Black Mental Health TODAY

Summer/Vol. 4/2022



A Primer For White Allies

WHO WANT TO IMMERSE THEMSELVES IN RACIAL JUSTICE WORK

Back Where They Started

When adults return to their parents' homes, boundaries and emotions must be managed

She Once Saved Lives. Now She Helps Transform Them

One woman's heroic act leads her to teach others about compassion and pandemic-induced trauma

Public Bliss Private Hell

The duality of high-functioning depression



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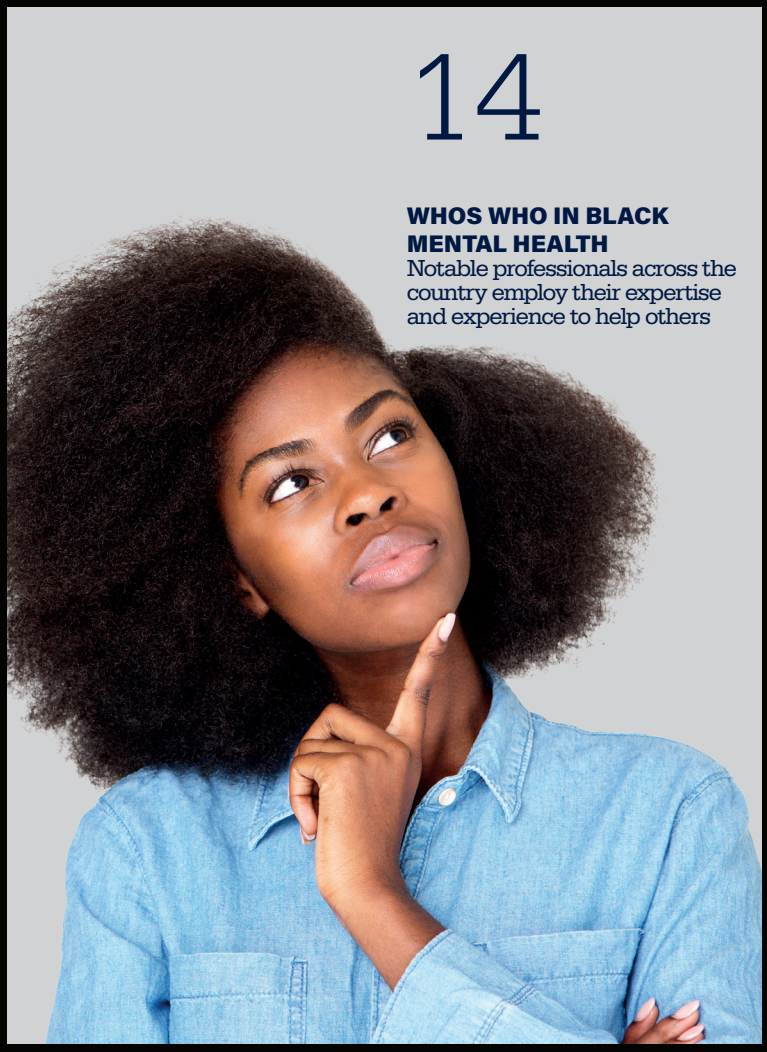
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Black Mental Health Today

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Black Mental Health Today is a print and digital publication produced four times a year.

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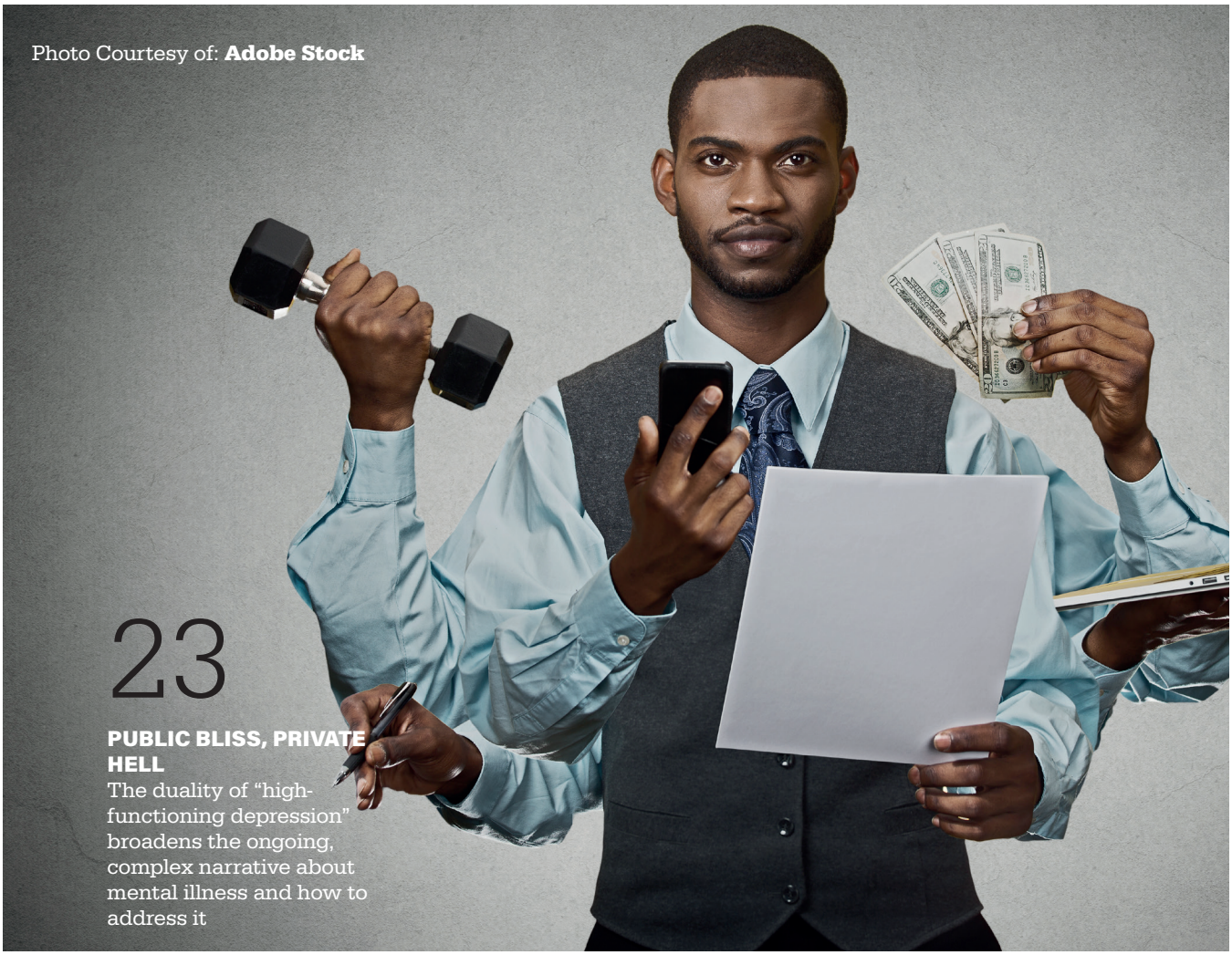


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Letter From the Publisher





LaTonya Summers, Ph.D.

Like clockwork, something physically comes over me every late July. There's nothing I do to bring it on, I just feel it in my bones, and in my spirit. Then I look at the calendar to confirm that what I call the Leo rising is in effect. It's when I feel the most brilliant, powerful, strong, beautiful and creative. It was then, last year, when Black Mental Health Today magazine was born.

I remember sending a LinkedIn message to Constance Brossa, an editor I worked under several years ago when I was a freelance magazine writer. I told her about a crazy idea I had for a magazine and asked if she would serve as its editor. "I read scholarly journals for work, but I love Essence. I want the magazine to be both. Will you help me launch it?" I asked. Like every idea I have, I knew it was farfetched and I expected Constance to reel me back in, or at least give me a more sensible idea. Instead, she said yes! I wonder if she's a Leo, too. Together, we found an amazing team of writers and we stretched my husband Nathan's graphic design skills to include magazine layout.

What you're seeing is the culmination of an idea, an ask and support. For many of us, ideas come a dime a dozen, but the courage to ask and gather support isn't so easy to come by. I hope this issue inspires you to grab hold of your ideas, ask the right person to help bring them out of you and find a team of people who can help you keep them going.

Please enjoy reading this issue where we quash the Black-people-can't-work-together claim in "How to Build a Business as a Couple" (page 17), about couples in business together. We also explore phenomena that impact our mental health: Black adult children staying home longer than anticipated in "Back Where They Started" (page 9); the pros and cons of white allyship in "A Primer for White Allies," (page 25); and our cover story, "Public Bliss, Private Hell," (page 23) that shatters the Black-don't-crack myth.

