

LPC Connection

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Official Publication of the Licensed Professional Counselors Association of Georgia

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LPCA the Georgia Capitol. L-R: Brittany Lyle, Gale Macke, Catharina Chang, Lauren Chase, Erin Renner, Ana Ordaz, Senator P. K. Martin IV, Kaday Berete, Rachael Ajetomobi, Raquel Manzo, Torri Johnson, and Yolanda Jenkins.

Yes, It Passed the Senate!

LPCA Gives Special Acknowledgment to Senator P.K. Martin IV for Sponsoring SB52

SB52 passed unanimously out of the Senate Health and Human Services Committee Hearing on February 1, 2017. All parties voted yes! SB52 importantly removes the "sunset" provision. (*A sunset provision is an expiration date put into a law.*)

Brief history of why we needed SB52 to pass: In 2014, LPCA was successful in getting the original bill, SB65, passed. SB65 added LPCs to the current list of providers who can sign a 10-13 (mental health) or 20-13 (addiction) form allowing an involuntary emergency transport to the nearest receiving facility of a person who is suicidal or homicidal. It was set to expire "sunset" March 2015, meaning LPCs would no longer be able to sign a 10-13/20-13 form. In 2015, LPCA was successful in getting SB53 passed which extended the "sunset" to July 2018. During 2016 and 2017, the LPCA Board of Directors, not wanting to wait until 2018, worked to remove the "sunset" provision altogether. It was time for the law allowing LPCs to sign the 10-13/20-13 form to become permanent.

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EXECUTIVE DIRECTOR

Gale Macke lpca@mindspring.com

What has LPCA done for you recently?

Advocacy and Legislation:

- Worked to support national legislation to add the three sentences to include you in Medicare.
- Found legislator sponsors to remove the “sunset” provision that would eliminate your right to sign a 10–13 form. The 10–13/20–13 form is also called the Involuntary Transport Form to transport a client who is suicidal or homicidal to the nearest receiving facility for an evaluation. Our sponsor for SB52 is Senator P. K. Martin and for our house bill, it is Representative Katie Dempsey. There is not a number available yet for the house bill.
- Represented our profession at the Biennial meeting with hundreds of legislators, new and incoming, to promote Licensed Professional Counselors.
- Served on various university advisory boards to assist in education and internship requirements.
- Distributed the updated 2016 and 2017 Georgia Healthcare Community Preparedness Program, Assistant Secretary for Preparedness and Response (ASPR) training calendar, to your distribution list for August 1, 2016—June 30, 2017 training cycle.
- Connected artist George E. Miller with the Georgia School of Addiction Studies, GSAS, and other organizations so he could donate artwork to support children in honor of their efforts.
- Represented our profession at the American Society of Association Executives, ASAE conference in Salt Lake City, networking with thousands of association professionals and industry partners gathered to exchange resources, strategies, solutions and more, to improve services to you as members of LPCA.

Georgia Composite Board

- Welcomed Assistant Attorney General, Betsy D. Cohen, JD, to instruct the Board on legal issues.
- Worked with Ms. Lisa Durgen, the Director of the Licensing Boards to help as many licensees renew their license and the new rules.
- Created a draft of Continuing Education revisions.
- Viewed a large increase in applicants being audited and application denied.
- Continued to attend meetings and participate with the Composite Board rules committee.
- Testified at Hearing on Rule 135–12 Diagnose and Assessment.
- Assisted those with denials at the Licensing Board.

- The Supervisors Committee created Industry Standards forms for supervisors and supervisees to eliminate issues the licensing board has with supervisee and paperwork.
- Added a complaint section to the LPCA website so Supervisee and Supervisor can report issues to LPCA. This is in keeping with the upcoming mandatory State Licensing Board certification requirements. There will be no grandfathering in of Supervision.

LPCA Business

- Moved LPCA savings for more aggressive care
- National Clinical Mental Health Counseling Exam (NCMHCE) prep workshops will be offered this year. We are working with the AMHCA state chapter of Massachusetts and PTI, which has over 15 years of presenting workshops. If you are interested in attending or presenting, please let us know. We will be ordering materials and have dates to offer shortly.
- Provided 25 free CE workshops, accounting for over 170 hours of CEs for license renewal.
- The Central District, represented by Ms. Jessica Hatcher, LPC, worked with her site to become a STAR provider network giving free training for Tiers 1, 2 and 3. Providers such as the VA prefer these evidenced-based trainings for PTSD.

Website News

- Hired a new website developer for a more “operator friendly” website. Expect full operations to be available to you starting in March, making it faster and easier to use.
- Posted over 250 job openings. The Job Posting site is a free service open to the public, not just members.
- During the month of December there were over 27,800 views.
- Please check your electronic newsletters for the most up-to-date special announcements.



On Tuesday, January 31, 2017, the Georgia Female Legislative Caucus met and LPCA was honored to host their luncheon. During this two hour meeting, very interactive legislators talked about issues and dilemmas in Georgia including mental health and funding for whole health care. We heard about efforts to protect individuals from exploitation; discussed options for help; and developed recommendations.

IMMEDIATE PAST PRESIDENT

Katie Tolleson, MS, LPC, NCC
ktolleson1@aol.com



Last November, President Galen Cole, Johnnie Jenkins and I attended a two-day training at the Massachusetts Association for Mental Health Counselors (MAMHCA) headquarters to become facilitators of MAMHCA's preparation course for the NCMHCE. LPCA is excited to begin offering the course starting this year to prepare both those taking the exam for licensure and those LPCs who must take the exam to become TRICARE providers. We will announce training days and times as soon as we have fine-tuned our presentation.

Please consider nominating worthy individuals for LPCA's annual awards, including Counselor of the Year, Counselor Educator of the Year, and Student of the Year. For detailed descriptions of qualifications for the awards, please go to <http://www.LPCAGA.org> and click on the *Membership* and then *Awards*. Your nominations provide LPCA with the opportunity to honor those in our profession who give of their time and expertise to clients, the community, and the profession in a meaningful way. Please use this link to nominate <http://www.LPCAGA.org/Board-L>. I am also continuing to form the Nominations Committee. Please contact me via email if you are interested in joining. The time commitment is minimal for this important work.

**WESTERN DISTRICT**

Lisa King Smith, EdS, LPC
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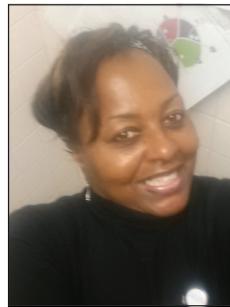
The Western District has seen a good bit of activity since I last reported in November. LPCA Past-President Dr. Jerry Hall stood in for President-elect Darrell Brooks, who was called away to an emergency, to have a

conversation with students and local LPCs to give a legislative update for interested members in early December. In the discussion, Dr. Hall discussed some of the history involved at the state level in getting an LPC license approved by the legislature and some of the conflict we as a profession faced at that time. In addition, Dr. Hall and I discussed the ramifications of SB319, diagnosis and assessment and some of the conflict that we have received about it. Students in attendance were strongly encouraged to volunteer for the convention and to become actively involved in LPCA. Many members stated they could not attend this event, but were highly motivated to attend another one. A second event was held in mid-January.

In early December, with the encouragement of my colleague and mentor Fred Richards, I submitted and was pleased to be published in a regional magazine, *West Georgia Woman*. The article highlighted the need for gratitude regarding joy and happiness during stressful times. I also briefly highlighted my role with LPCA in the article. This was a good opportunity to reach out to readers in the Western District, and to offer an

easily accessible article for those who may have been struggling during the holiday season. In addition, as always, I have been active and out in the community. I attended several fundraisers in my area; these included one for the Carroll County Humane Society, and one for PARC, Prevention and Advocacy Resource Center, Sexual Assault Center for Teens and Adults. The fundraisers were a great way to give back, as well to represent the profession in my community.

