarios involving overlapping symptoms.  |
| <b>CE Hours</b>  | 2.0 General Hours and 1.0 Hours Ethics/Professional Boundaries (3.0 Hours Total)  |
| <b>The Beginner’s Guide to Virtual Reality (VR)-Enhanced Exposure Therapy</b>                              |   |
| <b>Description</b>   | In the words of Mr. Rogers (Fred, not Carl), “Anything that's human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting and less scary.” All major psychotherapies involving encountering—rather than avoiding—unpleasant thoughts and feelings. Though talk therapy is powerful, it can be augmented with experiences that activate the brain in ways not typically experienced in a talk therapy session. Advancements in virtual reality (VR) technology now permit clients and counselors yet another means to expand beyond the confines of the typical therapy room to share safe but powerful therapeutic experiences. This training session was designed to introduce counselors to VR-assisted therapy and how it can be used for exposure therapy as well as somatic quieting. Meta analyses of VR-assisted exposure therapies show large effect sizes compared to control conditions that are comparable to other in vivo exposure approaches ( <a href="#">Carl et al., 2019</a> ; <a href="#">Eshuis et al., 2021</a> ; <a href="#">Wechsler et al., 2019</a> ). |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Summarize research on VR-assisted psychotherapy.</li> <li>2. Orient clients to exposure therapy.</li> <li>3. Utilize VR headsets in therapeutic applications.</li> </ol>  |
| <b>CE Hours</b>  | 2.0 General Hours   |
| <b>Can I Do That? Legal, Ethical, and Clinical Considerations for Counselors and Psychological Testing</b> |   |
| <b>Description</b>   | Survey data demonstrates that many clinical mental health counselors are confused about counselors and psychological testing. Some think we can only administer and interpret certain types of tests, some think we can administer but not interpret tests, and others think we can do anything a psychologist can do. Presented by instructors at the National Board of Forensic Evaluator’s “Testing for Forensic Populations” workshop, this training seeks to clarify the issue of CMHCs and psychological testing, as well as introduce CMHCs to a variety of tests that they can use to complete quality clinical and forensic evaluations, as well as to monitor client progress in psychotherapy. Attendees will be given an  |

|   |  |
|---|--|
|   | introduction to free online assessment measures created by the American Psychiatric Association that they can use immediately with clients, whether they are students, interns, or licensed counselors. They will also become familiar with state laws related to counselors and testing and with sections of the 2020 <i>AMHCA Code of Ethics</i> that pertain to psychological testing and with billing insurance companies and third party payers for testing services, and they'll be given a list of recommended psychological tests commonly used for forensic evaluations.  |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Articulate laws, ethics, board rules, and billing practices that relate to counselors in testing.</li> <li>2. Identify several psychological tests that can be used to improve clinical practice.</li> <li>3. Utilize Level 1, Level 2, severity measures, disability measures, and other free assessment tools published by the American Psychiatric Association.</li> </ol>  |
| <b>CE Hours</b>   | 2.0 General Hours and 1.0 Hours Ethics/Professional Boundaries (3.0 Hours Total)   |
| <b>Clinical Mental Health Counselors: Who We Are, What We Do, Where We've Been, and Where We're Going</b> |  |
| <b>Description</b>  | The American Counseling Association declares that “a counselor is a counselor is a counselor.” However, within the boarder counseling profession there are multiple counseling specialties, such as rehabilitation counselors, vocational/career counselors, school counselors, and clinical mental health counselors (CMHCs). What’s a CMHC? What makes a CMHC similar or different from other mental health professionals? This training focuses on the unique professional identity of CMHCs. It exposes several myths about our profession, celebrates our long and fruitful journey towards excellence, and conveys a passionate vision for our professional future and a roadmap to professional advocacy. |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>4. Define clinical mental health counseling.</li> <li>5. Review the scope of practice of CMHCs.</li> <li>6. Explore the history of clinical mental health counseling.</li> <li>7. Identify the few “professional disparities” between clinical mental health counseling and allied therapeutic professions (i.e., clinical psychology, clinical social work, marriage and family therapy, psychiatry/psychiatric nursing) and how to overcome them.</li> </ol>  |

|   |   |
|---|---|
| <b>CE Hours</b>   | 2.0 General Hours   |
| <b>The Clinical Mental Health Counselor’s Guide to Addressing Medical Cannabis Use in Treatment</b> |   |
| <b>Description</b>  | In the United States, medical cannabis is now broadly or partially legalized in 33 states, though it remains illegal under federal law. Variation in state and local laws can create confusion for mental health counselors. Additionally, many counselors were trained to be attuned to the dangers and drawbacks of potentially addictive substances such as marijuana, yet we also sometimes work with clients suffering from debilitating biomedical conditions who might benefit from medical marijuana. This training was designed to provide counselors with a decision tree for choosing an appropriate course of action when working with clients presenting with medical marijuana cards.   |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Describe the difference between medical THC and CBD.</li> <li>2. Identify disorders that may be treated by medical marijuana.</li> <li>3. Identify potential adverse health effects and drawbacks of medical marijuana use.</li> <li>4. Review a decision tree involving best practices for how to address medicinal marijuana use by clients in a counseling setting.</li> </ol>   |
| <b>CE Hours</b>   | 4.0 General Hours   |
| <b>The Clinician’s Guide to Conceptualizing and Assessing Personality Disorders</b>                 |   |
| <b>Description</b>  | According to the National Institute of Mental Health (NIMH), nearly 10% of the adult U.S. population has met the diagnostic criteria for one or more personality disorders (PDs) in the past year, and the majority of Americans with PDs (85%) meet criteria for at least one other mental disorder. Yet, not even half of Americans with PDs have been treated for their disorder. Sometimes, therapists feel "stuck" working with clients with depressive and anxiety disorders who don't seem to be making much progress. At times, an undiagnosed PD might be part of the complex clinical picture, and perhaps a change in treatment approach would help the client to start getting some traction. Forensic evaluators are sometimes presented with scenarios in which a referral source is asking for clarification on whether an individual has one or more PDs, but PDs can often be very challenging to diagnose over brief periods of time, especially if a client has poor insight, is defensive, or is not forthcoming with information suggestive of a PD. To further complicate matters, the American Psychiatric Association (APA) |