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Mind & Money /

PLIGHT OF THE SOLE PROVIDER

— For the female breadwinner, taking care of self is just as important as taking care of business

Article by **Chasity Chandler**
Photo courtesy of **Nappy.com**

In our culture, being a "strong" Black woman is viewed in many ways. Many of us are the products of broken homes, parents who never married and running our own homes as single mothers.

And when it comes to dating, one of the most controversial topics regarding Black women and the people they date is who makes the most money. This is often the concern of male-identified partners due to the expectation of "being a provider" and being able to take care of the home. Some believe this contributes to male-identified partners being intimidated by how Black women show up in the dating realm and the relationships.

In 2018, according to the Institute for Women's Policy Research, three out of four Black mothers were the breadwinners of their families. This statistic included both single mothers and those who were with partners.

Many things contribute to Black women becoming the main breadwinners including the institution of slavery and thought processes such as, "We don't need a man/partner and can do it by ourselves," passed on from generation to generation.

"Getting to the bag," a reference to earning money, is often the goal, but it comes with a cost. Unfortunately, the cost isn't always visible or verbalized to others. I've interviewed D. Renee Smith, owner of Transformational Living Coaching and Consulting and a colleague whom I respect dearly, about this issue. She is not only about her bag but is just as dedicated to her business. She's in the business of helping women with their "bags," and offers the following tips:

- Outsource tasks.
- Utilize a support system.
- Take time off.
- Spend time with yourself.

We sometimes get into the habit of wanting to do everything ourselves. I'm not sure if this is due to a scarcity mindset or because we've been taught this is how we get things done the way we want them. However, there is so much value in outsourcing and hiring people who can lighten the load. This will help to create that balance we so desire and deserve.

The same can be said about utilizing our support system and taking time off. This means putting the laptops away and letting those emails wait. If you're on vacation, be on vacation. Making time for yourself and honoring that, without feeling guilty or overextending yourself, for nonessential obligations is necessary.

Being a breadwinner is great, Sis, but you – a beautiful, brilliant individual – are invaluable. Take care of yourself. You only get one you!

Chasity Chandler is CEO and owner of the Center for Sexual Health and Wellness in Florida, New Jersey and Massachusetts. She is a relationship and sex therapist with more than 20 years of experience in the helping field.

Clinical Entrepreneurship /

MONETIZE YOUR PASSION THROUGH PODCASTING

— Extend reach and accessibility to care for those in need, while leveraging financial gains, from this digital form of communication

Article by **Dwayne Buckingham**
Photo courtesy of Unsplash.com



Podcasting has significantly changed how millions of individuals are informed and entertained around the world. Approximately 100 million people listen to podcasts daily, and the industry is estimated to be worth $1 billion.

First, what is podcasting?

Podcasting is the preparation and distribution of audio or MP3 files over the internet. Listeners typically access the audio files from a website and listen to them on their mobile phones, computers or digital audio players. Podcasting initially hit the market in the 1980s in the form of audio blogs and quickly grew in popularity during the early 2000s, aided by technology such as broadband, the internet and portable digital audio players such as iPods.

Podcasting can be used to reduce health care disparities, such as access to care. Black people have a long history of trauma and, unfortunately, therapy has not readily been accessible or available to many due to poverty and systematic racism. So, how do we reach individuals who could benefit from the knowledge that we possess as behavioral health experts?

The answer is simple: Create podcasts and other forms of digital communication to extend our reach and accessibility. Here are two popular podcasts that provide access to high-quality mental health information.

'Therapy for Black Girls'
Joy Harden Bradford, Ph.D., a licensed psychologist, hosts this podcast that discusses mental health topics including racial trauma and personal development among Black women. Listeners receive expert advice from Bradford and other mental health professionals who frequent her show.

'The Breakdown With Dr. Earl'
Erlanger "Earl" Turner, Ph.D., is a licensed psychologist, psychology professor, author and nationally recognized mental health expert. "The Breakdown" focuses on topics related to Black boys and men such as wellness, mental health, parenting and personal development.

What skills, tools are needed?
When asked this question, I often smile and reply, "Passion, a computer and microphone." A large percentage of mental health professionals are skilled at empowering people and often serve with a high degree of passion. In researching what it takes to launch a successful podcast, I found passion is the greatest skill that is needed. Your podcast should be birthed from your desire to speak passionately about topics that matter to you and others. Also, communicate with conviction and seek to address the pain points of your audience. These are elements of a successful podcast.

By the way, you can launch and host your podcast from your home or office with a computer, and a microphone that costs $100 or less. Also, you will need audio-editing software. Free editing software, such as GarageBand, is available. Additionally, you will need a conference hosting service such as Zoom if you desire to host guests virtually. Finally, you must select a podcast hosting service – such as Anchor and Buzzsprout – where your podcasts will be stored and distributed.

Steps for monetizing podcasts

- Platforms like Spotify and Apple Podcasts pay for streams, so you can monetize podcasting by growing your audiences and increasing live streams.

- Offer a tiered-membership program through Patreon, a platform for content creators including podcasters, that allows them to create different tiers for fans. Fans pay for content based on tier levels.

- Host a live podcast on YouTube and monetize the event by enabling ads and accepting payments from fans. YouTube's Super Chat feature allows individuals to accept payments, but you must be accepted to YouTube's Partner Program to accept payments.

- Facilitate a live tip-based training on Zoom or Facebook. Host a podcast episode and provide your Cash App or a "tip URL" in your show notes so your fans can support you by tipping.

> "A large percentage of mental health professionals are skilled at empowering people and often serve with a high degree of passion.

As mental health challenges accelerate within the Black community, Black mental health professionals should use podcasts to share our expertise with those in need. We can do good for others while monetizing our passion.

Dwayne Buckingham, Ph.D., is a clinical psychotherapist, decorated veteran and multibusiness owner, ICF-certified coach, business consultant and CEO of Buckingham Consulting Group LLC. You can reach him at @ DrDwayneBuckingham on Facebook, Instagram and Twitter, and at www.drbuckingham.com or www.buckinghamcgroup.com.



FEATURE /

BACK WHERE THEY STARTED

— When adults return to their parents' homes, boundaries must be managed – along with emotions and expectations

Article by **Nedra Rhone**
Photos courtesy of **Latricia Greene and Sydney Royes**



Jeffrey Greene and his family are living with his mother, Latricia, above right, in the home where Jeffrey grew up.

The first time Latricia Greene's adult son moved back to her home in Atlanta, he was in transition. "I felt like he was moving too fast," says Greene of her son Jeffrey, 24, who had recently gotten engaged.

It was August 2020, the height of a global pandemic, and her son and his new wife were expecting their first child and wanted to save up for a home of their own. So, Jeffrey asked Greene if he could return to his childhood home along with his family.

About a year later, Jeffrey and his wife struck out on their own, but in December 2021 they were back at Greene's house. Jeffrey had resigned from his job as a firefighter – he wants to be an entrepreneur and has started a dog training business – and he and his wife were expecting their second child by then.

"It was an adjustment for me to try to make my home comfortable for them and to let them know that this was their home, too," Greene says. "We talked about the rules of the household." But Greene knew the conversation had to extend beyond chores, rent and expected behaviors. It also meant making sure her son and his family had a plan for moving out.

For the child living at home, positive communication with parents can help overcome the challenges of creating an adult identity during a transitional time, but parents also experience significant impacts when their children return home.

Greene charged them $500 per adult, per month. Her daughter-in-law assumed cooking duties because she enjoys preparing meals. They each had designated days to do their laundry. Greene made sure her son and his wife understood some things were non-negotiable: Greene would not be taking out the trash and she expected the common rooms to be neat and orderly.

Life 'changed tremendously'

Still, the pandemic presented some challenges. Everyone didn't agree on vaccinations for COVID-19, for example. "Young people didn't believe COVID existed," says Greene, who got the vaccine because of underlying medical conditions. Greene also felt the pandemic was part of why her son was back at home.

"I am watching how everybody changed tremendously during COVID," Greene says. "There is a lot of pressure." Young people want to be



independent, but they are not always willing to take the necessary steps to get there. It is not as easy as they think it is. They have to put in the work," says Greene.

In May 2021, a group of researchers studied the growing phenomenon of adults between the ages of 22 and 31 moving back in with their parents. The study, which was launched before the pandemic, explored the dynamics of adult children living at home, but researchers acknowledged the pandemic's impact on the trend.

"People move back in with their parents for a lot of reasons and the trend is increasing due to the COVID-19 pandemic and related to economic woes," said Lynsey Romo in a statement. Romo is co-author of the study and associate professor of communication at North Carolina State University.

