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FINANCIAL FREEDOM
IN PRIVATE PRACTICE

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THE FRONTLINE
WORKER

**DR.
AARON
NORTON**

Persevering with Passion &
Purpose



Photo: Madison Borgel
Interview: Naomi Rodríguez

DR. AARON NORTON

Persevering with Passion and Purpose

Feature Interview Article

Aaron Norton, Ph.D., LMHC, LMFT is a Licensed Mental Health Counselor and Licensed Marriage and Family Therapist serving as Executive Director of the National Board of Forensic Evaluators, Adjunct Instructor at the University of South Florida, Southern Regional Director for the American Mental Health Counselors Association, and Past-President of the Florida Mental Health Counselors Association. He has nearly 20 years of clinical and forensic experience at Integrity Counseling, Inc., was awarded Mental Health Counselor of the Year by the American Mental Health Counselors Association and Counselor Educator of the Year by the Florida Mental Health Counselors Association in 2016, Researcher of the Year by Florida Mental Health Counselors Association in 2020, and he has been published in several social science journals and professional magazines in clinical mental health counseling.

Tell us about your background and where you are today in your career.

I got an early start in the counseling profession at the age of 20. Because of that, I've had the pleasure of working in very diverse settings for the past 20 years, including a facility where juveniles are assessed after an arrest, a long-term, intensive, residential Department of Corrections program, a public health clinic, a public vocational rehabilitation program, a not-for-profit outpatient center on a hospital campus, a private for-profit dual diagnosis residential program, and an outpatient group private practice. I got to experience a lot of roles

in our profession, working from the ground up as a behavioral health technician, community liaison, outreach worker/case manager, substance abuse counselor, vocational rehabilitation counselor, rehabilitation supervisor, behavioral health therapist, and now a clinical mental health counselor in a group private practice.

In my first job as a Licensed Mental Health Counselor, I walked into the lobby one afternoon and called out the first name of a new client. I introduced myself to him and shook his hand. I welcomed him to come back to the therapy room with me. A woman got out of her chair and started walking with us. I asked if she was coming back with us, and they told me that they were coming in for couples therapy. I asked them to have a seat and went back to talk to my supervisor. I told her that I don't provide couples therapy. In truth, I had some training on couples therapy, but I did not feel qualified to provide couples therapy because up to that point in my life I had never been successful with a long-term relationship, so I felt like a fraud.

My supervisor looked at me and said, "Well I guess you do now."

I should pause here and acknowledge that I do not think that it was okay for my supervisor to respond this way, and I don't think it was wise for me to accept that response, but, in truth, it's what happened.

I started working with the couple, and to my surprise it went very well. They went from the verge of divorce after an affair to feeling like they were on their "second

honeymoon." They worked very hard. After a few months of therapy, we terminated our sessions. Though I was pleased that my first couples therapy experience went well, I knew that I was very inexperienced and that I lacked confidence in my approach, so I decided to spend a couple years immersing myself in training on marriage and family therapy in hopes that I would feel more comfortable working with couples. I eventually obtained dual licensure as a marriage and family therapist.

In 2014, I learned that the National Board of Forensic Evaluators (NBFEE), a not-for-profit organization that partners with AMHCA and FMHCA to provide quality training and certification for counselors (and other mental health professionals) seeking specialization in evaluation and expert testimony for the courts, was providing a forensic certification workshop as a pre-conference workshop at FMHCA. I had been providing evaluations (mostly substance abuse evaluations) for the courts for several years, but I lacked formal training and wanted to know if what I was doing was consistent with good practice, so I went to the workshop. With great discomfort, I learned that there was a lot that I was doing wrong in the forensic arena. I was so pleased that the training provided by NBFEE and FMHCA could help set me straight, so I studied and trained more, and eventually forensic evaluation became an important focus of specialization for me.

In 2015, I applied to return to school for a PhD in Counselor Education and



**My First Counselor Position
Operation PAR, 23 years old**

Supervision. I wanted an opportunity to become a faculty member at the university (which required a doctorate), and I wanted to appease people who take master's-level professionals less seriously in the forensic arena. I also knew that I wanted to be a father and felt that if I didn't go back soon, I'd miss my chance. So I went back and earned my doctorate. It took me twice as long as I thought it would, but it's done. In that program, I met Dr. Deirdra Sanders-Burnett, who I have come to admire, appreciate, and respect. She is now Past-President of FMHCA.