|   |   |
|---|---|
|   | introduced a new dimensional-categorical hybrid model of PDs that is expected to be replace the current system of diagnosing PDs. This new system is very different than what mental health professionals are accustomed to. This webinar was designed to equip you with several tools and resources to help better conceptualize and detect PDs, whether in therapy or in forensic evaluation settings.  |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Define personality disorders (PDs).</li> <li>2. Identify changes in the conceptualization of PDs as they appear in the new dimensional-categorical hybrid model in the DSM-5.</li> <li>3. List several tests and other data sources that can be used to detect signs and symptoms of PDs during evaluation.</li> </ol>  |
| <b>CE Hours</b>   | 3.0 General Hours   |
| <b>Cognitive Behavioral Therapy (CBT): What it Is, Where it Came From, and How it Helps</b> |   |
| <b>Description</b>  | <p>CBT is a very broad umbrella of various theories and approaches to helping clients, as well as helping humanity in general, and it is the most popular counseling theory among clinical mental health counselors (CMHCs) in the United States (Norton &amp; Tan, 2019). Counselors-in-training often get a brief overview of CBT philosophy and interventions in grad school, professional development, or clinical supervision, but rarely enough to truly understand the model. This training was designed to learn about the philosophies underlying CBT on a deeper, more intimate level, by starting not with the cognitive revolution of the 1970s, nor with Albert Ellis in the 1950s, but more than 2,000 years ago with the ancient Stoic philosophers (and their philosophical counterparts in Asia). We will learn about cognitive-behavioral strategies that have helped human beings for millennia, and how those strategies have been filtered through a contemporary, scientific lens to produce the evidence-based treatments so popular used today.</p> |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Define Cognitive Behavioral Therapy (CBT).</li> <li>2. List and describe several CBTs.</li> <li>3. Define and describe Stoicism and its central tenets.</li> </ol>  |

|   |  |
|---|--|
|   | 4. List several CBT techniques and interventions and articulate how they connect to ancient Stoic philosophy.  |
| <b>CE Hours</b>   | 4.0 General Hours  |
| <b>Counseling During and After the Pandemic: 7 Tips for Fostering Post-Traumatic Growth</b> |  |
| <b>Description</b>  | The COVID-19 pandemic of 2020-2021 ushered in an unprecedented demand for mental health counseling and related services. Depression and anxiety rates tripled, and suicide, substance use, overdose, and domestic violence rates soared. According to one national survey, 1 out of every 3 Americans saw a therapist at least once in 2020. Data collected by the presenter from 650 counselors nationwide revealed that 1 out of 3 counselors was working overtime to try to meet demand, and many had stopped accepting new referrals or started limiting intakes. The echoes and repercussions of the pandemic will likely last for years to come, but throughout history every major national or international crisis has sparked a period of increased growth and awareness the field of clinical mental health counseling. During a time of tremendous upheaval and adjustment, how can counselors play a role in post-traumatic growth both in the U.S. and around the world? Find out with this workshop. |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Define post-traumatic growth and describe how it applies in the aftermath of a pandemic.</li> <li>2. Describe the impact of the COVID-19 pandemic on the mental health and wellness of the U.S. population.</li> <li>3. Create a plan to implement seven tips for fostering post-traumatic growth in your counseling practice.</li> </ol>  |
| <b>CE Hours</b>   | 2.0 General Hours  |
| <b>The Counselor’s Guide to Complying with the No Surprises Act (NSA)</b>                   |  |
| <b>Description</b>  | At the end of 2020, Congress passed an omnibus bill called the Consolidated Appropriations Act of 2021, which included the No Surprises Act, legislation designed to provide federal protection against surprise medical bills. On 9/30/21, a rule implementing the new law was passed that will substantially impact counselors, especially those providing therapy for private pay, uninsured, and out-of-network  |