The study revealed that framing multigenerational living in a positive light went far in helping everyone manage the situation.

Atlanta-based Sydney Royes is a licensed clinical social worker who works with several families whose adult children live in their parents' homes. She emphasizes the importance of setting boundaries and managing expectations.

"Establishing good boundaries, physical and emotional, and really clearly defining them is key so both people know what the expectations are," Royes says. She tells her clients to be proactive in setting expectations for the division of labor, financial responsibilities, behaviors and timelines.

Reconciling dreams, realities

For the child living at home, positive communication with parents can help overcome the challenges of creating an adult identity during a transitional time, but parents also experience significant impacts when their children return home.

"When we bring these little humans into the world, we envision all these wonderful and beautiful things for them, but sometimes life has a way of operating things differently," says Royes. "We mourn the loss of all the things we had hoped and dreamed for them. We are talking about grief and loss."

Parents may also get locked in to the role of parenting when living with a child who is a legal adult. That can make it hard for parents to progress through certain milestones as they age, such as becoming empty nesters or entering retirement – a phenomenon that is magnified for Black mothers. "As Black moms, we are going to bend over backwards. It is our greatest fear that our children will end up in a place where we can't provide them with safety and security," Royes says.

Greene said it was sometimes difficult to accept her children's chosen paths in life.

"Establishing good boundaries, physical and emotional," are crucial when young adults move in with their parents, says Sydney Royes.

"My kids are doing the opposite of everything I thought they would do," Greene says. "That is a harsh reality." Before Jeffrey returned, Greene was an empty nester. The youngest of her four children had decided to move across the country to live with his father. Greene was approaching 50 and had a lot of different emotions about living alone, but she was adjusting.

"I had finally gotten to the point in my life where the house was a little

peaceful," she recalls. "It was kind of cool to just think about myself."

Then she fell and broke her ankle. Greene ended up with two plates and 13 screws in her left ankle. Friends came to help her navigate while her ankle healed, but she was on her own by the time her son called with his request to return home.

Having her son at home helped Greene during her recovery but has also unearthed profound revelations. During one conversation, Jeffrey told Greene he realized that being a parent was about so much more than finances. He also prompted Greene to reflect on her own parenting.

"Mom, no shots at you, but you were gone a lot," he said to Greene.

"I had nobody to rely on physically. I felt I had to work," says Greene, a former cosmetologist who once worked long hours. "If I had to do it all over again, I told my kids, I would have worked less" and had more faith that she would find a better way to provide for her children.

While she can't undo the past, Greene does feel they can all help each other by working together as a family now. "I really think in the times we are living in that families do need to come together. Especially if you can respect each other."

Jeffrey got a new job in sales. He and his wife have set a goal of saving $10,000 before moving out again. Greene says she is encouraged by watching them operate on a budget, and she might even assist with child care now that her daughter-in-law is returning to work.

Their lives are not the picture she had of them all living close to one another on a family-owned plot of land, but Greene hopes that dream may still come true.

Nedra Rhone is a columnist in metro Atlanta who has written about a range of topics including education, entertainment, personal finance, the environment and culture.

Photo Courtesy of: **Adobe Stock**



FEATURE /

THE ANTIDOTE FOR RACIALLY INDUCED TRAUMA? SOME SAY IT'S YOGA

— Proponents want to see more Black people allay their anxieties through regular use of this mental, physical and spiritual practice

by **Virginia Brown**
Photos courtesy of **Patrice Graham and Kristine Weber**

While logging her 200 training hours to become a yoga instructor, Patrice Graham found a personal connection to the trauma-informed practice.

"Trauma-informed yoga typically focuses on veterans, but I thought it was perfect for me to focus on, because I think that to be Black in America is to live a traumatic experience," she says. "As a Black woman, I know firsthand how that feels, and I wanted to bring (yoga) to Black women specifically."

In 2017, she founded Colors of Yoga, an inclusive yoga community in Raleigh, North Carolina, and has taught virtual yoga sessions at the Black Mental Health Symposium. "When you think of yoga, you're usually thinking of skinny, blonde, white women," she says. "I think just by changing the face of yoga and changing who's teaching yoga, we can help make it more accessible for different people to connect."

Exposure to trauma, whether as a witness or direct victim, is a daily reality for many Black Americans, and research shows a link between race-related stress and anxiety disorders, cardiovascular issues, immunological functioning and sleep disturbances – all of which can adversely affect daily functioning.

Yoga focuses on mindful movements, intentional breathing and creating harmony between the mind and body. "Especially after trauma, the most important thing is to notice the difference between an activated state and a relaxed state," says Graham. "So many people are living their lives very activated and unaware that there is another option."

Despite its known benefits, yoga isn't universally practiced by the demographics that could benefit most from it. According to the Centers for Disease Control and Prevention, non-Hispanic Black people are less likely to turn to yoga than their non-Hispanic white counterparts.

Black men in particular could benefit from yoga, since research shows 56% to 74% of Black males exposed to traumatic events may have an unmet need for mental health services.

Compassion for the body

"Slow, mindful movement is really different (from other exercises), and it bathes your system in feelings of kindness, compassion and nurturing and all the things that people need when they are trying to recover from trauma," says Kristine Weber, founder of Subtle Yoga in Asheville, North Carolina, who guides trauma-informed yoga sessions and teaches mental health professionals to incorporate yoga into their clinical practices.

"Recovering from trauma requires a kind and compassionate attitude to your body, so that you're giving the nervous system signals that specifically and directly contradict the fight-or-flight response."

Slow, mindful movement in yoga is different from other forms of exercise, which have also proven to counter feelings of anxiety and depression. "When you're running, you're just in fight-or-flight (mode) ... similar things



Kristine Weber guides trauma-informed yoga sessions and teaches mental health professionals how to incorporate yoga into their clinical practices.

are happening neurochemically in the system, so you need something that counteracts that."

Typical trauma-informed yoga sessions include holding and repeating certain postures, or asanas, that slowly and carefully address the lived experience, and eventually center on concentrated breathing. "With trauma and anxiety, I don't start people out with the breath, because often that breath is triggering and can remind them of the survival that they had to go through during that specific trauma," Weber says.

"We get to the breath, but it takes a little longer. We have to unravel a bunch of stuff in the nervous system first, so we go really slow and mindfully so we feel the sensations in the body as we're working in the poses," she says. "The breath is how you access the autonomic nervous system, which is responsible for that fight-or-flight response."

Forward bends and twisting poses help to reduce the hyperarousal of the nervous system, which then reduces anxiety and stress. Reclining or backbend poses like cobra or warrior one help create an uplifting effect.

Though she works to create safe spaces for anyone who suffers from anxiety, depression or trauma, Weber notes it is especially difficult to get men interested in yoga, since they often view yoga as wimpy or designed for women, she says.

Graham says for yoga to gain traction in the Black community, education is key. "Especially in the South, I think that Black people are predominantly very Christian. And there is a lot of mistrust around yoga and religion," she says, since yoga has roots in Eastern, non-Christian cultures.

Heightened response, awareness

Following the trauma of George Floyd's murder, Graham began noticing a physical tension when she was around white people.

> "Yoga focuses on mindful movements, intentional breathing and creating harmony between the mind and body.

"A lot of folks were being extra friendly. I think that was their response to George Floyd, but I am a pretty chill person, so I felt like, if it's happening to me, I imagine that much more is happening for other Black bodies."

In response to George Floyd's murder, Philadelphia-based yoga practitioner and guide Adriana Adelé offered a free, outdoor yoga series for protestors as a way to address the associated racial trauma.

She also offers 90-minute restorative sessions especially for Black people that consist of gentle reclined and seated movement, focused breathing techniques and yoga.

"Through yoga, I hold space for intentional movement, deep rest, Black well-being, disruption of toxic dominant narratives ... and affirmation of our eternal divine wholeness as individuals and in service of collective liberation," Adelé says on her website.

Mental health professionals can find trauma-informed yoga practitioners in their community through the International Association of Yoga Therapists.

"It's not just about physicians or clinicians telling people to go do yoga," Weber says. "It's about really understanding what yoga can do for them and finding the right practitioners in your community."



"I think just by changing ... who's teaching yoga, we can help make it more accessible for different people to connect," says Patrice Graham, founder of Colors of Yoga in North Carolina.

Virginia Brown is a freelance writer based in Little Rock, Arkansas. Her website is vbwrites.com.