Today, in my private practice, I provide individual therapy, family and couples therapy, clinical supervision, and forensic mental health evaluations for courts and government agencies. Though I have a wide range of interests, I find it particularly rewarding to work with adolescent clients, college students, and LGBT clients. I believe that has a lot to do with my personal background. I also teach as an adjunct instructor at the



Trip to Ireland, 2019

University of South Florida's Rehabilitation and Mental Health Counseling program, and I serve as the Executive Director of NBFE.

Was the Mental Health field your first career choice?

No, it wasn't. Starting in middle school, I wanted to work in law enforcement, and I eventually wanted to become a criminal profiler for the FBI. Because I was very focused on this goal, I went to a Criminal Justice Academy magnet program for my high school experience, and I also spent six years with the Police Explorers, a branch of Boy Scouts of America that prepared teens and young adults for career in law enforcement.

After high school, I was working as a service clerk at the heavy machinery company my Dad worked for while also attending undergrad coursework in Psychology, which I hoped would help me prepare for criminal profiling. After 9/11, the machining industry suffered, and the business was closing down. My



Receiving AMHCA's Mental Health Counselor of the Year award in 2016

boss gave me permission to use any spare time I had calling or faxing companies that might have a job for me until our closing date. I decided to fax bomb a cover letter and resume to every criminal justice-related agency I could find that might have a civilian job for a college student.

One of the faxes I sent went to the Pinellas Juvenile Assessment Center, a multi-agency facility where juveniles are taken when they are arrested. Instead of someone from the Dept. of Juvenile Justice reading my letter, a program director at Operation PAR, a substance abuse agency that took the lead role at the center, intercepted my fax. They needed someone to fill-in for a community liaison who was on pregnancy leave. Someone like a college student—someone like me! My fax came through at just the right time, and they called me for an interview. I was hired, and I didn't even realize that I was working for a community substance abuse treatment agency until my first day

on the job. I loved that job, which involved linking juvenile and their families to treatment services in the community with the hopes of reducing recidivism. That's how I got into the field.

I still planned on working in investigative law enforcement, but I also struggled with depression and anxiety. After high school, I got worse. It eventually reached a point where I was experiencing depersonalization and derealization. I was finding it harder and harder to hold myself together. Part of my problem was that I was a closeted gay man. I didn't want to be gay, and I often thought that I'd rather be dead than gay. I believed that I was deeply flawed and that it was sinful and immoral for me to be gay. I couldn't understand why I was inflicted with homosexuality, and I couldn't reconcile my beliefs with my sexual orientation. I could accept and love others who were gay, but not myself. I started seeing a Christian therapist. He referred me to my doctor for anti-depressant medication, which I took daily during my first year of therapy. I was improving. It was so helpful for me to have someone to talk to about what I was experiencing. I could tell that my therapist really cared, but I couldn't understand why he was giving me books on sexual addiction to read. I thought the books were interesting, but I didn't relate to them. I eventually learned that my therapist viewed homosexuality as a form of sexual addiction. I joined an "ex-gay" support group. I tried very hard to "recover," but I wasn't getting any better, and it didn't seem like anyone in my group was, either.

Eventually, with the help of some very supportive people who came into my life, I started accepting who I was. I lost some friends. I disappointed some family members. A few things happened that, in my mind, meant that I would never be "good enough" for the FBI. I remember

asking my therapist something like, "What am I going to do now?" He replied, "You'll probably end up being a therapist." I decided that I should be a counselor and not a criminal investigator.

I saw a new therapist—one who didn't think homosexuality was a disease. I started getting better. I went to grad school, and I eventually came out (quietly) to my classmates in my mental health counseling program. I still felt ashamed, but I started accepting myself. I'm very grateful today that I found a home in the counseling profession.

How do your passions shape your current leadership roles?

I have a love for learning. I try to keep the wide-eyed and curious inner child within me alive, and the acquisition of

"I have a love for learning. I try to keep the wide-eyed and curious inner child within me alive, and the acquisition of knowledge is one way to do that."

knowledge is one way to do that. On a slightly darker note, my internal perfectionism, which I continue to work on, also seems to motivate me to learn more. This desire to learn probably influenced me taking on the role of FMHCA's Chair of the Education, Training Standards, and Continuing Education Committee.