In mid-February, we held the Ethics of Assessment, 1013 and Diagnosis workshop. We actually had to move the workshop three times to a larger venue to accommodate the growing number of attendees! Gale has also offered up several potential speakers and programs, so I will be filling the calendar soon with dates for more workshops for 2017. As always I am available to you for questions, resources and feedback.

**ATLANTA DISTRICT**

Mamie L. Jones, MA, LPC, NCC
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I hope that every one of you has made a goal of taking care of self before taking care of others in this new year. There is so much happening in the world and in our city. People are migrating to the city in droves and bringing with them a host

of concerns that may require the help of professionals, such as you. To efficiently meet the need, we should be prepared, spiritually, professionally and personally. I would suggest that each of you find something to do that soothes you, that brings you joy and gives you a sense of peace, daily, so that you can continue to serve the needs of the people in our district.

There has not been much going on in the Atlanta District. I have supported a few APCs on their journey to becoming fully licensed. This is a reminder that the District Representative is available for questions regarding licensing and is available for questions or concerns regarding the Board and activities related to the profession.

I have attended a few health fairs around the city and I have reached out to local universities for opportunities to speak on behalf of LPCs.

Upcoming

I have reached out to Georgia Cares, which is the organization designated by the state to offer trainings on sex trafficking.

A legislative update session/meet and greet is planned.

I would like to have one of the members host an event that provides information on maximizing your potential as a therapist; please contact me as soon as possible.

Concerns

I have been associated with the LPCA Board for the past four years and I have seen a slight improvement in participation from members. I would like to get feedback from members regarding why they do participate and from those who do not participate, what are the main reasons for the non-participation?

Thank you and good luck with however you are utilizing your license for this year.

Social Media and Counseling Practice



Cheri Nicole Cromer, MEd, LPC

In a world where technology is life, it can be so easy to get swept up in tweets, likes, and shares. For counselors, we can get ourselves into sticky situations with things we post or share, or even who we “friend” or “follow.” According to our ethics code, we shouldn’t be engaging in social relationships with our clients; this includes Facebook, Twitter, Instagram, Snapchat, etc. While it certainly can make communication easier, it can also lead to blurred lines when we “follow” or “friend” clients.

Counselors must keep in mind that nothing is private anymore; pictures can easily be taken of us and shared with others in a matter of seconds. This means, we must protect ourselves and our licenses in the social media world.

There are several ways that you can protect yourself on social media. First, make your personal profile private, this way, clients can’t find you if they “search” for you on social media. If they do somehow wind up viewing your page, they would only be able to see the bare minimum. Second, if you choose not to make your page private, at least make sure that what you post and share are not offensive to the clients you wish to serve. For example, “sharing” or “liking” posts that demean mental illness or that support violence against others can give your clients a less than pleasing view of you. Third, ask yourself before you post, “is this what I want people to think about me? How will this affect any future clients I may have?”

Some counselors chose to use social media as a means of advertisement and some counselors use social media to bring awareness to mental health issues, legislation, events, etc. There is nothing in our ethics code that prohibits us from doing so. But keep in mind, you still want to monitor what you post. You may even decide to disable comments to your wall or certain posts. This helps protect you from things getting out of hand on your business page.

Social media has changed the landscape as we know it. We can use that to our advantage, or it can ruin us. Remember the next time you are tweeting, liking, sharing or friending, to use good judgment and let the ethics code guide you!

NCE/NCMHCE EXAM REVIEW

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Case Study of Online Counseling



Timothy Robinson, LPC, CAS-F

The purpose of this article is to present a case study of online counseling. Kathy is a 45-year-old, married, Caucasian female who works as an RN in a remote area of the state. She has been married for 18 years and has no children; her husband also works professionally as a vice president of a bank. She lost control of her drinking about five years ago and was diagnosed with Alcohol Dependence. Kathy first tried going to several Alcoholics Anonymous groups to quit drinking three years ago. While these provided some temporary relief, she did not feel like she fit in.

Kathy continued to relapse. The client then attended and completed a traditional twelve-step residential program one year ago. Kathy relapsed within a month of completing it. “I was in group therapy most of the time. Half of the people were under thirty and doing drugs; I really could not relate,” she stated. Kathy presented at this treatment center five months ago and was diagnosed with Alcohol Use Disorder, Severe. Testing by the psychologist identified many maladaptive schemas. Her treatment focused on: substance abuse, marriage and family therapy, Schema Therapy, ACT Therapy, and lifestyle change.

This center does not do group therapy, unlike most treatment programs in the United States. Each client is assigned to a therapy room that resembles a comfortable living room. They then meet individually with four consecutive counselors over the course of the day. Each therapy session is 80 minutes long and they are conducted by LPCs and LMFTs who specialize in the treatments listed above. Each client resides in their own suite at a local hotel. This Intensive phase lasts two weeks.

Kathy’s husband came down for eight hours of family therapy with an LMFT that were conducted over one weekend. Two telehealth sessions were conducted with him during her treatment; Kathy participated from here in both. One was conducted before he arrived and the other was performed on the day before she left. This balance of the two sessions was very helpful in leveraging family therapy. She also requested a telehealth session with her sister, who lived in another remote area of the state. After a client completes the Intensive phase and goes home, they follow up with 23 individual continuing care sessions that are conducted once a week for one hour.

It was necessary to conduct Kathy’s continuing care sessions via telehealth because she lived so far away. Being in continuing care allowed the counselor to continue work on the client’s schemas as well as to follow up with her marital issues. Her husband participated in most of the sessions. Both felt very comfortable using telehealth. A part of this is that they were working with a counselor who had already worked with Kathy. They had no difficulty with the technology because both are

(continued next page)

(Case Study of Online Counseling continued)

computer literate and were experienced from using electronic platforms at work. There were no technology failures over the course of the six months. The counselor could gauge body language between the two, appearance, and responses because of observations made possible from telehealth.

There were times when the counselor met with one of them alone. Some of these individual sessions were planned, while others were due to life events. Areas of intimacy and trust were addressed in the couple's work. Kathy had hidden her drinking from her husband, who was always trying to stop her. This created resentment and a lack of trust from the husband. Kathy confided, in an individual session, that her most important issue was the lack of sex in the marriage. This had been going on for two years. It was discussed in a couple's session. "I'm a nurse. I know the signs; there are no organic problems on his part," she said. This was at three months of follow-up.

She was called in to work a few weeks after this, so the counsellor met with her husband. The issue of sex was revisited. Was she still physically attractive to him? He said that she was and that his anger and distrust had blocked him from having sex with his wife. The husband stated that counseling, via telehealth, had resolved much of this and that he was willing to attempt get close to his wife again. The counselor suggested that they go to a bed and breakfast or a hotel. This would provide a different environment and it would be a nice way to celebrate her success of not drinking.

In a couple's session, shortly after this, it was possible to observe that they had renewed sexual intimacy from their mannerism alone. When the 23rd session ended, they expressed gratitude that they had not had the need to seek a local therapist. Their reasons were: not knowing whom to trust, cost, the effort of re-establishing rapport and trying to convey the therapy that they had completed. Telehealth made the difference in successfully treating Kathy and the couple.