WHO'S WHO IN BLACK MENTAL HEALTH

Notable professionals across the country employ their expertise and experience to help others

By Yvonne Ward



CONSTANCE PERKINS

Constance "Connie" Perkins is a licensed clinical social worker who launched Perkins Counseling & Consulting in Charlotte, North Carolina, in 2021. Perkins earned her bachelor's in psychology from Michigan State University and her master's in social work from Temple University. She is pursuing her doctorate in social work at Simmons University in Boston.

Perkins' professional career began with a fellowship at the Yale Child Study Center. For more than 30 years, she has practiced in hospitals, schools and outpatient psychotherapy settings where she developed programs and training focusing on children and families. Perkins specializes in chronic illness, anxiety and depressive disorders using cognitive behavioral, dialectical behavioral and mindfulness therapy techniques.

"It is important that clinicians practice from an anti-oppressive and antiracist perspective," says Perkins, "with an awareness of the power differential in the therapeutic relationship and consideration for the intersectionality of our clients when assessing, diagnosing and treatment planning."



WESLEY JACKSON WADE

Wesley Jackson Wade is a licensed clinical mental health counselor, a licensed clinical addictions specialist, a certified clinical mental health counselor and a nationally certified counselor.

He owns and operates Forward Counseling and Consulting in Chapel Hill, North Carolina; collaborates as a neurodiversity consultant with Genius Within CIC, which helps neurominorities fulfill their potential in employment and their careers; and serves on advisory councils for Neuro-Guides and the Lego Foundation.

Wade is wrapping up work on his doctorate in counseling and counselor education from N.C. State University in Raleigh.

"I took a gamble going back to school for a master's in counseling," says Wade.

"There is a lot more that we can do besides the job. You have to bet on yourself to strengthen yourself. There are ways to stack the deck a little bit in our favor. I took a leap of faith and invested in myself."



S. KENT BUTLER JR.

S. Kent Butler Jr., is a professor of counselor education at the University of Central Florida. He is also president of the American Counseling Association and an American Counseling Association fellow.

He has also been the Association for Multicultural Counseling and Development's president. an ACA Governing Council representative, and he is a member of AMCD's Multicultural Counseling Competencies Revisions Committee.

Butler formerly served the University of Central Florida as the interim chief equity, inclusion and diversity officer, and was a National Association of Chief Diversity Officer in Higher Education fellow (2020-2021). He is faculty adviser to Chi Sigma Iota International Honor Society, the Counselor Education Doctoral Student Organization, Project for Haiti Knights and the NAACP.

Butler earned a doctorate in educational psychology from the University of Connecticut.
"I am here to show up, shake things up and bring other people into the equation as well," he says.



YASMIN GAY

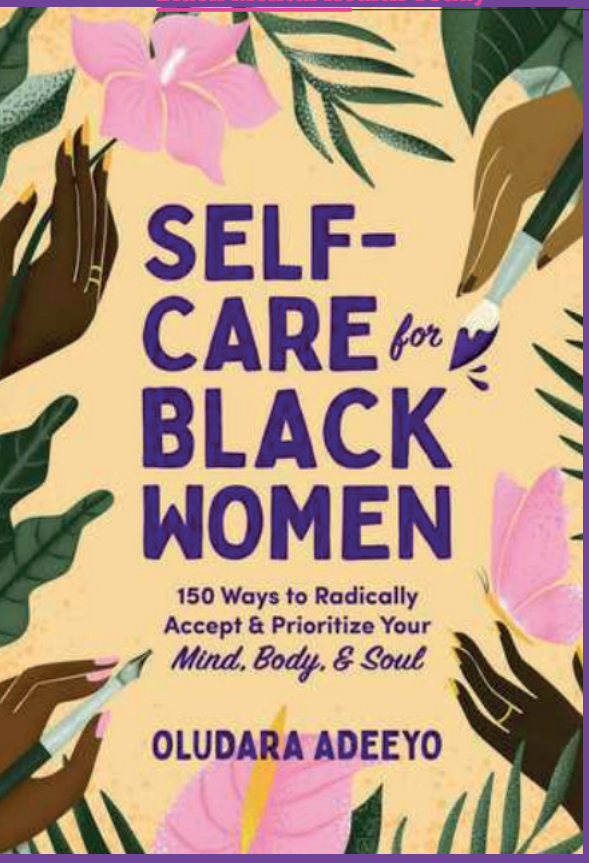
Yasmin Gay is a licensed clinical addictions specialist, licensed clinical mental health counselor, master addictions counselor, certified clinical trauma professional, certified rehabilitation counselor, certified clinical supervisor and certified criminal justice addictions professional.

Gay is also an assistant professor in the surgery department at Wake Forest School of Medicine in Winston-Salem, North Carolina, providing clinical supervision and mentoring.

"Clinicians treat the invisible wounds of the individuals we serve," says Gay. "It is our responsibility to gain insight regarding those wounds by being open to the experience and exposure of our clients' views, perspectives and journey.

"I am a firm believer that what we believe is how we will practice, and if we are not open to all possibilities of providing client-specific mental health care, then we will indeed do a disservice to our clients and the community at large."

Yvonne Ward is a licensed clinical mental health counselor, a licensed clinical addictions specialist, a certified clinical supervisor, a qualified supervisor and a national certified counselor.



Book Review /

'SELF-CARE FOR BLACK WOMEN'

by **LaTacia Ruff**

Self-care is indisputably necessary, perhaps more so for Black women. Anything intentionally done to maintain your health and well-being is self-care. Although people are free to book a massage, get a pedicure or take a vacation, spending money is not the only way to be deliberate about your well-being.

Author Oludara Adeeyo explains why self-care is important and offers several options that make committing to deliberate daily self-care realistic in her book, "Self-Care for Black Women: 150 Ways to Radically Accept and Prioritize Your Mind, Body and Soul." Adeeyo resides in California where she serves as a clinical social worker attending to the mental health issues of undomiciled individuals.

Adeeyo welcomes her readers in a familiar voice by greeting us with a "Hey, Sis" and using other colloquialisms and gestures common to Black culture such as "*sucks teeth*" (often used to express disgust, disappointment and frustration). Terms such as "race-based traumatic stress" and "radical self-care" are defined while drawing readers in with an explanation of Adeeyo's theoretical stance on employing a holistic approach to practicing self-care. Her self-care method is straightforward: Use simple strategies that help individuals feel balanced as they foster a rejuvenation of the mind, body and soul.

The remainder of the book is divided into three parts: mind, body and soul, providing self-care tactics specific to each. These techniques incorporate things that are readily accessible. For instance, in part one about the mind, readers are encouraged to practice deep breathing, journaling and grounding techniques such as connecting with your five senses, that are fan favorites for most therapists. Also included are methods such as ignoring your mobile devices in the mornings and reading for leisure.

Adeeyo offers other effortless options in part two on the body, such as oiling your scalp and taking a nap. In part three on the soul, readers are prompted to take themselves on a date, travel somewhere alone and care for someone else by volunteering regularly in a place of importance to them.

> "Although people are free to book a massage, get a pedicure or take a vacation, spending money is not the only way to be deliberate about your well-being."

Is this a book that therapists are urged to assign to their clients for use as an at-home guide? I cannot fully endorse it for that purpose. As mental health providers, we are trained to avoid causing undue harm to our clients. Some strategies such as "Heal Your Inner Child" are not a process heavily advised for clients to undergo on their own. Even though this approach acknowledges self-care is not always neat and pleasant, it also requires readers to dig deeper and prepare for the possibility of experiencing emotional distress. Such actions are useful for certain therapeutic processes but might be severely triggering for people unequipped to handle these methods without professional assistance.

However, this is definitely a book that clinicians should use for suggesting ways to promote self-care to their clients. Remember, self-care is a daily necessity for holistically managing your well-being.

LaTacia Ruff, Ph.D., is on a mission to normalize mental health and debunk myths associated with mental health through her program, Candid Conversations. Learn more at www.choose-ccc.com.

LOVE &
RELATIONSHIPS/

HOW TO BUILD A BUSINESS AS A COUPLE

— The pandemic has taught us to come to terms with roles and expectations, and establish boundaries



Article by **Chasity Chandler**
Photo courtesy of Pexel.com

We've come so far regarding what relationships are supposed to look like and the roles of those involved. So many want to build and grow with their partners. Becoming a couple of power and influence is one of the most common #CoupleGoals. But a power couple is about more than cute clothes, fly cars and Instagram followers. Building generational wealth, establishing a legacy and creating influence that leverages opportunities for those coming behind them are the true hallmarks of power couples.

The pandemic is an unprecedented occurrence we've experienced simultaneously, with no blueprint for how to do life when it was turned upside down. According to a Bloomberg article, the percentage of Black entrepreneurs rose by 38% compared to pre-COVID rates.