|   |  |
|---|--|
|   | <p>clients. That rule becomes effective 1/1/22, yet few counselors are knowledgeable about the new law’s requirements, let alone how to implement them.</p> <p>Among other requirements, the act obligates CMHCs to:</p> <ul style="list-style-type: none"> <li>· Ask clients whether they have insurance and, if so, whether they want to use their insurance to fund their therapy.</li> <li>· Inform all private pay and uninsured clients (regardless of whether they were already working with the CMHC prior to 1/1/22 or not) that a “good faith estimate” is available (in the client’s spoken language) and is “prominently displayed.”</li> <li>· Provide to all private pay and uninsured clients a “good faith estimate” including all anticipated services and costs and several other components outlined by the Centers for Medicare and Medicaid Services (CMS) within one business day (if the service is scheduled at least three business in advance) or within three business days (if the service is scheduled at least 10 business days in advance or a client requests an estimate but has not yet scheduled the appointment).</li> </ul> <p>Confused about these new requirements and how to implement them? This 1-hour webinar provides an overview of the new rules and resources for complying with the new law.</p> |
| <p><b>Learning Objectives</b></p>   | <ol style="list-style-type: none"> <li>1. Describe requirements imposed by the new law as they relate to the practice of mental health counseling.</li> <li>2. Create a “good faith estimate” notice.</li> <li>3. Provide clients with a “good faith estimate” utilizing recommended templates.</li> </ol>   |
| <p><b>CE Hours</b></p>  | <p>1.0 General Hour</p>  |
| <p><b>The Counselor’s Survival Guide to Ethical Counseling in a Politicized Era</b></p> |  |
| <p><b>Description</b></p>   | <p>In a recent national poll, Americans cited political extremism and polarization as their third greatest national concern. During and after each election, many clients present with signs of <i>political dysphoria</i>, a state of unease and dissatisfaction with partisan politics. The American Mental Health Counselors Association’s <i>2020 Code of Ethics</i> calls upon clinical mental health counselors (CMHCs) to maintain</p>  |

|   |   |
|---|---|
|   | <p>objectivity (I.A.1); to take care of our own mental health so that we can be centered for our clients (I.C.1.h); to understand the role of our beliefs, values, and biases in our clinical work while seeking to better understand our clients (I.C.1.m); and to refrain from discriminating against our clients for their political beliefs (I.C.2.c). This is particularly interesting given that the counseling profession is less politically diverse than the clients we serve, with only 15-to-25 % of counselors identifying as conservative. How do we handle situations in which our clients bring politics into the therapy room? How do CMHCs advocate for sociopolitical causes on one hand while remaining objective on the other? How do respond when our own colleagues, co-workers, friends, and family members view things differently than we do? Within the context of a society that is politically polarized, how do we maintain balance and self-care so that we can be an anchoring presence for our clients? Drawing from the presenter’s research on the relationship between the political ideologies of counselors and their clinical practice, this training was designed to equip you with tools to address these challenges.</p> |
| <p><b>Learning Objectives</b></p>   | <ol style="list-style-type: none"> <li>1. Describe the interaction between political beliefs and counseling ethical codes.</li> <li>2. Implement a model designed to develop insight and empathy for people with wide ranges of political ideology.</li> <li>3. Apply productive communication strategies when discussing politically-charged issues.</li> </ol>  |
| <p><b>CE Hours</b></p>  | <p>3.0 Hours of Ethics/Professional Boundaries</p>  |
| <p><b>DSM-5-TR: What Counselors Should Know About the New Edition</b></p> |   |
| <p><b>Description</b></p>   | <p>The <i>DSM-5-TR</i> was released in March 2022, nine years after the release of <i>DSM-5</i>. Although the medical model is not the only model that mental health professionals work with, it is an important one. Standards within the counseling profession (e.g., CACREP, best practice guidelines, codes of ethics) and from outside of the profession (e.g., licensure boards, third party payers) encourage or require counselors to have an updated understanding of the DSM. Counselors are busy professionals. With a myriad of competing responsibilities, it’s understandably challenging to put aside a little time to learn about changes in the DSM diagnostic system. <b><i>This succinct, two-hour webinar was designed as a tool counselors can use to get updated on important changes in the new edition.</i></b></p>   |
| <p><b>Learning Objectives</b></p>   | <ol style="list-style-type: none"> <li>1. Identify symptoms of Prolonged Grief Disorder, a new condition in <i>DSM-5-TR</i>.</li> </ol>   |

|   |  |
|---|--|
|   | <ol style="list-style-type: none"> <li>2. Describe the APA’s efforts to increase attention to culture, racism, discrimination, gender identity, and childhood symptoms in <i>DSM-5-TR</i>.</li> <li>3. Describe changes to Section III of <i>DSM-5-TR</i> (i.e., conditions for further study and assessment tools).</li> </ol>  |
| <b>CE Hours</b>   | 2.0 General Hours  |
| <b>Emotional Support Puppies, Peacocks, and Tarantulas; Oh, My! The Clinical Mental Health Counselor’s Role in Addressing Client Requests for Emotional Support Animals</b> |  |
| <b>Description</b>  | Emotional Support Animals (ESAs) are increasingly popular. Mental health professionals are sometimes asked to write ESA letters, but few have been trained to do so, and some have been disciplined for by licensure boards for writing them. Assessment of the need for ESAs requires knowledge of disability, the role of ESAs in symptom reduction and quality of life, the difference between ESAs and service animals, ethical considerations for recommendation of ESAs, contraindications for ESAs, and the law and ESAs. This program will aid clinicians in obtaining this knowledge and feeling prepared to address client requests for ESA letters.   |
| <b>Learning Objectives</b>  | <ol style="list-style-type: none"> <li>1. Define emotional support animals (ESAs) and differentiate ESAs from service animals.</li> <li>2. Describe the legal and ethical ramifications for recommending ESAs for clients.</li> <li>3. List several recommended practices for addressing requests for ESA eligibility letters.</li> </ol>  |
| <b>CE Hours</b>   | 2.0 General Hours and 1.0 Hours Ethics/Professional Boundaries (3.0 Hours Total)   |
| <b>Ethics Update: The Role of Clinician Bias in Forensic and Therapeutic Assessment (and What to Do About It)</b>   |  |
| <b>Description</b>  | Need <b>CE hours</b> in <b>ethics</b> ? Interested in learning about clinician bias and how it affects both therapeutic and forensic work in the field? This 3-hour ethics training provides an overview of what ethical codes and practice guidelines say about clinician bias, research findings on various forms of clinician bias (e.g., implicit bias, political and religious bias, family history, professional identity, etc.) and their effects on clinical and forensic practices. Drawing from the research he conducted with a national sample of clinical mental health counselors, his clinical-forensic experience, and a review of research published by others, the presenter will offer tips and strategies for addressing clinician bias. |