From: www.wpsweb.com/Casestudies

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<http://www.YourCEUs.com>

A Look at the Shortage of Mental Health Providers in Georgia

Lisa King Smith, EdS, LPC



Georgia is the largest state east of the Mississippi River, and it includes rural areas, particularly in the southern and northern regions of the state that stretch for hundreds of miles. One glance at the LPCA Mental Health Map (see page 7) clearly shows that Georgia is experiencing a wide gap of mental healthcare providers. "Nearly one in five adults in Georgia battles mental illness in any given year. Nearly half a million have had at least one major depressive episode, the latest federal data shows. Nevertheless, Georgia ranked near the bottom in spending among state mental health agencies at \$59 per capita in fiscal 2013," Kaiser Family Foundation data shows. "The national average is about twice that." (Governing, October 2011). In fact, the 2016 Kaiser Family Foundation ranking shows Georgia is ranked 48th in terms of providing adequate numbers of mental health providers, thus showing that Georgia is seeing a mental health workforce shortage. The national average is one mental health professional for every 529 patients. In Georgia the ratio is 1,440 to one, compared to Massachusetts which averages 200 to one. (Kaiser, 2016). Again, a quick look at the Kaiser Foundation data shows that as of September 2016, Georgia has 96 Health Professional Shortage Area (HPSA) designations. According to the Kaiser Foundation's website, HPSA designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For mental health, the population to provider ratio must be at least 30,000 to one (20,000 to one if there are unusually high needs in the community)." (Kaiser, 2016).

On average, people with severe mental illness are more likely to die 25 years earlier than the rest of Americans. This mortality is not only through suicide, but also due to other health issues that are go uncared for as well, such as diabetes and heart disease. The data implies that a lack of licensed mental health professionals is perhaps the biggest barrier. The shortage of psychiatrists, psychologists and master's level licensed clinicians is nothing short of problematic. "If you have a system that is as strapped as many of our community mental

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(Shortage of Mental Health Providers in Georgia continued from page 5)

health systems are, (patients) end up in drive-by case management,” said Sita Diehl of the National Alliance on Mental Illness. “That’s completely inadequate.” (Williams, 2015). In rural areas, over 15 million Americans face some kind of behavioral health issue, whether it is substance abuse or mental illness. On average, primary-care physicians in rural areas are more likely to treat mental-health conditions, but primary-care physicians cannot provide counseling or ongoing mental health services (Marema, 2016). The American Mental Health Counselors Association (AMHCA) estimates that about 1 million Americans in need of mental health and substance abuse treatment did not receive it in 2014 because their states refused to expand Medicaid to cover them; more than 230,000 of these low-income and vulnerable patients reside in Georgia (King, 2016). According to Mental Health in America’s access to care data, over 4,000 areas across the United States are considered “mental health professional shortage areas” which leaves those in need to travel hours, and sometimes across state lines to gain access to mental health services. (<http://www.hrsa.gov/shortage/>)

In addition, as those of us who are mental health practitioners already know, growing evidence suggests that early intervention can prevent mentally ill people from deteriorating. “The way we pay for mental health today is the most expensive way possible. We don’t provide support early, so we end up paying for lifelong support” (Governing, 2011). Mental illness costs Americans under 70 more years of healthy life than any other illness. “That’s because mental illness, unlike cancer or heart disease, is not a disease of aging. It often develops when people are in the prime of life, arising during adolescence or young adulthood. Left untreated, mental illness can rob people of decades of health.” (Governing, 2011). The researchers further state that, “Mental illness sends nearly 5.5 million people to emergency rooms each year, accounting for 4% of all visits”, according to the federal Agency for Healthcare Research and Quality. Because many of the mentally ill are uninsured, hospitals often are uncompensated for their care. As states have cut mental health funding, many have increased spending on prisons and jails, says D.J. Jaffe, executive director of MentalIllnessPolicy.org, which advocates for patients with serious mental illness. He says research shows that investing upfront in mental health can yield big dividends. The bulk of the cost to society stems from disability payments and lost productivity. That total doesn’t include “caregivers’ lost earnings or the tax dollars spent to build prisons” (Governing, 2011).

The research backs what all mental health providers already know, that the state of Georgia does not currently have enough licensed mental health practitioners to meet the needs of its citizens. This is particularly evident in the rural areas south of Atlanta and parts of northern and western Georgia. In addition, the state is also lacking in funding to expand mental health services to those in the most need, the poor and the underemployed. Practitioners in west Georgia, also see a number of clients calling for appointments from rural east Alabama as well. Telemental health can help bridge this gap

for some in need, however as this article also states, early intervention and consistent care can be the key. Unfortunately, many in our underserved areas do not receive care until a crisis triggers an intervention, often clogging the already stressed ERs, court system and jails. Primary care doctors in rural areas can only do so much to alleviate mental health pain and suffering, often through medication alone. They struggle to find adequate resources for their patients’ ongoing mental health needs. We are already seeing a mental health crisis in our state in particular. Being 48th out of 51 is shameful, however, the turf wars and pushback on the clarification and expansion of the scope of practice of qualified, licensed masters level clinicians in Georgia, and the limitations of Medicaid and Medicare by our state and federal government is only further widening the gap, and it is not in the best interest of our citizens.

Resources

The Daily Yonder. Tim Marema. October 13, 2016. <http://www.dailyyonder.com/rural-areas-lack-mental-health-care-providers-report-says/2016/10/13/15582/>

Georgia’s broken mental-health system. An excerpt from *A Spirit of Charity*, veteran Atlanta journalist Mike King’s book about Grady Memorial Hospital and the myth of America’s health care system. Mike King, June 9, 2016 <http://www.clatl.com/news/article/13087541/georgias-broken-mentalhealth-system>

Georgia Overhauls Its Mental Health System. Governing. October 2011. <http://www.governing.com/topics/health-human-services/following-patient-reentry-orders-georgia.html>

The Henry J. Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs). September 8, 2016. <http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0>The invisible epidemic Poor & Mentally Ill in Georgia. Misty Williams. 2015. <http://specials.myajc.com/mental-health-georgia/>

LPCA Mental Health Map <http://www.LPCAGA.org/LPCA-MH-Maps> (see page 7)

Mental Health in America—Access to Care Data. 2014. <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

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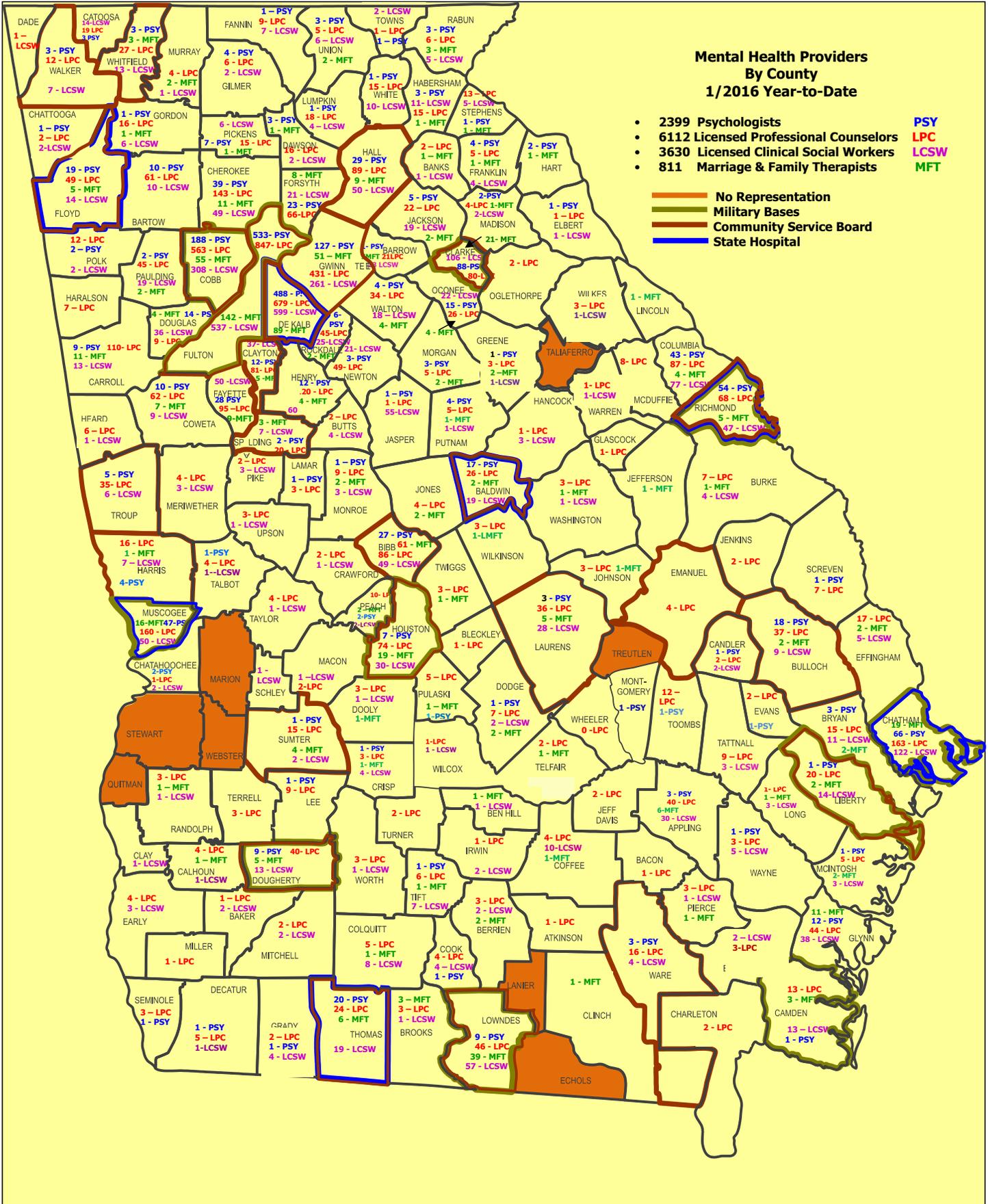
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Counseling in Today's Technological World