As a relationship and sex therapist, I can say couples have been tested in many ways during this pandemic. Living together and being under the same roof 24/7 and balancing the kids, family, work and life with no outside interaction created strains in everyday functioning and intimacy. For those who worked together, this situation was compounded.

Following is some vital advice and input I gleaned from my candid conversations with Tashika Moore, a bachelor's-level social worker, and Paul Williams, a friend and colleague.

Be clear about roles
According to Moore, who's also a real estate wholesaler in business with her husband, it's essential to ensure that the business' roles are clear. As we know, communication is key. Having the skills and tools to foster understanding between partners will prove to be priceless as you are faced with the ups and downs of being in business.

Agree on the company's finances
Many have issues about money that not only impact their businesses but their relationships. Moore says being on the same page about finances in the company is important. Having a plan about how the earnings will be spent and paid out, and what will be done with the profits, is crucial. Working with a CPA on a plan and a budget can also be helpful.

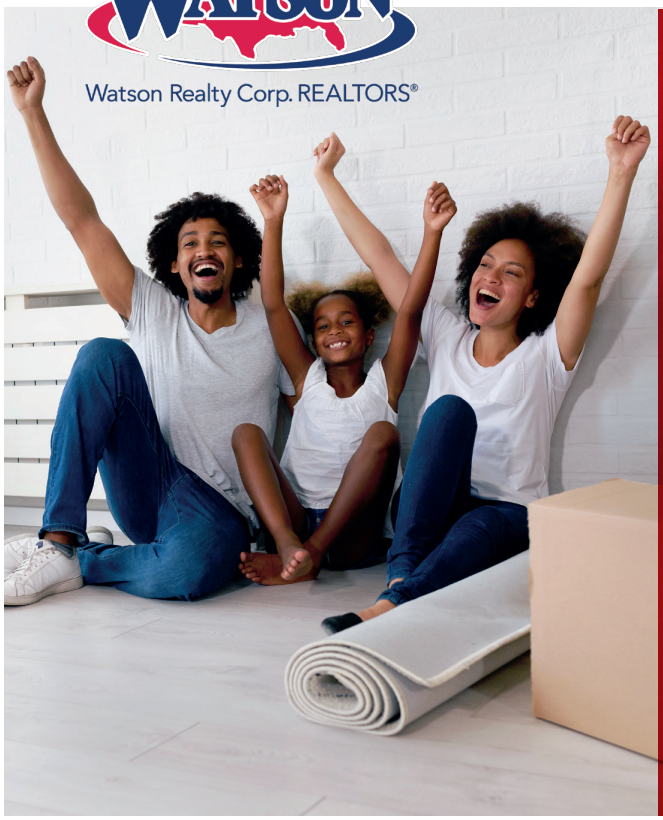
Create balance and separation
Paul "Bashae" Williams, co-founder with his wife of When Love Aligns, a relationship coaching platform, says working with partners during the pandemic was more challenging because it was nearly impossible to retreat. It forced partners to trust each other. It created an opportunity to grow and delegate tasks. This freed up time for partners to realize they didn't have to try to do everything.

Building and growing with your partner can be wonderful. But you should both agree about roles and expectations, and create ways for the business and the relationship to flourish.

Chasity Chandler is CEO and owner of the Center for Sexual Health and Wellness in Florida, New Jersey and Massachusetts. She is a relationship and sex therapist with more than 20 years of experience in the helping field.

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FEATURE /

SHE ONCE SAVED LIVES. NOW SHE HELPS TRANSFORM THEM

— One woman's heroic act during a hostage situation leads her to teach others about compassion, confidence and control, keys to combating pandemic-induced trauma

Article by **Vanessa Infanzon**
Photos courtesy of **Antoinette Tuff and Dwayne Brown**



Antoinette Tuff speaks to corporations and school districts about diversity, inclusion and psychological safety.



Hostage situations, like the one Antoinette Tuff encountered in 2013, often include a heavy police presence. Photo courtesy of Shutterstock

On Aug. 20, 2013, Antoinette Tuff, the bookkeeper at R.E. McNair Discovery Learning Academy in Decatur, Georgia, was taken hostage by a 20-year-old man reportedly carrying an AK-47 with more than 500 rounds of ammunition.

Tuff credits compassion, confidence and control – what she calls Tuff Tactics – for saving the day. In those frightening moments with the gunman, Tuff remained calm, convincing him to give her the weapon. She connected with him on a personal level. All 1,000 students and staff at the school stayed safe that day.

After the hostage situation, Tuff felt pulled to do something different. In 2013, she launched her own company using the Tuff Tactics she developed: compassion, confidence and control. "From 2013 to 2021, I worked for God," Tuff says. "What I realized from being held hostage was that I was able to make it an inclusive environment."

She speaks to corporations, nonprofits and school districts about diversity, inclusion and psychological safety to reconnect leadership teams to their employees. Her goal is to make sure everyone feels appreciated and valued. "We do team building," she says. "We build cohesion within the organization and bring about inclusion within the organization."

More anxiety, depression

Mental Health America's recent study shows the number of people screening for anxiety and depression has increased significantly since 2020. Between January and September, 315,220 people were screened for anxiety, a 93% increase over the 2019 total number of anxiety screens. For the same period, 534,784 people screened for depression, a 62% increase over the 2019 total number of depression screens.

Black or African American screeners saw an overall increase in screenings, from 33,696 in 2019 to 91,170 in 2020. The average rate of moderate to severe anxiety among Black or African American screeners increased from 70% to 78%, and symptoms of moderate to severe depression increased from 77% to 84% from February to September in 2020, according to MHA's report. The top three concerns for Black or African American screeners were loneliness and isolation (69.24%), past trauma (53.1%) and relationship problems (42.58%).

Unfortunately, mental health professionals aren't immune from the effects of pandemic trauma, or stress, burnout and uncertainty. And according to the American Psychological Association, mental health professionals are at full capacity with longer waiting lists of patients



Dwayne Brown, a licensed clinical social worker, says it's hard for Black and brown mental health professionals to manage the increased demands on their time.

Continued on pg. 22



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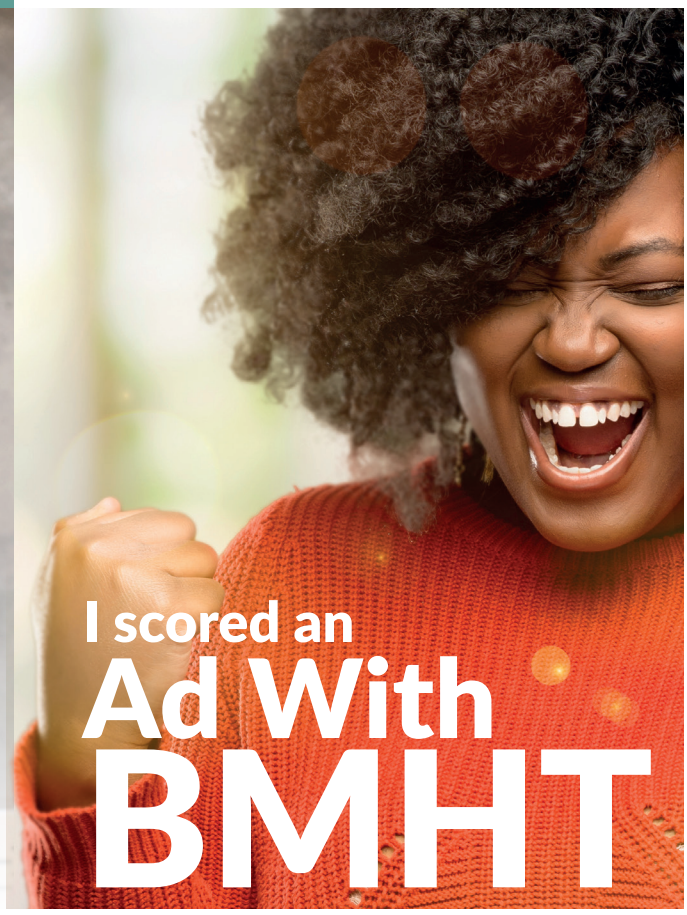
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Review of applications has begun and will continue until the position is filled. In accordance with applicable provisions of federal law, applicants for employment who are in agreement with the educational mission of LeTourneau University and applicants for admission to educational programs or activities are considered without discrimination on the basis of race, age, sex, handicapping condition, national origin, or genetic information.

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Continued from pg. 20

than in the past.

For counselors, social workers and therapists in need of methods to manage their pandemic trauma, Tuff offers some pertinent advice.