|  |  |
|--|--|
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>1. Identify components of ethical codes and practice guidelines related to clinician bias.</li> <li>2. Describe biases that may impact a clinician’s work in both therapeutic and forensic environments.</li> <li>3. Implement strategies to reduce the likelihood of adverse effects of bias on both therapeutic and forensic work.</li> </ol>   |
| <p><b>CE Hours</b></p>   | <p>3.0 Hours Ethics/Professional Boundaries</p>  |
| <p><b>Ethics Update: Ethical Issues in Forensic Mental Health Evaluation</b></p> |  |
| <p><b>Description</b></p>  | <p>Need <b>CE hours</b> in <b>ethics</b>? Want a training with <b>real-world</b> case scenarios?<br/>                 Prefer an ethics course focused on <b>forensic evaluation</b>? Want a "sneak-peak" at the <b>2020 AMHCA Code of Ethics</b>? <i>Look no further--This 2-hour webinar has it all, presented by the Ethics Committee Liaison of AMHCA!</i></p> <p><b>Hour #1:</b></p> <p>An update on the forensic section of the 2020 American Mental Health Counselors Association (AMHCA) <i>Code of Ethics</i> cross-referenced with guidelines published by the American Board of Forensic Psychology (ABFP), American Counseling Association (ACA), and American Mental Health Counselors Association (AMHCA)</p> <p><b>Hour #2</b></p> <p>Actual audio from a licensure board disciplinary hearing involving a child custody/parenting evaluation, commentary from presenter, and questions and answers from the audience.</p> |
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>4. Apply knowledge of professional ethics to scenarios involving forensic mental health evaluations.</li> <li>5. Describe ethical guidelines related to forensic evaluation published in the 2020 revision of the <i>AMHCA Code of Ethics</i>, and cross-reference with guidelines published by the ABFP, ACA, and AAMFT.</li> <li>6. Identify ethical guidelines related to an actual licensure board disciplinary hearing involving a child custody evaluation.</li> </ol>  |

|  |   |
|--|---|
| <b>CE Hours</b>  | 2.0 Hours Ethics/Professional Boundaries  |
| <b>Ethics Update: How to Chat, Post, Follow, Like, Tweet, and Still Sleep Soundly in a Digital Age</b> |   |
| <b>Description</b>   | The digital age has raised a number of ethical dilemmas for counselors to grapple with. Do I approve or deny a friend request from a client? Can I look up information about my client on the internet? Can I have a Facebook page for my practice? What happens if a client posts a comment? Can I still send emails to clients? What about text messages? Can we Skype? Can I facilitate a cyber group? Fortunately, recent revisions in the ethical codes of the American Mental Health Counselors Association (AMHCA), American Counseling Association (ACA), American Association for Marriage & Family Therapists (AAMFT), National Board for Certified Counselors (NBCC), and Commission on Rehabilitation Counselor Certification (CRCC) provide guidance on questions like these. But on the other hand, how many counselors have the time to review each of these codes in great detail to find out what’s new? In this 1-hour workshop, we’ll review recent changes in the ethical codes governing our profession with particularly emphasis on the 2020 revision of AMHCA’s ethical code. |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>4. Identify novel ethical issues related to technological advances in counseling.</li> <li>5. Review revisions in various ethical codes in the past 5 years that relate to technology and counseling.</li> <li>6. Identify gaps, challenges, and unanswered questions that still generate ethical ambiguity among counselors.</li> </ol>   |
| <b>CE Hours</b>  | 3.0 Hours Ethics/Professional Boundaries  |
| <b>Fun with Z-Codes: The Clinical Mental Health Counselor’s Guide to Diagnosing Non-Disorders</b>      |   |
| <b>Description</b>   | <p>Some mental health counselors erroneously believe that once they've slapped a disorder label on an assessment, they've done their due diligence in formulating a DSM-5 diagnosis, but they're missing out on an important and critical aspect of diagnosis-- z-codes!</p> <p>What are "z-codes?" If they aren't disorders, will insurance companies pay for them? If not, then why are they important? A comprehensive list of z-codes is an integral part of diagnosis. When clinicians learn to efficiently and effectively list z-codes, they can save themselves and others a great deal of time,</p>  |