Jeff Hughes and Tracey Layman



Technology overflows in our lives and it is intertwined within our daily activities, as well as the workplace. We are no strangers to using our smartphones, buying movie tickets, clipping coupons online, racing events where we track participants along the course, strolling through a museum while listening to the docent podcast, or using fitness trackers to tell us to walk more and to sleep better.

The counseling field is no exception; telemental health is a vast and ever-changing realm that should be made familiar to the counselor. These new mediums allow us to communicate with clients, colleagues, and third party groups, e.g., billing companies, accountants, marketing specialists, attorneys and more. These platforms for communication and for information sharing were not available twenty years ago but need to be integrated for a successful technology basis in counseling. Other methods like texting, email, video learning, blogs, chat, EMR integration, medical device integration, cloud storage, data analysis, and more have changed the way that counselors and clients interact and maintain information. There are many variations and options available, but how do you know what is best for you?

To start, go to Google and enter a topic such as telemedicine, telemental health, or telepsychiatry. You will find more than 275,000 links to various listings about the topics. An easier and less cumbersome method is to go to American Telemedicine Association (www.americantelemed.org) or Behavioral Health Innovation Comparisons (www.telementalhealthcomparisons.com) and look at the reviews that they have done on many of the companies in the field. This won't be a comprehensive list, but it will give you a good start to many of the players in the various platforms on the market.

Next, you want to look at those platforms that meet HIPAA requirements for protecting client information, better known as PHI (patient health information). Any product offered that follows the guidelines will do two things: one they will have a Business Associate Agreement (BAA) to put in place between you (HIPAA covered entity) and the platform provider (HIPAA business associate) and two, they will tell you in multiple ways on their websites that they are compliant/conform to HIPAA. If you don't see the BAA, most likely they are not HIPAA conforming. If by looking at the website, you can't tell because they mainly talk about their encryption, contact technical

support and ask them if they are HIPAA conforming/compliant. They will know since they do all the work required to meet those requirements.

In considering the different products, keep in mind: if they are affordable for you, if they are easy to learn and use for you and your clients, do they meet the needs of the practice until its cost is justified and still fit future needs, and are they compatible with your computer systems and equipment?

Prices for these platforms will range from very affordable to absurd, but when paying for HIPAA compliance it is better than paying a fine for non-compliance. Some services are free, yet may not conform to HIPAA, such as VSEE's basic software that they offer. It originally was HIPAA conforming so now their original service is \$49 a month and conforms to HIPAA; the free service offered does not conform.

Ease of learning and of use are important considerations. Sometimes what is a great product to a technical person, is not such a great product to the end user. There are products on the market that are cumbersome to operate and difficult to understand. You can find out these difficulties by using their demonstration/trial versions of their products. Make a list as you go through the program to ask tech support (or your salesperson), if you feel that you need to go to that step to decide what is best for the practice. Keep in mind that your client will often have to know and to understand the platform to utilize it with you, so that will need to be a consideration when you make your choice. Simple without bells and whistles can often be easier to implement with clients.

Meeting the current needs vs. future needs is a concern. Sometimes it's hard to know what the future needs will be until you've used something for a while. Technology is no different, as you may find out the more you utilize a platform. You may find that the items being demonstrated to you are not as beneficial as ones that you may stumble upon and find more beneficial, so it can be difficult to know what to ask. One thing to consider if you are using the base product or a mid-level product, which would allow for growth, this could also save in cost.

Last, but not least, is the question: will you need to buy new equipment to use the platform? Also, will your clients need to purchase something? Be wary of any platform that requires special technology that can only be used for that service, without the equipment being provided for free. The speed with which technology changes can make something obsolete quickly. Use extreme caution regarding anything that has one-use or time-limited purpose. Look at the online reviews to determine issues others may be having with the considered system.

There are many other things to consider when you are looking at the technology used in the telehealth field. The main things to remember are: does it provide the service you expect, is it easy for you and your clients to use, is the cost something you can afford, and are you getting the return to justify the cost?

If you haven't done your telemental health CEs required by the Georgia Composite Board, get enrolled in the 6 CEs offered by one of the local providers. You'll be able to ask additional questions and acquire information that will assist you in the decision-making process for getting in the telehealth field.

Ethics and Telemental Health

Marie O'Sullivan Montoya, LPC

Technological advancements seem to be occurring every nanosecond and have expanded the ways in which mental health counselors can communicate and care for our clients. Many of the skills required of counselors for telemental health are the same as those required for more traditional face-to-face mental health care. However, the very use of technology can create challenges to ethical practice.

What is telemental health? Telemental health is the delivery of services to a client via technology assisted media. This includes: telephone, video, Internet, smartphone, tablet, PC / Mac desktop system, or other electronic means using appropriate encryption technology, per the Georgia Composite Board. Any counselor looking to use any of these methods must have a minimum of six continuing education hours before practicing telemental health in the state of Georgia. The Georgia Composite Board further states that, "A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements."

In order to comply with the Code of Ethics requirements, it is imperative that counselors who use any form of technology-assisted media in their counseling practice also be trained in telemental health. Both the American Counselor's Association (ACA) *Code of Ethics* Section H.1(2014) and the American Mental Health Counselors Association (AMHCA) *Code of Ethics* Section I.B.6 (2015) address the need for counselors to be competent and knowledgeable regarding telemental health. Training must not only cover how to adapt counseling theory and effective in-person techniques to telemental health but also training in the various modes of technology that the counselor is using. The counselor must also be trained in how to use the technology as well as how to secure privacy; this includes knowing the security standards set forth by state laws as well as federal laws that require HIPAA compliance. Counselors must know how to screen individuals to determine the appropriateness of telemental health for the potential client. It is vital that when counseling clients in other states, counselors must be informed of any licensing issues. It is necessary to know if the counselor needs to be licensed in both states to provide services. Counselors should stay abreast of the state laws in the client's state pertaining to duty to report or duty to warn in case the client reveals being a danger to anyone else or is abusing children, the elderly, or other people from vulnerable groups.