The gift of compassion

When Tuff speaks to corporate clients about compassion, she focuses on connecting and empathizing with others in the workplace. She promotes being flexible and offering employees support in a crisis. Mental health professionals can also extend compassion to themselves."Take care of yourself in small bites," Tuff says. "Stop for a moment and take a breath. It's all right to take care of you."

Tuff urges mental health professionals to engage in self-care. She likens self-care to what a flight attendant says before an airplane takes off: "In case of an emergency, put on your mask first." If mental health professionals aren't healthy, they won't be able to help others, she says.

In her "Living on Purpose" workshops for women, Tuff recommends Mommy Time: Listen to music, breathe, talk to your higher power and sit in the car for a few minutes before you go into the house or the office. "You got to take a moment," she says. "That goes for males and females."

The power of confidence

In 2013, Tuff thought it was a joke when the gunman entered the elementary school where she worked. Once it became clear it wasn't a prank, she instantly acted with a confidence she didn't realize she had.

The average rate of moderate to severe anxiety among Black or African American screeners increased from 70% to 78%, and symptoms of moderate to severe depression increased from 77% to 84% from February to September in 2020, according to a report by Mental Health America.

People walking into a practitioner's office want someone who is confident in what they say and do. "It's not until someone comes to you with their emergency that it becomes your urgency," Tuff says. "They're looking for you to have compassion for them, confidence in what you're about to tell them, and they're looking for you to be in control of the situation."

Confidence building, according to Tuff, occurs in several ways. She recommends surrounding yourself with a like-minded community that is going to support you, and finding a group of powerful men and women who will help you walk your purpose and be a servant to others.

The reality of control

Tuff wasn't under any illusion she was in control the day the gunman walked into her school. She prayed she and the children would go home at the end of the day. Her priority was to keep everyone safe. The experience prompted Tuff to teach others to ask themselves, "Is what I am about to do going to bring life or is it going to bring death?" She suggests changing your point of view: Water down the issue rather than make it a mountain, she says. "You've got to be able to put things in perspective," Tuff says, "and always put you first."

In 2014, Tuff founded Kids on the Move for Success, a nonprofit supporting children by applying Tuff Tactics. That same year, Tuff wrote about the harrowing hostage experience in "Prepared for a Purpose." Lifetime TV produced the movie "Faith Under Fire" in 2018, starring Toni Braxton as Tuff during the hostage situation. Tuff has been the recipient of awards from organizations including Delta Sigma Theta and the Foundation for Improvement of Justice.

Tuff grew up in Washington, D.C., and moved to Georgia in 1995. She has two adult children and two grandchildren. She is the keynote speaker at this year's Black Mental Health Symposium, whose founder, LaTonya Summers, is also publisher of Black Mental Health Today magazine.

In early 2021, Tuff returned as the bookkeeper at McNair, the elementary school where she was held hostage. "It put me in a place to support them on the ground in the schools," she says. "I'm whatever they need at the school. I make sure when they come in those doors, they're healthy and when they leave, they're healthy."

'Hard for us to say no'

Dwayne Brown, a licensed clinical social worker, offers telehealth through his private practice, Brown Group Wellness, based in New York City and Narrowsburg, New York. He's taught workshops to mental health professionals about combatting burnout and compassion fatigue using coping skills and self-care.

Brown recognizes the effects of the pandemic on Black and brown mental health professionals. It's meant more cases and daunting issues, all within a short time. "It's hard for us to say no," he says. "We'll take things on, not paying attention to our bandwidth. We're almost held hostage because we're not respecting our capacity. We get called to action and we just move."

Vacations and spa days don't fight burnout, says Brown. It's the everyday care such as drinking eight glasses of water; sleeping seven to eight hours each night; spending quality time with family and friends; getting your heart rate up for seven minutes, three times a week; and turning off work at the end of the day. "Stay in tune with your needs," Brown says. "Stay in tune with your thoughts and stay in tune to your behaviors."

Vanessa Infanzon is a freelance writer in Charlotte, North Carolina, whose wide-ranging work has been published by regional and national media outlets.

COVER /

PUBLIC BLISS, PRIVATE HELL

— The duality of "high-functioning depression" broadens the ongoing, complex narrative about mental illness and how to address it

Article by
Angie Chatman and Constance Brossa
Photos courtesy of **Myque Harris, Tierra Kirkland and Althia McLaughlin**

In the aftermath of the death of 30-year-old Cheslie Kryst, Miss USA 2019 and an Emmy-nominated television correspondent, a relatively new mental-health term emerged in 2022: high-functioning depression.

This description can't be found in the Diagnostic and Statistical Manual of Mental Health Disorders, so it's not a clinical term. Instead, high-functioning depression is a way to define the extent to which people are struggling. It captures the idea that people can have a mental illness and still look and behave as normal.

Tierra Kirkland, a mental health clinician with Hope Community Clinic at Project 658 in Charlotte, North Carolina, sees high-functioning depression "as someone experiencing symptoms of depression but is able to function in a way that is less noticeable to others, as well as sometimes less noticeable to the individual because they operate with 'business as usual' while suffering internally and silently. So the individual may be perceived as being fine, but once the layers are peeled they are not."

Some mental health professionals disagree about how useful the colloquial term is. Some think it helps people realize they're not alone. Others believe it helps to raise awareness that people of wealth and fame can be depressed. Still others think the term might be viewed as a less-serious form of depression.

"Because the symptoms of high-functioning depression can appear less severe than those of chronic, severe, major depression," says Althia McLaughlin, a psychotherapist and owner of Well Way Counseling in Charlotte, "many people are unaware that they even have a problem." That's also true for family members, friends, co-workers, even strangers who interact with depressed individuals.

"High-functioning depression contradicts the image most people think of when they think of depression," says McLaughlin. "People typically envision a depressed person as someone who has a hard time getting out of bed, someone who self-isolates, someone who feels too low-energy to perform well at work or to even maintain employment."

Some high-profile athletes have admitted that although they appear normal, they have mental health issues. Many have stepped down from their highly demanding roles to address those issues. They include tennis player Naomi Osaka; gymnast Simone Biles; and NBA players Kevin Love, DeMar DeRozan and



Myque Harris says intergenerational mental health may also contribute to high-functioning depression.

Paul George. All of these successful professionals have gone public with their diagnoses and experiences with depression, anxiety and overall mental health, and have sought help.

Detecting high-functioning depression in youths can be challenging, says Kwame Dance, doctor of psychology and dean of the health-and-wellness team at Boston Arts Academy, "but there are signs. Acting up, cutting and suicide notes on paper and online, which always must be taken seriously, are some of the ways high-functioning depression manifests in young people."

Black adults can articulate their feelings but often don't because of the stigma attached to mental health disorders. However, "there's been a shift in the narrative in our communities," says Karen Craddock, Ph.D., and vice president of programs and community initiatives at The Wellness Collaborative based in Roxbury, Massachusetts. TWC is an interdisciplinary collective working to improve health outcomes of the underserved. "The murder (of) George Floyd and Breanna Taylor, and other violent, virulent and vehement examples of anti-Blackness have been on display. The consequences of those experiences on our community's mental health can no longer be ignored nor denied."

'Push-through-it' personalities

According to McLaughlin, people battling high-functioning depression have "push-through-it" personalities and "are often perfectionists who are unwilling to confront their painful emotions. Or they may feel that what they are experiencing is just in their heads. Within the Black community, the 'high-functioning' component is particularly prevalent due to the demands often placed on Black Americans to be 'strong Black women' and 'strong Black men.'"

On the job, the belief that we must work twice as hard as our white colleagues, coupled with other stressors that are common at work, can collide to trigger high-functioning depression. (And) Black people often don't feel that they have permission to 'give in' to the symptoms of mental illness."

Or as Tierra Kirkland puts it: "This idea of being strong has been the coping strategy that has been utilized to just get through, to survive."

Other contributors to high-functioning depression, says Myque Harris, a clinical mental health counselor and integrative psychotherapist with Myque Harris Therapies in Charlotte, are "lack of emotional, financial or other types of resources, like time, or access to care. Some people acknowledge that they need to address their depressed mood but admit they don't have the emotional energy, money for therapy, hours in the day or access to care to fully attend to their concerns."

Added to that, says Harris, is the issue of intergenerational mental health. "Research on intergenerational mental health shows how depression and trauma impacts different generations in similar ways. I believe this generation is not the first generation to experience high-functioning depression; it may simply be the first generation to have a name for it.

"Many Black men and women have seen their parents or family members operate in high-functioning depression. Therefore, they have been exposed to years of this behavior being modeled and it shapes their own behavior."