|  |  |
|--|--|
|  | <p>write more meaningful treatment plans, more easily identify what's missing in their interventions, and thereby improve client outcomes.</p> <p>Whether you're a therapist seeking to improve your clinical skills or a forensic evaluator who wants to write a more effective evaluation report, this training should equip you to start having fun with z-codes.</p>   |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Define z-codes and learn an efficient method for where and how to find them in the DSM-5.</li> <li>2. List reasons why z-codes are so important for thorough assessment and treatment planning.</li> <li>3. Identify several z-codes in a case scenario.</li> </ol>  |
| <b>CE Hours</b>  | 2.0 General Hours  |
| <b>How Records Reviews Can Make or Break a Forensic Evaluation</b> |  |
| <b>Description</b>   | <p>Records reviews are one of the four essential categories of data sources for a quality forensic mental health evaluation, yet few mental health professionals have ever been formally trained on how to conduct them. Evaluators often ask NBFEE questions about these reviews, such as:</p> <ul style="list-style-type: none"> <li>• What is a records review?</li> <li>• How do I determine what records to obtain?</li> <li>• What am I looking for?</li> <li>• How do I report what I find?</li> </ul> <p>Using <i>real case examples</i>, this 1-hour webinar was designed to provide guidance on these questions.</p> |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Define "records review" in the context of forensic mental health evaluation and summarize what ethical codes and practice guidelines say about them.</li> <li>2. List some of the most common types of records that should be reviewed during the evaluation process.</li> <li>3. Communicate pertinent information from records review in a forensic evaluation report.</li> </ol>  |
| <b>CE Hours</b>  | 1.0 General Hour   |

| How to Conduct a Quality Substance Abuse Evaluation                      |   |
|--|---|
| <b>Description</b>   | Substance use disorders (SUDs) are common, affecting at least 1 of 3 adult Americans at some point in their lives. One of the many characteristics of SUDs that makes them unique is that the nature of the addictive process is such that denial, minimization, and lack of insight are a natural component of the development of the disorder. Accordingly, clients often deny, minimize, rationalize, and under-report, both intentionally and unintentionally, making clinical and forensic evaluations very challenging. Additionally, there are many incentives for clients to avoid full disclosure, because the stakes are often so high (e.g., child custody evaluations, employment evaluations, etc.). In spite of these challenges, there are many strategies and techniques that evaluators can use to differentiate fact from fiction, arriving at a solid and defensible conclusion that the clinician can feel confident with. This training was designed to provide you with those strategies. |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Identify the diagnostic criteria for substance use disorders and apply the criteria in a case scenario.</li> <li>2. Conduct a clinical interview to determine if a client meets diagnostic criteria.</li> <li>3. Identify tests that detect subtle attributes of SUDs and have built-in validity scales to detect defensiveness, denial, and inconsistencies.</li> <li>4. Use collateral sources for additional information and identify what to look for when reviewing those sources to help determine diagnoses and treatment needs.</li> <li>5. Apply the American Society of Addiction Medicine (ASAM) treatment criteria when formulating treatment recommendations.</li> </ol>   |
| <b>CE Hours</b>  | 4.0 General Hours   |
| How to Use Free Online Assessment Measures for Mental Health Evaluations |   |
| <b>Description</b>   | When you visit your primary care physician for an annual exam or to address a physical complaint, you aren't asked a question about every symptom of every known biomedical condition, or you'd be there for days or weeks! Instead, your PCP generally asks you a small number of screening questions. If you answer "yes" to one of these questions, the physician knows to move on to a 2nd or perhaps even 3rd level of questions that narrows the focus to a smaller cluster of potential problems or disorders,   |