Despite the ever-changing nature of technology, legislation and ethical codes are only updated every few years. The latest updates to ACA's Code of Ethics occurred in 2014. The revised ACA Code of Ethics has extensive updates regarding technology and designates all of section H to technology and counseling. The American Mental Health Counselors Association (AMHCA) Code of Ethics followed with their extensive revisions in 2015. Both revisions contained some very specific directives for the counselor; they both also remain vague enough to cover future technologies that may come about before the next revisions.

For example, both codes of ethics explicitly encourage counselors who have a professional social media presence to clearly maintain a personal and professional web page separately. However, what about those instances that are not dealt with explicitly in the codes, how should a counselor proceed?

Working within an ethical framework that will protect the client, the counselor, and our profession can be achieved by using the five core ethical principles identified by Beauchamp and Childress (1979) and Kitchener (1984) of autonomy, justice, beneficence, non-maleficence, and fidelity. Autonomy mandates that counselors encourage clients to learn to take responsibility for their actions as well as learning how their actions may affect others. It is possible that some clients may never be able to take full responsibility for themselves or they may have times during which they are unable to make rational decisions due to various reasons, including a presenting mental health disorder. Justice calls for counselors to treat people equally but when treating someone else differently there is a logical rationale for why that individual requires different treatment. Counselors are invited to practice beneficence by doing good for our clients and actively making decisions that may reduce harm or contribute to the client's betterment. Non-maleficence requires counselors to do no harm and not engaging in actions that may pose harm. Clients must be able to trust the counselor and the counselor must also honor commitments made to the client which is why keeping fidelity in mind is also key.

The purpose of ethics is to create a code of conduct which normally goes beyond the law and looks at what is right and wrong. For counselors, ethics guide us in how to conduct ourselves professionally and to some extent privately. As technology advances and the world continuously changes, we as professionals must look to our code of ethics to help us in our professional decision making for the benefit of the client, our profession, and ourselves.

Composite Board Reviews Correspondence About Telemental Health

In the open session of their meeting for February (on Friday, February 3, 2017), the Georgia Composite Board indicated that all therapists who provide services to clients located in Georgia must be licensed in Georgia. If you live in a state outside of Georgia but wish to provide telemental health services to someone living in Georgia, you **MUST** be actively and appropriately licensed in Georgia, as if you were providing traditional, face-to-face therapy. Failure to do so may constitute unlicensed practice.

If you live in, and are licensed in, Georgia but wish to provide telemental health services to an individual living in another state, it is imperative you contact the licensure board in that state prior to providing any Professional or Mental Health Counseling services. Failure to do so may lead to sanctions against your license.

(continued on page 13)

CONTINUING EDUCATION

Darrell Brooks, LPC, Chair

LPCAContinuingEducation@gmail.com

Title: *Self Care is an Ethical Issue*
Date: March 1, 2017
Location: Woodstock
Ethics: 5
Contact: Dr. Shannon Barnes Phone: 678-227-2593
Email: drsb@hushmail.com
Website: tranquilitycounselingserv.com

Title: *Tippling the Balance Toward Change: An Introduction to Motivational Interviewing*
Dates: March 2-3, 2017
Location: Atlanta
Core: 12
Contact: Angela Bethea-Walsh Ph: 404-654-3614
Email: angela.bethea@gmail.com
Website: http://www.betheacps.com

Title: *Stop Fighting in My Office!—Managing Couples Conflict in Session and Beyond*
Date: March 3, 2017
Location: Atlanta
Core: 5
Contact: Murray Dabby Phone: 404-633-3282
Email: murray@atlantasocialtherapy.com
Website: www.thecouplescollege.com

Title: *Protecting Our At-Risk Youth: The Link Between Community Mental Health Agencies and Schools*
Date: March 3, 2017
Location: Martinez
Core: 5.5 Ethics: 0.5
Contact: Elizabeth Estey
Phone: 706-733-0333
Email: frontdesk@gaparent.com
Website: www.gaparent.com

Title: *Mental Health First Aid (8-Hour Training)*
Date: March 4, 2017
Location: Anderson
Core: 8
Contact: Cheryl Francis Phone: 678-754-5840
Email: theheartmatters@gmail.com
Website: www.heartmatterswellness.com

Title: *Crisis Under Control: Clinicians Providing Critical Incident Stress Management and Debriefing to Schools, Business, and Communities*
Date: March 4, 2017
Location: Douglasville
Core: 5
Contact: Cynthia Freeman-Small Ph: 678-941-9510
Email: crcfsmall@gmail.com
Website: www.focuscenteredtherapeuticservicesllc.com

Title: *Essential Therapy Interventions for Children and Adolescents*
Date: March 4, 2017
Location: Buford
Core: 6.5
Contact: Joy Mock Phone: 678-313-4493
Email: mandmtherapsolutions@gmail.com
Website: www.mandmtherapsolutions.com

Title: *The Ethics of Self-Care*
Date: March 4, 2017
Location: Atlanta
Ethics: 5
Contact: Nicole Davis Phone: 404-645-6551
Email: nicole@betheapitome.com

Title: *Transmitting Ethical Corrosion or Compliance in Clinical Supervision: What Messages Are You Sending?*
Date: March 4, 2017
Location: Augusta
Core: 6 Ethics: 6 Supervision: 6
Contact: Sandra Phillips Phone: 706-750-4275
Email: sphillips@transformation3cs.com
Website: www.transformation3cs.com

Title: *Changing Times: Counselor Ethics, Assessment, Treatment and Supervision—Dual Diagnosis Dilemmas: Assessment and Treatment*
Date: March 5, 2017
Location: Savannah
Core: 5
Contact: Frank Lay Phone: 912-721-8777
Email: frank.lay@ibhsr.org

Title: *Become a Certified Anger Management Specialist*
Dates: March 6–7, 2017
Core: 12
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *When Love is Not Enough: A Workshop on Partnering for Life*
Date: March 8, 2017
Location: Atlanta
Core: 2
Contact: Allison Caffyn Phone: 404-312-8880
Email: alliecaffyn@gmail.com
Website: www.thecouplescollege.com

Title: *Youth Mental Health First Aid*
Date: March 9, 2017
Location: Villa Rica
Core: 6
Contact: Kellie Roberts Phone: 470-261-4555
Email: kroberts@tanner.org

Title: *Use of Role Play to Enhance Supervision*
Date: March 10, 2017
Location: Marietta
Core: 6 Supervision: 6
Contact: Bryan Stephens Phone: 770-429-5002
Email: bgstephens@cobbsb.com
Website: www.bstephens.com

Title: *Professional Ethics and Clinical Practice: Common Case Scenarios*
Date: March 10, 2017
Location: Smyrna
Ethics: 5
Contact: Erin Evans Ph: 770-434-4568 ext. 3001
Email: eevans@ridgeviewinstitute.com
Website: www.ridgeviewinstitute.com

Title: *Fundamentals of Clinical Supervision: Serving a Diverse Population*
Date: March 11, 2017
Location: Augusta
Core: 6 Supervision: 6
Contact: Sandra Phillips Phone: 706-750-4275
Email: sphillips@transformation3cs.com
Website: www.transformation3cs.com

Title: *Trauma Heroes: Sexual Trauma Overview and Implications in Sandplay*
Date: March 11, 2017
Location: Augusta
Core: 4
Contact: Shatisha Wilson Ph: 706-496-2856 ext. 4
Email: swilson@wilsonsgoh.com
Website: www.wilsonsgoh.com

Title: *Development of Mental Health Clinicians: On-the-ground and TMH Supervision*
Date: March 11, 2017
Location: Atlanta
Ethics: 6 Telemental: 3 Supervision: 6
Phone: 404-835-6119
Email: ssutherland@richmont.edu
Website: www.CounselorEducationLC.com