Treatment is crucial for healing

"(The pandemic) was a stark reminder that isolation and disconnectedness is unhealthy," says Karen Craddock, a citizen of the Aquinnah Wampanoag Tribe. "Our communities, especially Indigenous ones, are suffering."

Treatment will likely involve determining the underlying issues triggering high-function depression. "Whether it's physically or emotionally, we need to explore our underlying affliction to truly heal," says Myque Harris. "High-functioning depression is a sign that a person's "life is out of balance – and has been for too long."

Angie Chatman is a freelance writer who takes duloxetine, commonly known as Cymbalta, daily to manage her depression systems. Constance Brossa is senior editor of Black Mental Health Today.



"The individual (battling high-functioning depression) may be perceived as being fine, but once the layers are peeled they are not," says Tierra Kirkland.



FEATURE/

A PRIMER FOR WHITE ALLIES

— For starters, mental health providers who want to immerse themselves in racial justice work should confront their own issues, experts say

Antiracist allies are often described as co-conspirators or with other terms that sometimes seem to conflate antiracist work and criminality. But Meaghon E. Omobude, a graduate candidate studying clinical mental health counseling at Marymount University in Virginia, explained that the disruptive nature of antiracist work is a necessary and good thing.

"I think being an ally is often where the conversation starts and ends for most white mental health providers. We need more white mental health providers that are also willing to be accomplices," she says. "I believe white colleagues in counseling and in the mental health field overall have an obligation to use their privilege to dismantle the systems and structures that create harm for Black colleagues and clients."

Article by **Lauren Rowello**
Photo by Adobe Stock



"Black people want someone they can relate to," says Atiya Stewart, right, "and that's not always white people." Photo courtesy of Atiya Stewart

Researchers describe white allies as those who demonstrate an understanding of institutional racism and racial privilege while committing to use that privilege to create meaningful change. For example, simply promoting diversity does not make someone an ally – as diversity does not transform a currently broken system into an equitable, safe space. Allies should actively combat racism through disruption of the status quo by directly challenging harmful patterns, standards or approaches to promote equity.

'It starts with being able to listen'

White mental health providers might feel motivated to live in alignment with being an ally but often struggle to practice true allyship. "It starts with being able to listen and decenter yourself," explains Omobude, which is difficult for many white people who have not yet confronted their own issues with paternalism, saviorism and fragility.

"Seeking to undo racism while continuing to benefit from racism is a state that is impossible to fully reconcile," says Avital Isaacs, a licensed master social worker with the Manhattan Alternative Wellness Collective in New York City. "There is no amount of good-doing that exempts or extracts someone from their privilege."

She notes that decentering whiteness is ongoing work that requires constant monitoring and reflection. "I don't think that, in good faith, any white person could assure any Black person that they are a 'good ally' and be able to guarantee the veracity of the claim," says Isaacs, who is white.

Performative or shallow claims of allyship often include superficial attempts to engage in racial justice work that won't support Black people or even keep them safe, explains Atiya Stewart, who is a licensed graduate social worker with Bee Network, a virtual practice that aims to support Black clients. A good ally will not just call out other people's mistakes. Rather, Stewart says, a good ally is aware of their own limitations regarding expertise, competency and scope of practice. This includes noticing and confronting their own racist discomforts or judgments, then thinking critically about those feelings and challenging them, she says.

Many people who hope to be allies don't recognize the risks of collaborating and might back out when allyship becomes too hard. Stewart says white providers should ask themselves, "What am I willing to put on the line?" before describing themselves as allies.

Researchers say white counseling professionals should understand the goal of allyship is not to arrive at a fixed level of competence but to continually take steps to unlearn racist socialization and engage in an ongoing commitment to decentering whiteness. Assumptions made by well-intentioned providers contribute to continued disparities in the quality



"Seeking to undo racism while continuing to benefit from racism is a state that is impossible to fully reconcile," says Avital Isaacs, left. Photo courtesy of Avital Isaacs

White therapists, says JaNaé Taylor, below, should tell their Black clients to call out problematic assumptions, behavior or language. Photo courtesy of JaNaé Taylor

of care Black clients receive. These include the belief that access alone will reduce disparities and that current approaches align with the needs and preferences of people of color. Additionally, tailored treatments might not include the same approaches used for white clients.

Listening, speaking without bias

Even subtle biases can have profound impacts on the way mental health concerns of people of color are conceptualized, diagnosed and treated. Black clients, whose depression is less likely to be detected, explain that they have been mistreated and excluded when seeking mental health care and are less likely to feel their treatment for depression is adequate compared with white peers. Researchers believe disparities in quality of care result from barriers to effective communication between Black clients and providers of other races, leading to an inability to meet their needs in those settings.

"Black people want someone they can relate to, and that's not always white people," Stewart says, emphasizing that white allies should be able to refer Black clients to Black providers if it will serve those clients best.





White mental health providers often struggle with practicing true allyship, says Meaghon Omobude. Photo courtesy of Meaghon Omobude

JaNaé Taylor, Ph.D, a licensed professional counselor who provides care exclusively to Black clients at Taylor Counseling and Consulting Services in Virginia Beach, Virginia, says white therapists should set the tone for the relationship by having intentional conversations that promote safety. They should assure Black clients that the experience will be collaborative by reminding them that they are experts about their own lives; to interject if they feel misunderstood; and to call out problematic assumptions, behavior or language.

Taylor says she's had Black clients whose previous white therapists made stereotypical generalizations, such as projecting the idea that a strained relationship with a father meant he was estranged or incarcerated. "They need to be able to sit in the space and trust that their story is not going to be taken away from them or transformed into something that isn't true," she adds. She explained that nuance and body language are often cultural competencies that get overlooked by people who hope to be allies, and when these aspects of communication are misunderstood, Black colleagues and clients suffer.

For example, she's been disappointed when white colleagues described their Black clients as oppositional, defiant or resistant to change. "When I followed up to ask how they made those assessments, it would come out that something was missed," she says. "A question wasn't asked or there was a misinterpretation of an answer or a client's body language should have cued that they weren't comfortable. In the good moments, I was able to challenge that – but in the worst, I didn't even feel safe." She says her own facial expressions in mundane workplace meetings have been misinterpreted as hostile and aggressive.

A good ally, says Taylor, will ask a Black colleague how to respond in specific situations, what kind of ongoing support they need and what tangible steps they can take to mitigate problems.

'Advocacy can be infectious'

Taylor also says workplaces tend to be shaped by white culture regarding concepts of productivity, communication and labor – underlining the importance of shifting standards that are dominated by harmful or exploitative ideas. Allies can support this effort by advocating for systemic changes. This can look like bringing colleagues into conversations with supervisors during attempts to get raises, workplace accommodations or other benefits.

"You might not always have the power to directly give resources, but if you've been able to get those resources, let others know. Don't let the door close behind you. Share the knowledge," she adds.

"(White people) have the power, the voice and the resources in most settings, so they can often create fewer hurdles or call out things that aren't equitable or helpful to the therapeutic environment," Taylor says. "Advocacy can be infectious and will spread to other folks who have the power to make a difference."

Lauren Rowello is a Philadelphia-based journalist whose works explore topics related to identity, mental health, relationships and other issues.


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Thursday, Sept. 8
9:15 - 10:15 EST

Intersectionality of Spirituality, Gender and Race: How Counselors Can Better Work with Black Trans Clients
Franchesca Brutley, M.Ed, LPCA; Tiffany P. Brooks, PhD, APC, NCC; Kelsey Logdon Hess, M.Ed., LPCA, NCC

The Misdiagnosis of the Negro: Addressing Trauma Through a Lens of Critical Race Theory
Anthony Andrews, Ph.D, LCMHC-S, CRC, CCS; Travis Andrews, Ph.D., LCMHC-S, CRC

We Ready: Preventing, Resisting and Healing Academic Racial Trauma
Jasmine Newsome, MS, APC, NCC; Shawntell Pace, Med; Jatawn Tickles, MA

Lacerated Souls: Police Violence and the Right on Mental Health
Betty Wilson, MSW LMSW

Ethical Approaches to Trauma-informed Care, Racial Equity, and Expanding Your Reach
Dr. Charryse Johnson, LCKHC NCC

Thursday, Sept. 8
10:30 - 11:30 EST

The Price of Being Strong": Uncovering and Treating Disordered Eating in Black Women
Portia Allie-Turco LMHC, NCC

Being the Right Kind of Help: Black Paternal Mental Health Throughout the Perinatal Period
Tyce Nadrich, PhD, LMHC, ACS, NCC; Michael Hannon, PhD; Linwood Vereen, PhD