|  |  |
|--|--|
|  | <p>eventually (hopefully) arriving at a very precise and specific diagnosis. The same process applies to mental health professionals conducting mental health evaluations. Fortunately, the American Psychiatric Association (APA), upon release of the 5th edition of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-5), published a system of free online assessment measures, including Level 1 and Level cross cutting symptoms measures, severity specifier questionnaires, a cultural formulation interview, personality assessment measures, and disability assessment measures, all of which can be used by mental health professionals to narrow focus to a specific and refined diagnosis. In this 1-hour training, you will be introduced to these online assessment measures and shown how to use them. Whether you are a therapist working in a therapeutic setting or a forensic evaluator hoping to supplement a more advanced testing battery with tools that help you refine your diagnosis during a clinical interview, this webinar ought to equip you with several helpful tools. You will also be introduced to the Substance Abuse and Mental Health Service Administration's online screening tools.</p> |
| <p><b>Learning Objectives</b></p>                                  | <ol style="list-style-type: none"> <li>1. Learn how to use Level 1 and Level 2 cross cutting symptom measures and severity specifier questionnaires posted on the APA's DSM-5 website.</li> <li>2. Learn how to use the cultural formulation interview, World Health Organization Disability Assessment Schedule (WHODAS 2.0), and personality assessment measures posted on the APA's DSM-5 website.</li> <li>3. Locate several other free screening tools on SAMHSA's website for a variety of clinical focus areas.</li> <li>4. Identify ethical considerations and limitations related to the use of the above measures.</li> </ol>  |
| <p><b>CE Hours</b></p>   | <p>2.0 General Hours</p>   |
| <p><b>An Introduction to Forensic Mental Health Evaluation</b></p> |  |
| <p><b>Description</b></p>  | <p>In an ever-evolving healthcare landscape, many clinical mental health counselors are looking for ways to diversity their practice. Forensic mental health evaluation is an interesting, impactful, and lucrative option for counselors who wish to branch out into new areas of expertise. For many counselors, forensic work triggers a series of questions:</p> <ul style="list-style-type: none"> <li>• What can I do and not do as an expert witness?</li> <li>• Am I qualified to administer and interpret psychological tests?</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• What are judges and attorneys looking for in an evaluation?</li> <li>• What are some of the unique ethical considerations for forensic evaluation?</li> <li>• Can I do forensic work without having a doctorate?</li> <li>• Is it true that forensic evaluation is for psychologists and not counselors?</li> <li>• How would I get business?</li> <li>• How much should I charge for my services?</li> <li>• What training or experience would I need?</li> </ul> <p>Whether you want to practice exclusively in the specialty area of forensic mental health, want to do a little bit of it on the side, or are just curious and want to learn more, this training could be a helpful introduction into the field. We will cover various types of forensic specialties, ethical and legal guidelines for practice, options for training and certification, and how to build a forensic practice. We will also dispel common myths about the scope of practice of clinical mental health counseling as it relates to administering and interpreting psychological tests and conducting forensic evaluations. Finally, we will review various resources and options for training and certification.</p> |
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>1. Define forensic mental health evaluation as a specialization.</li> <li>2. List and describe the various types of forensic mental health evaluations counselors can specialize in.</li> <li>3. Learn about ethical and legal considerations for forensic mental health.</li> <li>4. Identify several resources for training in forensic evaluation.</li> </ol>  |
| <p><b>CE Hours</b></p>   | <p>3.0 General Hours and 1.0 Hours Ethics/Professional Boundaries (4.0 Hours Total)</p>  |
| <p><b>Motivational Interviewing 101: Theory and Overview of Techniques</b></p> |  |
| <p><b>Description</b></p>  | <p>There are many things that all human beings have in common. Two of them include the following: (1) We have all overcome barriers in order to implement and maintain healthy behavioral changes; and (2) We all have struggled repeatedly with certain behavioral changes. Motivational Interviewing (MI) is a communication style and evidence-based counseling approach that counselors can use to help their clients resolve ambivalence about healthy behavioral changes. This training was designed to provide</p>  |

|  |   |
|--|---|
|  | counselors with an overview of the philosophy and principles of MI as well as strategies and interventions they can use with clients who struggle with behavioral change.   |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Define motivational interviewing and explore the underlying theory of MI.</li> <li>2. Identify several MI strategies and techniques.</li> <li>3. Recognize “counselors traps” that can interfere with MI.</li> </ol>  |
| <b>CE Hours</b>  | 4.0 General Hours   |
| <b>Private Practice 101: Tips for Building and Growing a Counseling Practice</b> |   |
| <b>Description</b>   | <p><i>Are you interested in transitioning into private practice? Or are you already in private practice but looking for some tools to improve your practice?</i></p> <p>A majority of counselors-in-training express a desire to eventually work in private practice. Data from several national surveys suggest that self-employed people are generally more satisfied with their work, but counselors aren’t known for their business skills, and it’s rare for a graduate degree program in counseling to provide much preparation for the rigors of managing a private practice. For many, the prospect of transitioning into private practice seems daunting and anxiety-provoking, raising questions such as:</p> <ul style="list-style-type: none"> <li>• How do I start a practice?</li> <li>• How do I build my caseload?</li> <li>• Should I work with insurance, and, if so, how?</li> <li>• How much should I charge for my services?</li> </ul> <p>Some counselors transition into private practice only to find themselves struggling financially, while others are earning six-digit incomes even after accounting for expenses. Whether you’re a graduate student or agency counselor with hopes of transitioning to private practice or an experienced private practitioner ready to take your practice to the next level, this workshop offers strategies intended to help you thrive in your own practice.</p> |

|  |  |
|--|--|
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>1. Define private practice and identify three models of private practice.</li> <li>2. Develop a plan for transitioning into private practice.</li> <li>3. List several strategies for growing your practice.</li> </ol>   |
| <p><b>CE Hours</b></p>   | <p>2.0-3.0 General Hours</p>   |
| <p><b>The Rehabilitation Professional’s Survival Guide for Ethical Burnout Prevention and Mitigation</b></p> |  |
| <p><b>Description</b></p>  | <p>It’s no secret. Rehabilitation professionals have a tough job. We often feel overworked and underpaid. We sometimes have very large caseloads, feel overwhelmed by documentation, and/or reach points where we seem to be working harder than some of our clients. Many of our clients are living under stressful circumstances, and we find ourselves alongside them through that journey. As if that weren’t enough, we have our own “issues,” and sometimes we have very stressful things going on in our own lives that bleed into our work lives. Sometimes that’s a difficult thing to admit, but our ethical guidelines encourage us to be aware of what is happening within us and how our "stuff" impacts our work with our clients. This workshop was designed to help rehabilitation professionals view burnout through an ethical lens, introduce rehabilitation professionals to several strategies that they can use to prevent burnout—or to climb out of it when they’re already there.</p> |
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>1. Define professional burnout and recognize signs of burnout.</li> <li>2. Articulate how burnout relates to ethical principles and codes in the rehabilitation profession.</li> <li>3. Use two motivational interviewing techniques that help rehabilitation professionals to develop realistic expectations for client outcomes.</li> </ol>   |
| <p><b>CE Hours</b></p>   | <p>3.0 Hours Ethics/Professional Boundaries</p>  |
| <p><b>Risk Assessment, Suicide Prevention, and Telehealth: Considerations and Practices</b></p>              |  |
| <p><b>Description</b></p>  | <p>The American Mental Health Counselors Association (AMHCA) recently polled 650 counselors, finding that in 2019 35 % of counselors who provide direct client care offered telehealth, whereas 95 % now provide telehealth. This massive transition to telehealth was undoubtedly ushered in by the COVID-19 pandemic and the need for clinicians to provide therapy while social distancing. Given recent revisions</p>  |