Title: *Become a Certified Anger Management Specialist*
Dates: March 16-17, 2017
Core: 12
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Understanding the Intersection Between Family Violence and Substance Use*
Date: March 17, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *The Music to My Ears: Professional Boundaries and the Ethics of Care*
Date: March 17, 2017
Location: Dunwoody
Core: 2 Ethics: 3
Contact: Sarah Gaunt Phone: 770-880-9873
Email: sarah@ceuconcepts.com
Website: www.ceuconcepts.com

Title: *Methods of Clinical Supervisions: Enhancing Your Professional Development*
Date: March 17, 2017
Location: Augusta
Core: 6 Supervision: 6
Contact: Sandra Phillips Phone: 706-750-4275
Email: sphillips@transformation3cs.com
Website: www.transformation3cs.com

Title: *The Neuroscience of Effective Interventions and Family Treatment*
Date: March 17, 2017
Location: Roswell
Core: 3
Contact: Dianne Gay Phone: 678-232-3402
Email: Dianne.gay@uhsinc.com
Website: https://talbotampus.com

Title: *Protecting Our At-Risk Youth: The Link Between Community Mental Health Agencies and Schools*
Date: March 18, 2017
Location: Martinez
Core: 5.5 Ethics: 0.5
Contact: Elizabeth Estey Phone: 706-733-0333
Email: frontdesk@gaparent.com
Website: www.gaparent.com

Title: *Psychosocial Approaches in Working with African American Urban Males*
Date: March 22, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: G1212@aol.com
Website: www.angermanagementofga.com

Title: *Diagnosing and Treating Mood Disorders in Adolescents*
Date: March 24, 2017
Location: Smyrna
Core: 3
Contact: Erin Evans Ph: 770-434-4568 ext 3001
Email: eevans@ridgeviewinstitute.com
Website: www.ridgeviewinstitute.com

Title: ***From Denial to Surrender: Using Experiential Techniques to Improve Treatment Success***
Date: March 24, 2017
Location: Dunwoody
Core: 3
Contact: Dianne Gay Phone: 678-232-3402
Email: Dianne.gay@uhsinc.com
Website: <https://talbotampus.com>

Title: ***Trama Focused using CBT Training***
Date: March 24, 2017
Location: Flowery Branch
Core: 6
Contact: Comela Williams Phone: 678-513-5712
Email: Comela.Williams@avitapartners.org

Title: ***Adolescent and Young Adult Continuum of Care: Increasing Engagement and Decreasing Trauma***
Date: March 24, 2017
Location: Atlanta
Core: 5
Contact: Dawn Collinge Phone: 404-709-3171
Email: dcollinge@skylandtrail.org
Website: www.skylandtrail.org

Title: ***Unsilencing the Voice Within: Expressive Writing as a Therapeutic Tool***
Date: March 24, 2017
Location: Online
Core: 1.5
Contact: Karla Sapp Phone: 912-980-6049
Email: umattercounseling@gmail.com

Title: ***Preserving the Family—One Divorce at a Time***
Date: March 24, 2017
Location: Atlanta
Core: 3
Contact: Kelley Linn Phone: 678-389-1616
Email: kelleylinn11@gmail.com

Title: ***The Ethics of Self-Care***
Date: March 25, 2017
Location: Atlanta
Ethics: 5
Contact: Nicole Davis Phone: 404-645-6551
Email: nicole@betheepitome.com

Title: ***Crisis Intervention and Preparation in Clinical Supervision***
Date: March 25, 2017
Location: Augusta
Core: 6 Supervision: 6
Contact: Sandra Phillips Phone: 706-750-4275
Email: sphillips@transformation3cs.com
Website: www.transformation3cs.com

Title: ***Batterers are not Born, They are Socialized***
Date: March 28, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: ***Changing Times: Counselor Ethics, Assessment, Treatment and Supervision—Personality and Vocational Type***
Date: March 29, 2017
Location: Savannah
Core: 5
Contact: Frank Lay Phone: 912-721-8777
Email: frank.lay@ibhsr.org

Title: ***Couples Counseling: After the Affair***
Date: March 30, 2017
Location: Savannah
Core: 14
Contact: Kelly Bell Phone: 912-414-5355
Email: kellybell1202@gmail.com
Website: www.socialworksavannah.com

Title: ***Cognitive Behavioral Therapy for Clients with Substance Use and Mental Health Disorders***
Date: March 30, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: ***Evidence Based Series III: Compassion Fatigue and Professional Burnout***
Date: March 31, 2017
Location: Lawrenceville
Core: 6
Contact: Donna Johnson Phone: 770-714-7605
Email: donna@addictionsolutions.org
Website: <http://addictionsolutions.org>

Title: ***Couples Counseling: After the Affair***
Date: March 31, 2017
Location: Savannah
Core: 14
Contact: Kelly Bell Phone: 912-414-5355
Email: kellybell1202@gmail.com
Website: www.socialworksavannah.com

Title: ***Essential Therapy Interventions for Children and Adolescents***
Date: April 1, 2017
Location: Buford
Core: 6.5
Contact: Joy Mock Phone: 678-313-4493
Email: mandmtherapysolutions@gmail.com
Website: www.mandmtherapysolutions.com

Title: ***Expressive Therapies: A Current Exploration***
Date: April 1, 2017
Location: Atlanta
Core: 3
Contact: Orion Cook Phone: 404-500-6102
Email: Orion@OrionPsychotherapy.org
Website: <http://orionpsychotherapy.org/workshops>

Title: ***Become a Certified Anger Management Specialist***
Dates: April 6–7, 2017
Core: 12
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: ***Changing Times: Counselor Ethics, Assessment, Treatment and Supervision—Ethical Practice in Clinical Supervision***
Date: April 11, 2017
Location: Savannah
Ethics: 5 Supervision: 5
Contact: Frank Lay Phone: 912-721-8777
Email: frank.lay@ibhsr.org

Title: ***Ethical and Legal Issues in Addiction and Tele-Therapy***
Date: April 13, 2017
Location: Lawrenceville
Ethics: 6 Telemental: 6
Contact: Donna Johnson Phone: 770-714-7605
Email: donna@addictionsolutions.org
Website: <http://addictionsolutions.org>

Title: ***Protecting Our At-Risk Youth: The Link Between Community Mental Health Agencies and Schools***
Date: April 13, 2017
Location: Martinez
Core: 5.5 Ethics: 0.5
Contact: Elizabeth Estey Phone: 706-733-0333
Email: frontdesk@gaparent.com
Website: www.gaparent.com

Title: ***When Love is Not Enough: A Workshop on Partnering for Life***
Date: April 14, 2017
Location: Atlanta
Core: 2
Contact: Allison Caffyn Phone: 404-312-8880
Email: alliecaffyn@gmail.com
Website: www.thecouplescollege.com

Title: ***Coaching Using the DISC Behavioral Profile***
Date: April 15, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: ***The Ethics of Self-Care***
Date: April 15, 2017
Location: Atlanta
Ethics: 5
Contact: Nicole Davis Phone: 404-645-6551
Email: nicole@betheepitome.com

Title: ***Grief and Loss Issues in Play Therapy***
Date: April 15, 2017
Location: Augusta
Core: 3
Contact: Shatisha Wilson Ph: 706-496-2856 ext. 4
Email: swilson@wilsonsgoh.com
Website: www.wilsonsgoh.com

Title: ***Developing Ethical Decision Making in Supervision***
Date: April 21, 2017
Location: Marietta
Ethics: 6 Supervision: 6
Contact: Bryan Stephens Phone: 770-429-5002
Email: bgstephens@cobbcsb.com
Website: www.bstephens.com