Self-care for Heroes: Black Motherhood, Mental Health, and the Superwoman Schema
Jodi Jarrett MS, LPC-A, NCC ; Kalesha D. Jenkins, PhD LPC NCC

Understanding the Cultural Aspects of Chronic Illnesses and Disabilities
Niah Dickson LCMHC, CRC: Traylon Eaton, PhD Candidate

Assessing Racism and Treating Racial Trauma
Shon Smith, EdD

Panel Discussion
11:45 - 12:45 EST

Panel Discussion/ Documentary Screening

Thursday, Sept. 8
1:00 - 2:00 EST

'Two-ness' The Double Masking of African American Ph.D. Students
Anitra Powell, MA; Ulisha Fraser Reese, LCMHC, LCAS, CCTP, CFMHE; Sylvester R, Smith, LCMHC, LCAS, CCTP, CFMHE

Reexamining Risk for Suicide and Self Harm among Black Youth
Breahannah Hilaire, LMHC; Lea Herbert, LMHC; Galaxina Wright, RMHCI

Creating Counter-Spaces for Black Female Counselor Education Students: Fostering Career Mentoring Relationships
Chantrelle Varnado-Johnson, PhD, LPC-S, Registered Play Therapist, BC-TMH, NCC; Kelli McFarland, PLPC, NCC

Cross-Institutional Mentorship Among Black Men in Counselor Education: The Impact of Support Networks on the Career Development of Black Men in Counseling
Guy Beauduy, M.Ed., LAC, NCC, CRC ; Felix F. Morton, LPC

Applying Critical Race Theory to the Decolonization of Counseling Curriculum and Practice
Devona Stalnaker-Shofner EdD; Bianca Augustine, Ph.D., RIC, CCTP; Natese Dockery, MS, LPC, NCC, CSAM

Thursday, Sept. 8
2:15 - 3:15 EST

Do Social Support and Resilience Reduce Black Women's Gendered Racism-Related Trauma?
Tiffany R. Williams, PhD; Christy L. Erving, PhD; Rhea Harrison, MA; & Whitney Frierson, MA

"I'm good": Wellness Practices and Barriers to Black Counselor Wellness
Cha'Ke'Sha Spencer, LPC, NCC, CPCS

Counseling Supervision Online: What's New Ethically and Why it's Here to Stay
Keesha Kerns, PhD LPC LCMHC NCC ACS LSATP PSC; Dr. David J. Ford, Dr. Rufus Spann

Working with Various Aspects of Identity: Providing Culturally Informed Career Counseling for Your Black Clients
Tiffany P. Brooks, PhD, APC, NCC; Kristy Christopher-Holloway, EdD, LPC, NCC, BC-TMH, CPCS, ACS, PHM-C; Quentin Hunter, PhD, LPCA, NCC

Dismantling the Legacy of Sexual Abuse within Black Families
Ashley Cook, BS

Thursday, Sept. 8
3:30 - 4:30 EST

Unique Strengths & Challenges of African American Couples
Shea Dunham PhD., LCPC, LMFT; Dr. Latoya Flowers-Roe, Ed.D., LPC, NCC

From Self-Care to Soul-Care: Restorative AF Practices for Clinician
Thomasina Lawson, PhD, LPC, ACS, BC-TMH; Megan Boyd, PhD, LPC, CPCS

Narrative Expressive Poetry-Holistic Trauma Education
Jasmine Ataga, LPC RPT NCC

First, Do No Harm: Prioritizing Ethical Obligations with Clients Affected by HIV
J. Richelle Joe, Ph.D., NCC

Glowing up in Private Practice
Reynelda Jones, LCSW, CAADC, ADS, CIMHP

Blessing of the Hands Ceremony/Closing
4:30 - 5:00 EST

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Welcome Back and Opening Act

Day Two

Friday, Sept. 9
9:15 - 10:15 EST

Watch Your Step 'Sis': Things to Consider When Advancing in Leadership Roles in the Academy
Dr. Noreal Armstrong, PhD., LCMHCS, NCC LCDC

Understanding the Impact of Child Sexual Abuse on African American Women: The Intersectionality of Race, Gender, and Sociohistory
Sabrie Wiggins-Rose, Ph.D., LCPC, Board Approved Supervisor

African American Caregivers in Play Therapy
Kristy Brumfield, PhD, LPC, LPCS, RPT, NCC

Crisis in America: How Mental Health Counselors and Law Enforcement Can Collaborate Effectively
Jazmone Wilkerson, LCPC; Dr. Aprille Woodson, Dr. Eddy Fagundo, Major Donnie James

I'm Pretty UGLY: Addressing Black Self-Love in the Midst of Colorism and Pretty Privilege
Michelle Evans LPC LPCS

Friday, Sept. 9
10:30 - 11:30 EST

Intergenerational Resilience and Cross-Trauma: Honoring the Stories of Black Queer Women
Zachary McNiece, PhD; Jasmaine Ataga, LPC, NCC, RPT

Ethnopsychopharmacology: Let's Close the Gap
Macarius Donneyong, Ph.D.; Dr. Ameena Kemavor, Ph.D., L.P.C.C.-S., C.C.T.P., C.S.A.M

The Impact of Complex Abandonment on People of Color
Melissa Tate-Scruse EdD, LPCS

Let's Have the Sex Talk: Black Women and Sex Education
Ashley Gilmore PhD CPT LCMHC

Online Clinical Supervision: Addressing Issues of Access and Equity in Mental Health
Carla Smith, PhD LCSW LMFT

Keynote Speaker
11:45 - 12:45 EST
Awards Ceremony/Keynote Speaker

Friday, Sept. 9
1:00 - 2:00 EST

Social Media and Gatekeeping: Ethical Considerations for Clinical Supervisor, and Counselor Educators
Olivia Uwamahoro Williams, Ph.D., LPC, NCC, CPCS

Counseling While Black: Exploring the Experiences of Black Mental Health Counselors
Natese Dockery MS, LPC, NCC, CSAM; Bianca, Augustine, PhD, RIC, CCTP; Devona M. Stalnaker-Shofner, EdD, LPC, NCC, ACS

Social Justice Advocacy and Multicultural Counseling: Where Do We Go From Here?
Shaketa Robinson-Bruce LPC, NCC, CCH, CPCS

Intersectional Experiences of Queer Women of Color: Perspectives from the Minority Stress Model
Tremaine Leslie, PhD., LPC., NCC; Hilda S. George, MA., LMHC., NCC

Different Shades of love: How Relational Life Therapy can help Black couples
Akilah Riley-Richardson MSW, CCTP, RLT

Friday, Sept. 9
2:15 - 3:15 EST

A Holistic Guide to Counselor Wellness
Alice Mills Mai, LMHC, LPCC-S, NCC

The Importance of Escapism and Play Therapy for Adult Black Mental Health
Niah Dickson LCMHC, CRC: Traylon Eaton, PhD Candidate

Assisting formerly incarcerated Black and Latino youth with career development
Estefanie Ceballo LMHC (NY), LPC (NJ), NCC, C-TFCBT, CCTP; Marion Rogers LAC (NJ), NCC, BCC

Black Reproductive Justice: Realizing Our Voice. Responding with Impact
Thomasina Lawson PhD LPC ACS BC-TMH; Sheena Kelly, MS, LAPC, NCC

The 5 Stages of Black Grief: A Cultural Humility Approach to Understanding Bereavement among African American Children and Adolescent
Marshia Allen PsyD, LPC-S; Diara Solite LPC-A

Friday, Sept. 9
3:30 - 4:30 EST

Pick up Your Feelings: Black Women, Toxic Work Culture and The Great Resignation
Pressley Moore, PhD, NCC, LPC, CSC; Whitney Swann, PhD, NCC, LCMHC

Protect, Provide, and Prepare: Understanding Black Fatherhood Code for Use in Therapy
Michael Hannon, PhD, LAC-NJ, NCC

Supervision that Prepares Social Justice advocates
LaTonya M. Summers, PhD LMHC LCMHCS; Rachel Heffield PhD

Returning to the Community: Crisis Intervention for SMI Blacks after Incarceration
Sheena Lyle, LCSW, CCTP

Blessing of the Hands Ceremony/Closing
4:30 - 5:00 EST

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JOIN THE MOVEMENT

The #1MillionWell Movement is an aim to ensure the mental wellness of 1 million Black people through the Black Mental Health Symposium (BMHS). When mental health professionals, educators, students, practitioners, church and community leaders are equipped with culturally-specific interventions they are able to conduct work that improves the mental wellness in Black communities. Using what we learn with our clients, students, employees, supervisees, church and community members we will be able to ensure the mental welless of 1 million Black people.

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