|  |   |
|--|---|
|  | <p>to Florida law related to mandatory reporting of imminent risk of harm to self or others, clinicians who are relatively new to telehealth have been pondering important questions, such as:</p> <ul style="list-style-type: none"> <li>• What if an emergency happens, and I’m not sure where my client is?</li> <li>• How do I conduct risk assessments when I’m not even in the same building as the client?</li> <li>• How can I give my high-risk clients a more “personal touch” that fosters therapeutic alliance when we’re sitting behind screens?</li> </ul> <p>In this 2-hour webinar, we’ll explore these questions and collaborate on strategies, practices, and resources aimed at equipping attendees to provide care with high-risk clients via telehealth.</p>   |
| <p><b>Learning Objectives</b></p>  | <ol style="list-style-type: none"> <li>4. Articulate an understanding of Florida law and mandated reporting.</li> <li>5. Identify risk assessment tools that can be used via telehealth.</li> <li>6. Expand your clinical toolkit for fostering a therapeutic relationship with high-risk clients in a telehealth environment.</li> </ol>   |
| <p><b>CE Hours</b></p>   | <p>2.0 General Hours</p>  |
| <p><b>Sleeping Soundly and Sedative Free: An Introduction to Cognitive Behavioral Therapy for Insomnia</b></p> |   |
| <p><b>Description</b></p>  | <p>According to the DSM-5, 1 out of every 3 Americans report symptoms of insomnia, and 40-50% of individuals with insomnia have a co-occurring mental disorder. The American College of Physicians recommends Cognitive Behavioral Therapy for Insomnia (CBT-I) over pharmacological treatment because it is safer with a "better overall value," yet the single most common treatment for insomnia in the U.S. is prescription medication that is likely to create tolerance, withdrawal, and a number of aversive side effects. Something is terribly wrong with the status quo treatment for sleep disorders in this country, which often slaps a Band-Aid on a symptom while neglecting the core causes of sleep problems. Fortunately, with an increased emphasis on integrative care, opportunities for sleep disorders to be treated holistically through a biopsychosocial model are increasingly within our grasp. This presentation provides counselors with an overview of the DSM-5 criteria for Insomnia Disorder, a summary of the research on psychosocial interventions vs. medication, and an overview of the CBT-I protocol. Counselors will also be provided with a tool they can use for treatment planning with clients who suffer from sleep disorders.</p> |

|   |   |
|---|---|
| <p><b>Learning Objectives</b></p>                               | <ol style="list-style-type: none"> <li>4. List some of the problems associated with a "medication-only" approach to sleep-wake disorders.</li> <li>5. Describe DSM-5 criteria for Insomnia Disorder.</li> <li>6. Explore the Sleep Improvement Treatment Planner as a cognitive behavioral therapy tool for treating Insomnia Disorder.</li> </ol>  |
| <p><b>CE Hours</b></p>  | <p>2.0 General Hours</p>  |
| <p><b>Telehealth for Counselors: Zooming into a New Era</b></p> |   |
| <p><b>Description</b></p>                                       | <p>In a survey of more than 650 clinical mental health counselors (CMHCs), 95% of CMHCs said they provide telehealth, whereas in January 2020 only about 35% of CMHCs provided telehealth. The COVID-19 pandemic created a rapid shift among counselors, but many of us have little training or experience with telehealth and lots of questions, such as:</p> <ol style="list-style-type: none"> <li>1. What platforms am I allowed to use for telehealth?</li> <li>2. What are some of the unique clinical, ethical, and legal considerations for telehealth?</li> <li>3. What should a telehealth consent form include?</li> <li>4. How can I make telehealth sessions more personal, engaging, or interactive?</li> <li>5. What happens if my client is in another state and wants to do a telehealth session?</li> <li>6. How do I bill insurance for telehealth?</li> </ol> <p>This 4-hour webinar seeks to answer these and similar questions about telehealth services. Participants will also learn how to build and use electronic forms and self-help tools, screenshare therapeutic activities, and even learn about using virtual reality headsets for therapeutic applications!</p> |
| <p><b>Learning Objectives</b></p>                               | <ol style="list-style-type: none"> <li>1. Summarize ethical considerations for telehealth as depicted in the <i>AMHCA 2020 Code of Ethics</i>.</li> <li>2. List several telehealth platforms and describe the unique characteristics of each.</li> <li>3. Locate updated laws and rules that pertain to telehealth.</li> <li>4. Bill insurance for telehealth.</li> </ol>   |