Title: ***DBT in Clinical Settings: Principles and Practices***
Date: April 21, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: ***The Art of Encouragement: Positive Psychology and Creative Arts to Motivate and Encourage***
Date: April 21, 2017
Location: Smyrna
Core: 5
Contact: Erin Evans Phone: 770-434-4568 ext 3001
Email: eevans@ridgeviewinstitute.com
Website: www.ridgeviewinstitute.com

Title: ***Your Vision of Private Practice: How to Get There***
Date: April 21, 2017
Location: Atlanta
Core: 3
Contact: Orion Cook Phone: 404-500-6102
Email: Orion@OrionPsychotherapy.org
Website: <http://orionpsychotherapy.org/workshops>

Title: *The ABCs of Misbehavior in Children and Teens: Anger, Bullying, and Conflict*
Date: April 24, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Fundamentals of Clinical Supervision: Frameworks and Models of Supervision*
Date: April 28, 2017
Location: Decatur
Core: 6 Supervision: 6
Contact: Thomas Murphy Phone: 404-226-7721
Email: murphy.scheer@mac.com
Website: www.actrainingandsupervision.com

Title: *Preserving the Family—One Divorce at a Time*
Date: April 28, 2017
Location: Atlanta
Core: 3
Contact: Kelley Linn Phone: 678-389-1616
Email: kelleylinn11@gmail.com

Title: *Crisis Under Control: Clinicians Providing Critical Incident Stress Management and Debriefing to Schools, Business, and Communities*
Date: April 29, 2017
Location: Douglasville
Core: 5
Contact: Cynthia Freeman-Small Ph: 678-941-9510
Email: drcfsmall@gmail.com
Website: www.focuscenteredtherapeuticsservicesllc.com

Title: *The Supervisory Relationship: Alliance and Multicultural Issues*
Date: April 29, 2017
Location: Decatur
Core: 6 Supervision: 6
Contact: Thomas Murphy Phone: 404-226-7721
Email: murphy.scheer@mac.com
Website: www.actrainingandsupervision.com

Title: *The Ethics of Self-Care*
Date: April 30, 2017
Location: Atlanta
Ethics: 5
Contact: Nicole Davis Phone: 404-645-6551
Email: nicole@betheepitome.com

Title: *Become a Certified Anger Management Specialist*
Dates: May 1–2, 2017
Core: 12
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Autism Conference and Expo of Georgia*
Dates: May 3–4, 2017
Location: Atlanta
Core: 10.5
Contact: Breanna Kelly Phone: 404-413-9325
Email: bkelly15@gsu.edu
Website: www.cld-gsu.org or www.ga-autismplan.com

Title: *Mental Health First Aid (8-Hour Training)*
Date: May 6, 2017
Location: Douglasville
Core: 8
Contact: Cheryl Francis Phone: 678-754-5840
Email: theheartmatters@gmail.com
Website: www.heartmatterswellness.com

Title: *Essential Therapy Interventions for Children and Adolescents*
Date: May 6, 2017
Location: Buford
Core: 6.5
Contact: Joy Mock Phone: 678-313-4493
Email: mandmtherapysolutions@gmail.com
Website: www.mandmtherapysolutions.com

Title: *When Love is Not Enough: A Workshop on Partnering for Life*
Date: May 10, 2017
Location: Atlanta
Core: 2
Contact: Allison Caffyn Phone: 404-312-8880
Email: alliecaffyn@gmail.com
Website: www.thecouplescollege.com

Title: *Mindfulness: Co-Self-Awareness*
Date: May 10, 2017
Location: LPCA Convention in Savannah
Core: 18 Ethics: 12
Telemental: 8 Supervision: 12
Contact: Gale Macke Phone: 770-449-4547
Email: lpcam@mindspring.com
Website: www.LPCAGA.org

Title: *Changing Times: Counselor Ethics, Assessment, Treatment and Supervision—Counselor Ethics*
Date: May 17, 2017
Location: Savannah
Ethics: 5
Contact: Frank Lay Phone: 912-721-8777
Email: frank.lay@ibhsr.org

Title: *Psychosocial Approaches In Working with African American Urban Males*
Date: May 17, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: G1212@aol.com
Website: www.angermanagementofga.com

Title: *Mining for Change Talk: An Intermediate/Advanced Training in Motivational Interviewing*
Dates: May 18–19, 2017
Location: Atlanta
Core: 12
Contact: Angela Bethea-Walsh Ph: 404-654-3614
Email: angela.bethea@gmail.com
Website: http://www.betheacps.com

Title: *Bridging the Gap: Collaborating with Family Violence Intervention Programs to Best Serve Abusive Clients*
Dates: May 18–19, 2017
Location: Decatur
Core: 8
Contact: Lee Giordano Phone: 404-270-9896
Email: lee@menstoppingviolence.org
Website: www.menstoppingviolence.org

Title: *Supervision: Organization, Interventions, and Personal Style*
Date: May 19, 2017
Location: Decatur
Core: 6 Supervision: 6
Contact: Thomas Murphy Phone: 404-226-7721
Email: murphy.scheer@mac.com
Website: www.actrainingandsupervision.com

Title: *Professional Responsibilities of Clinical Supervision: Ethical and Legal Issues*
Date: May 20, 2017
Location: Decatur
Ethics: 6 Supervision: 6
Contact: Thomas Murphy Phone: 404-226-7721
Email: murphy.scheer@mac.com
Website: www.actrainingandsupervision.com

Title: *Supervision and Ethics in Telemental Health Counseling*
Date: May 21, 2017
Location: Decatur
Ethics: 6 Telemental: 6 Supervision: 6
Contact: Thomas Murphy Phone: 404-226-7721
Email: murphy.scheer@mac.com
Website: www.actrainingandsupervision.com

Title: *Cognitive Behavioral Therapy for Clients with Substance Use and Mental Health Disorders*
Date: May 22, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Evidence Based Series I: The Matrix Model for Criminal Justice and Treating Justice Involved Populations*
Date: May 26, 2017
Location: Lawrenceville
Core: 6
Contact: Donna Johnson Phone: 770-714-7605
Email: donna@addictionsolutions.org
Website: http://addictionsolutions.org

Title: *Understanding the Intersection Between Family Violence and Substance Use*
Date: May 29, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Adapting the TIP 52 for Mental Health Supervision*
Date: June 2, 2017
Location: Marietta
Core: 6 Supervision: 6
Contact: Bryan Stephens Phone: 770-429-5002
Email: bgstephens@cobbcsb.com
Website: www.bstephens.com

Title: *MAAD: Managing Angry Adolescents Differently*
Date: June 7, 2017
Location: Atlanta
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Become a Certified Anger Management Specialist*
Dates: June 8–9, 2017
Core: 12
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: *Essential Therapy Interventions for Children and Adolescents*
Date: June 10, 2017
Location: Buford
Core: 6.5
Contact: Joy Mock Phone: 678-313-4493
Email: mandmtherapysolutions@gmail.com
Website: www.mandmtherapysolutions.com

(Composite Board Reviews Correspondence About Telemental Health continued from page 9)

Make sure you understand your law and follow the laws and rules of any jurisdiction in which you plan to practice prior to providing any telemental health services. If you have any questions pertaining to best practices in telemental health please contact LPCA-GA.

In the past few years, telemental health services have become a hot button topic not only in Georgia but throughout the United States. Last year, our Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapists created rules pertaining to the education requirements necessary for the delivery of telemental health and telemental health supervision (135-11).

According to the Georgia rule, Telemental Health “means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. Telemental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.”

Essentially, Telemental Health includes any therapy or supervision services that are not conducted face to face, with the client and therapist (or supervisor/supervisee) in the same room. According to the American Telemedicine Association, telecommunications have been used for decades to provide behavioral health services (usually for emergencies or experimental purposes), it was only in the 1990’s that telemental health services came into their own. Despite the early success of telemental health services however, wide-scale implementation remains hindered by a lack of cohesion and agreement on how to best regulate these services. However, with many states recently passing or voting on telemental health parity laws, the outlook for a future of widespread telemental health services is stronger than ever.