Since obtaining licensure, I have had several experiences that informed an observation that some people do not take counselors as seriously as other mental health professionals. For example, in an agency I worked at, I watched some very qualified LMHCs get turned down for a job opening because we needed a LCSW who could bill Medicare (but who wasn't

very qualified for that particular position). I've had an attorney thank me for what he thought was the best forensic evaluation report he'd ever seen, but then he discovered that I was a LMHC, and he said, "You and I both know that you can write as good a report as anyone, but around here, if you're not a psychologist, it doesn't mean much." I was turned down for a position as a therapist in the U.S. Air Force Reserves because I wasn't a social worker or a psychologist. I was turned down for my judicial circuit's list of approved evaluators because I'm a counselor and not a psychologist or a psychiatrist. I have testified for a legislative hearing that a psychological association was incorrect when it tried to block counselors from having fair and equal access to tests because testing "is not typically part of [counselors'] Masters' level training." These experiences, and many like them, have taught me that counselors do not have the luxury of showing up for work each day, providing our sessions, and going home. We have to advocate for ourselves. We have to protect our scope of practice. We have to show others that we are "good enough." I think is the primary reason that I serve as the Chair of FMHCA's Government Relations Committee. My desire to help our national chapter address issues such as Medicare parity, fair and equal access to tests, and representation in the armed services and to improve chapter relations between the state and national level, along with the recommendation of my friend and mentor Dr. Norman Hoffman, the President of NBFEE, led me to my position as Southern Regional Director of AMHCA.

Another area I'm passionate about involves the relationship between political ideology and the counseling profession. Throughout my life, I have had heroes, friends, and loved ones

whose political and religious ideologies span a full spectrum. Through these experiences, as well as my area of research connected to my doctoral program, I have developed an optimistic viewpoint that most people are trying to do the right thing most of the time, and that even when two people strongly disagree, they are reasoning in very similar ways. I have observed (and researched) political bias and polarization within the counseling profession, and I have heard my colleagues demonize conservative clients, colleagues, and students and mischaracterize their positions and beliefs. I am passionate about helping counselors develop more reasonable and balanced viewpoints about political ideology and learning how to influence those we disagree with through understanding and relationship rather than through criticism. I also believe that we have to make it safer for students to talk about their true beliefs without as much fear of judgment or reprisal from their professors and classmates, and I think we have to learn how to speak to the hearts and minds of both conservative and liberal legislators in order to accomplish our legislative goals.

In the summer of 2019, I traveled to Ireland with a group of counselors and students to learn more about counseling

in Ireland for two weeks. I loved this experience. Shortly thereafter, I helped AMHCA create a membership category for international members and started chairing AMHCA's International Counseling Task Force in partnership with the International Association for Counselling. Interacting with counselors from other countries and collaborating together on projects has been an absolute joy.

How were you introduced to FMHCA?

I first entered the AMHCA and FMHCA arena through my regional chapter, the Suncoast Mental Health Counselors Association (SMHCA). SMHCA was an amazing place. I loved meeting my colleagues, learning from them, and experiencing unfamiliar faces becoming familiar. I heard some things about FMHCA through SMHCA, but I didn't know much about FMHCA. Then, my friend and former co-worker Dr. Miguel Messina told me about FMHCA's Qualified Supervisors Training (QST). I attended it in 2013, and I think that was my first FMHCA event. I'm very grateful that Dr. Messina told me about FMHCA's QST training.

What made you stay with FMHCA after introduction?

Honestly, when I saw the 2013 FMHCA annual conference lineup, I was not very

impressed with the topics and descriptions. I liked the QST training, though, and I was glad that FMHCA provided it. I think that what really drew me in was FMHCA's 2014 annual conference. I came for the certification workshop with NBFEE, and I decided to attend the whole conference and not just the certification workshop. The trainings seemed more interesting and relevant to me than the 2013 lineup. More importantly, I met Dr. Norman Hoffman, Michael Holler, Dr. Darlene Silvernail, Frank Hannah, Dr. Kathie Erwin, and Joe Skelly. I also got to spend more time with Dr. Jim Messina, Dr. Stephen Guinta, and Dr. Carlos Zalaquett (who I already knew through SMHCA) and others that year. In 2016, my boyfriend, Valentino Travieso, went with me to the conference. He has gone with me every year since then, and now he's my husband, Valentino Norton. There are so many others who I enjoyed spending time with—Dwight Bain, Dr. Tania Diaz, Erica Whitfield, our amazing lobbyist, Corinne Mixon...the list goes on and on. I came for the learning, but I stayed for the relationships.

What made you run for FMHCA President?

I wanted to see the counseling profession elevated in Florida. I wanted to see if I could make some small contribution towards better pay for counselors. I



With Past-President Dr. Carlos Zalaquett and AMHCA Founder Dr. Jim Messina



Lobbying in the state capitol at FMHCA's Legislative Days event

decided that it doesn't make sense for me to complain about things—it's better to see if I can do something about those things.