|  |   |
|--|---|
|  | 5. Use technology to better engage with clients in and out of session.  |
| <b>CE Hours</b>  | 4.0 Telehealth Hours  |
| <b>Telehealth Update: Using Screen-Sharing to Reach Clients on a Deeper Level</b>  |   |
| <b>Description</b>   | Many counselors (and their clients) have described telehealth as “boring” or impersonal, but it doesn’t need to be that way. Screen-sharing can be used to expose clients to visual and auditory stimuli that activates the brain differently than traditional psychotherapy, tapping into thoughts, emotions, memories, and physical sensations that sometimes not easily accessed in the therapy room. Through screensharing, counselors can use video clips, music, artwork, internet searches, “street view” maps, and a variety of other media to augment talk therapy. This session will provide a brief update on legal, ethical, and professional considerations for telehealth followed by an overview of screen-sharing interventions with several case examples.   |
| <b>Learning Objectives</b>   | <ol style="list-style-type: none"> <li>1. Participants will adhere to legal, ethical, and professional standards related to telehealth.</li> <li>2. Participants will identify media resources that can be supplement traditional psychotherapy interventions (e.g., video clips, music, artwork, internet searches, “street view” maps, etc.).</li> <li>3. Participants will use screensharing to improve client engagement.</li> </ol>  |
| <b>CE Hours</b>  | 3.0 Telehealth Hours  |
| <b>“Turn It Up” Telehealth: Breaking the “Basics” Barrier with Engaging Interventions for Trauma, OCD, and Anxiety Disorders</b> |   |
| <b>Description</b>   | In 2020, counselors rapidly transitioned to telehealth in order to continue serving clients during the COVID-19 pandemic, with few counselors having adequate training and experience. We managed to muddle through, developing at least a basic proficiency. Still, many counselors struggle to engage clients (and themselves) online, finding it difficult to treat OCD, trauma, and anxiety disorders from behind a screen. We may be recovering from the pandemic, but telehealth isn’t going anywhere, so it’s time to <i>turn it up</i> and advance our expertise! Using real case examples, participants will learn strategies and techniques to improve client participation online while addressing disorders that many find difficult to treat through telehealth. |

|                            |   |
|----------------------------|---|
| <b>Learning Objectives</b> | <ol style="list-style-type: none"> <li>1. Describe updates in laws, rules, and practices related to telehealth.</li> <li>2. Identify challenges related to online client engagement.</li> <li>3. Adapt multiple counseling interventions to engage clients with complex symptoms online.</li> </ol> |
| <b>CE Hours</b>            | 3.0 Telehealth Hours  |

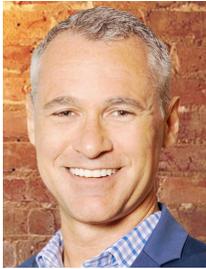
## About the Presenter:

***Aaron Norton, PhD, LMHC, LMFT, MCAP, CCMHC***



**Dr. Aaron Norton** is a Licensed Mental Health Counselor and Licensed Marriage and Family Therapist with certifications in addictions, alcohol and drug counseling, rehabilitation counseling, clinical mental health counseling, trauma treatment, forensic mental health evaluation, forensic behavioral analysis, and forensic psychometry. He serves as Executive Director of the National Board of Forensic Evaluators, Assistant Professor of Instruction at the University of South Dept. of Mental Health Law & Policy, Southern Regional Director, Ethics Committee Liaison, and International Counseling Task Force Chair for the American Mental Health Counselors Association, Chair of the Government Relations Committee for the Florida Mental Health Counselors Association, and Consulting Editor for AMHCA’s *The Advocate Magazine*. He co-authored the Forensic Evaluation section of the “AMHCA Standards for the Practice of Clinical Mental Health Counseling,” authored the proposal for AMHCA’s Clinical Mental Health Specialist in Forensic Evaluation (CMHS-FE) credential, and served on the expert panel that created the standards and written exam for the Florida Certification Board’s Certified Telehealth Practitioner (CTP) credential. He has 20 years of experience as a psychotherapist and clinical supervisor, was awarded Mental Health Counselor of the Year by the American Mental Health Counselors Association in 2016, Counselor Educator of the Year by the Florida Mental Health Counselors Association in 2016, Researcher of the Year by the Florida Mental Health Counselors Association in 2019, and he was awarded AMHCA’s Public and Community Service Award in 2020. An experienced writer, presenter, and trainer, he has been published in several academic journals and professional magazines in the counseling profession.

**Brief Bio**



**Dr. Aaron Norton** is a Licensed Mental Health Counselor and Licensed Marriage and Family Therapist with certifications in addictions, alcohol and drug counseling, rehabilitation counseling, clinical mental health counseling, trauma treatment, forensic mental health evaluation, forensic behavioral analysis, and forensic psychometry. He serves as Executive Director of the National Board of Forensic Evaluators, Assistant Professor of Instruction at the University of South Dept. of Mental Health Law & Policy, Southern Regional Director, Ethics Committee Liaison, and International Counseling Task Force Chair for the American Mental Health Counselors Association, and Chair of the Government Relations Committee for the Florida Mental Health Counselors Association. He co-authored the Forensic Evaluation section of the “AMHCA Standards for the Practice of Clinical Mental Health Counseling,” authored the proposal for AMHCA’s Clinical Mental Health Specialist in Forensic Evaluation (CMHS-FE) credential, served on the expert panel that created the standards and written exam for the Florida Certification Board’s Certified Telehealth Practitioner (CTP) credential, and has been published in several journals and professional magazines. He has 20 years of experience as a psychotherapist and clinical supervisor.