As these services grow, many of us have questions regarding the appropriateness of providing telemental health services to our clients. It is strongly recommended that each Counselor engage in best practices and investigate the appropriateness of providing telemental health services to their clients by:

1. Ensuring you have appropriate training to provide the services in a safe, legal, and appropriate manner.
2. Speaking openly with your clients about the risks and benefits of telemental health services to obtain informed consent.
3. Reviewing insurance benefits and receiving authorization from the insurance company prior to providing services to a client, if applicable.
4. Reviewing all state guidelines for the state the client resides in as well as the state the Counselor is located.

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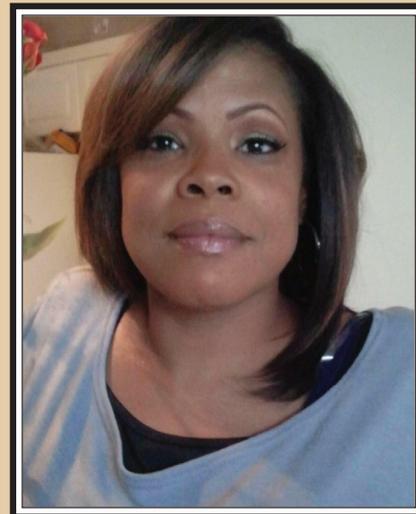


Greetings! My name is Victoria Glover, and I am a student in Mercer’s Clinical Mental Health Counseling Program. The Student Affiliate Organization (SAO) chapter for LPCA at Mercer is planning a networking luncheon on March 25th, 2017 at 12 noon, to support students seeking practicum and internship sites as well as students preparing to

matriculate into working full-time for an agency after graduation.

We would love for the word to spread about our networking luncheon to various sites in the Greater Atlanta area. Registration is available on the LPCA website. Go to <http://www.LPCAGA.org/Events>. For more information or any questions, feel free to email me at the above address.

In Memoriam



Heather Conyers, founder of Healing Hearts Counseling Center, passed away on October 10, 2016. Heather will be deeply missed by her family, friends, colleagues, clients, community, and especially within the mental health profession for her insight and compassion. Mrs. Conyers was a resident of Lithia Springs, Georgia at the time of her passing.

Help! My Client with Depression is Asking for Medical Leave/Disability Assistance

Allan S. Billehus, MS, EdS, CRC, LPC
Allan3starr@yahoo.com



Professional Counselors may become involved in disability decisions when a client's psychological symptoms are claimed or identified as causing work impairments. It is common for these professional counselors to fill out paperwork so their client may obtain medical leave, disability, accommodations, or in order to provide opinions regarding impairment or ability to function in the workplace.

In 2005, an estimated 29% of individuals between the ages of 21 and 64 who reported having a mental disability were employed (Cornell University Disability Statistics, 2005). When psychological symptoms are being reported as a cause of a client's distress or work limitation professional counselors are often asked to provide clinical treatment as well as guidance in managing issues to their ability to work.

A person's relationship to work is individualized. Many people work to achieve emotional, social, and psychological needs. Work isn't just an activity. It's a structure and a routine that provides many values to us in unknown ways. Copious research has shown that unemployment itself is a disability because unemployed individuals experience more psychological, social, financial, and medical issues, as well as a shortened life span.

LPCs should be aware of this conundrum when an issue or psychological symptoms start to affect their client's ability to do job tasks or maintain employment. Social conflict and psychological symptoms can wax and wane over the course of a chronic or episodic event, which may result in temporary or permanent work impairments. When individuals do experience functional impairments many are able to prioritize work functioning and despite symptoms, function adequately in the workplace. Many are even able to utilize work settings to maintain or improve their functioning. Work in and of itself is therapy and a part of a mentally healthy lifestyle.

Depression symptoms can be experienced as an uncomfortable or severely distressing. It's not the "psychological diagnosis" that is the disability, it's the interaction of the symptoms, the person's abilities, and work tasks that can be destabilizing. Depression can affect attention, concentration and pace, as well as general hygiene. All of these can be important factors in maintaining substantial gainful employment.

The relationship between work and psychological diagnosis is measured in how the symptoms affect particular work tasks; this will determine the functional limitations at work. While LPC's need to be advocates for their clients they also need to be cognizant of the benefits of work for the individual. The LPC should also be detailed in obtaining information on the

work tasks and work environment. From this the LPC can assess and use clinical judgement in understanding if and how work tasks are being affected and seek accommodations as an option when possible. As a Vocational Counselor our goal is to keep our client moving and active as possible, even if it's not competitive employment, a client at rest or put to rest tends to stay at rest, unless acted upon.

Disability and disability-related mental health evaluations require specialized knowledge, training, and experience, as do evaluations of competency to stand trial.

Mr. Billehus is an LPC and Vocational Expert that provides psychological disability assessments for Social Security, Veterans' TDIU Evaluation, Personal Injury, and Divorce. Mr. Billehus also does Vocational Evaluations and School Transitional evaluations.



Alexandria Hayes, Tracey Carter, LPC, and Tom Watson, EdD, LPC, CPCS, having a wonderful time with friends and colleagues at the LPCA 2016 Annual Convention at the Stone Mountain Evergreen Resort.

Fellowship and Networking at the LPCA Annual Convention

Dr. Watson is an Assistant Professor in the Counseling Department and serves as Co-Director of Training at Argosy University, Atlanta. Dr. Watson worked as a Team Member with the Serco, Inc. contracted Marine Forces Reserve Psychological Health Outreach Program (MFR-PHOP), providing psychological health services to Marine and Navy reservists and their families, primarily in the Atlantic Region (Maryland to Florida). Dr. Watson shared the Serco Regional and Global Pulse Awards for Impact with his MFR-PHOP team in 2010.

Tracey Taylor Carter, LPC, is the LPCA Eastern District Rep. and was awarded a \$20,000 Counseling Fellowship from NBCC and Affiliates. The goal of the program is to strengthen the infrastructure that engages diverse individuals in counseling and increases the number of professional counselors providing effective, culturally competent services to underserved populations. Tracey is currently a doctoral student in the counselor education and supervision program at Argosy University, Atlanta.

Alexandria Hayes is a student at Argosy University, Atlanta.



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2017 Spring/ Summer Training Schedule

March 11, 2017

Trauma Heroes: Sexual Implications in Play

April 15, 2017

Grief and Loss Issues in Play Therapy

Weekend 1, June 9 & 10, 2017 (Augusta, Georgia)

June 9, 2017: Foundations of Play (Theories) Level 1

June 10, 2017: Play Therapy 101 (Application and Practice)

Weekend 2, June 23 & 24, 2017 (Augusta, Georgia)

June 23, 2017: Expressive Arts in Play (Art Therapy 101)

June 24, 2017: Foundations of Play (Theories and Approaches) Level 2

Weekend 3, July 7 & 8, 2017 (Augusta, Georgia)

July 7, 2017: Assessment and Treatment
Planning in Play Therapy

July 8, 2017: Experiential Learning
in Sand Tray 101

Weekend 4, July 21 & 22, 2017
(Augusta, Georgia)

July 21, 2017:

Family Play Therapy

July 22, 2017: Sand Tray 102/
Expressive Arts in Play Therapy (Music)



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BROOKHAVEN: Atlanta Psychotherapy Associates, a practice of seven independent professionals, seeks colleagues. Offices are 15' x 4' with 15' of windows. One office available immediately; the other available May 1, 2017. For more information, contact **Sherry McHenry**, PhD, 2801 Buford Hwy. NE, Suite 505, Brookhaven, GA 30329. (404) 633-2475 ext. 1.

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