Was the role what you expected when you took position?

Yes and no. I didn't expect us to accomplish everything that I set as a goal, and we didn't. I expected to work with a wonderful group of people who I'd learn to love even more, and I did. I thought I'd be impressed by FMHCA's administrative staff, but I did not expect them to be as incredibly awesome as they were. I have never had the experience of being able to hand things off to an administrative team as efficient, professional, good-natured, and impactful as FMHCA's team. I learned that I could let go of things after I passed them on, and I am not used to that. Frankly, it was therapeutic. I also did not anticipate a few of the challenges I encountered in liaison work with regional chapters. Some of those issues worked out much better than I guessed they would, and others the opposite. Overall, though, I have found leaders in our profession to be good-natured and willing to work as a team for the growth of our profession and for the wellness of

the clients we serve.

Tell us about your development projects while FMHCA President

When I became President of FMHCA in 2019, my goals were to increase individual membership by 15%, agency membership by 40%, improve our social media presence, pass a licensure portability bill, pass a bill revising F.S. 916.115 to specifically include 491 Board licensees in the list of mental health professionals that can be appointed by the court, support AMHCA in its efforts to accomplish Medicare parity for counselors, increase webinar attendance by 15% or more, institute a social media campaign both on the state and regional chapter level aimed at increasing annual conference attendance, expand our regional training program, improve relations with the national and regional chapters, improve relations with the 491 Board, reduce board meeting length (but not productivity), and improve communication from departing board members to incoming board members. I identified some very specific objectives connected to these goals and created a "Presidential scorecard" for my term.

Through the combined efforts of FMHCA's amazing administrative team, very active and dedicated board members, committee chairs, committee members, and FMHCA members who helped spread the word at so many important junctures, we accomplished most (but not all) of those goals.

The Presidents who came after me have done better than me. When I was President, our membership increased by 33%, but the growth that happened under Dr. Deidra Sanders-Burnett's leadership dwarfs that increase, and we continue to grow under Laura Peddie-Bravo's presidency. FMHCA's membership has doubled since the beginning of my presidency and it keeps climbing! I have seen this number grow in Florida when in other states our numbers decreased. It's truly an amazing thing to see.

Still, I don't think it's enough. As of this writing, there are 15,236 active LMHCs and 7,136 active registered mental health counselor interns in Florida, totaling 22,372 counselors in the state (not including our counseling students, who are also quite numerous in Florida). This



Our pets Boousch (left) and Jewels (right) sleeping



Enjoying a roller coaster with my husband (Valentino), niece (Marissa), and nephew (Dylan)

means that only 7% of these counselors are members. I do not think we can achieve important goals such as Medicare parity unless more counselors join our associations. The larger the number of constituents we present, the more legislators listen.

We were also unable to revise F.S. 916.115, and our regional training program did not expand under my presidency. I feel very optimistic that FMHCA will accomplish these goals in the future.

Lastly, please close the interview out by giving readers a little bit about yourself *outside* the therapy room

I own the world's cutest dog (though everyone thinks they own the world's

cutest dog). His name is Boousch, and he's a chihuahua and dachshund mix. I'm obsessed with dogs. We also have an outdoor cat named Jewels.

I exercise every single day. It grounds me. There is so much in life that I have no control over, but I can control whether I exercise. It started in the Summer of 2006 in grad school when I attended a course with Dr. Gary Dudell in which I had to implement research on what makes people sustain healthy behavioral changes long-term with a personal project. My personal project was regular exercise, and I've kept the plan I created in that class going all these years. I love bikrim yoga, which I have practiced for several years. I love nature parks and

hiking. I find water very therapeutic and enjoy swimming (though I'm not good at it) and kayaking. I like to sing (though rarely in public) and play the keyboard. I enjoy reading. I love watching sci-fi, fantasy, horror, and historical movies and shows. I love theme parks. Valentino and I have annual passes for Universal Studios and Busch Gardens. I was terrified of roller coasters as a child, but now I find them strangely relaxing. My heart rate actually lowers on roller coasters instead of climbing. I think cruises make great vacations. I love haunted houses and ghost tours. I like to travel (though I don't do it enough), visiting historic sites, and I enjoy learning about how people once.

Thank you Dr. Norton for your time, expertise, knowledge, and vulnerability throughout this interview. We appreciate your contribution to our organization and profession.

The FMHCA Staff
Diana, Laura, Naomi, & Madison



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