

The Monterey County Chapter
California Association of Marriage and Family Therapists

July / August 2020 Newsletter



Benefits to MC-CAMFT Membership:

- Reduced fees at our events
- Invitation to our Members only annual gatherings
- Access to Members only Salons, which are intimate workshop offerings taught by fellow Members
- Periodic Newsletter with relevant CAMFT information and Member created writing
- Opportunity to contribute your writing to our Newsletter, including things such as a column, book review, workshop or conference review, poem, opinion piece or article
- Free advertising in our Newsletter and "Classifieds" section of our website
- Inclusion in our "Find a Therapist" website directory
- Access to Member and Announcements Forum on our website where you can seek feedback from other members and post things to the community
- Opportunity to submit a proposal to host a Salon for our Members
- Option to join us on the Board as a volunteer committee chair or ad hoc committee member
- Opportunity for MC-CAMFT to co-sponsor your workshop, so you can offer CEUs to your attendees
- Free Mentoring by experienced clinicians
- Invitation to suggest any member activity you find interesting, and we'll consider it!

Benefits to MC-CAMFT Website:

- ◇ Current Member Directory
- ◇ Classifieds Page for Members
- ◇ Chapter Board Contact
- ◇ Specialized Forums
- ◇ Online Newsletter
- ◇ Networking Opportunities
- ◇ Chapter Documents Access
- ◇ Sponsorship Opportunities
- ◇ Membership Information

MC-CAMFT CALENDAR

JULY: ALL-DAY CONFERENCE

Date/Time: **Saturday, July 11, 2020**

Topic: **The Call of Darkness: Managing Suicidality in Clinical Practice**

Presenter: **Dr. Lawrence Hedges, PhD.**

***Mandated course for LCSW, LMFT and PhD**

*** Conference Pricing / Pre-licensed \$75**

MC-CAMFT Members \$85 / Other CAMFT

Chapter Members \$85 / Allied Professionals \$100

***Cost includes 6 CEs**

SEPTEMBER: LUNCHEON

Date/Time: **September 12th, 2020**

Topic: **Treating Complex Developmental Trauma**

Presenter: **Martha Paradis, LCSW**

***More information to follow**

NOVEMBER: BREAKFAST PRESENTATION

Date/Time: **November 7th, 2020**

Topic: **Introduction to Systemic Affair Recovery Therapy**

Presenter: **Dr. Talal H. Alsaleem**

***More information to follow**

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2020 MC-CAMFT Board Roster

2020 Board of Directors - Officers -

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WE STAND
FOR JUSTICE.

WE STAND WITH
THE BLACK COMMUNITY.

AND WE STAND
AGAINST RACISM.

2020 - Committee Chairs -

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Programs Chair: OPEN

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lovehealing@me.com

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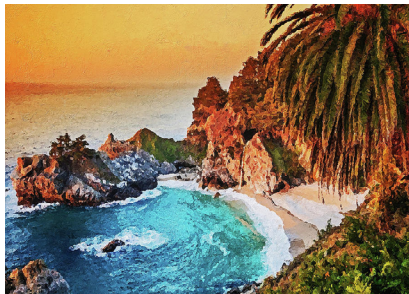
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Jennifer Farley



2020 Board President

PRESIDENT'S MESSAGE

Wow. A lot is happening in the world and in our country right now related to the continued fight for racial justice. As therapists, we are in a unique position to dismantle racism. We can learn how to be anti-racist therapists and skillfully challenge our clients who share racist world views in session. We can commit to looking specifically at our own experiences with race and racism, privilege, oppression, and internalized racism so that we are more able to clearly attune to our clients' experience without our own biases clouding the process. We can educate ourselves on the historic and systemic oppression of Black, Indigenous and People of Color (BIPOC), so that we have more perspective as we support their healing work. I trust that for many of you in our community, this is something that is a continual area of attention, reflection and processing. However, the state of our country is emphasizing the need for anti-racist work now more than we have seen in a very long time. I hope that we all find ourselves with renewed inspiration to ensure that we are stepping up as clinicians to contribute to the liberation of BIPOC from systems of oppression and experiences of hatred.

On behalf of the MC-CAMFT board, I commit to ensuring that our future programming includes speakers that can offer continued education in realms such as anti-racist therapy, navigating racial dynamics in the therapeutic relationship, and understanding systemic racial traumatization. MC-CAMFT also has a continued commitment to inviting speakers from diverse backgrounds to share their clinical expertise. For more immediate resources in this area, please check out the CAMFT website as a place to start.

In the effort of creating sources of support for one another during this pandemic era, MC-CAMFT continues to host Staying Connected Salons as an informal way to gather. I've really enjoyed these meetings! It's nice to get to hear how people are doing and have the complete focus of attention be simply on sharing with one another. Please be on the look out for future Staying Connected salons if this sounds appealing to you.

Also, I hope that you are aware of this by now, but our full day workshop is fast approaching! This is a virtual event, and it has a lot of material that is vital to our work. The Call of Darkness: Managing Suicidality in Clinical Practice fulfills both our BBS required suicide prevention class and our law & ethics continuing education. If you haven't already done so, register!!

Lastly, I am happy to announce that we have a new Pre-licensed Chair. I am excited to welcome Jennifer Lewis to our MC-CAMFT board. Jennifer recently moved to the Monterey Peninsula, and she immediately plugged into our community by attending our virtual salons. I'm inspired by her enthusiasm, and I look forward to collaborating on ways we can best support our pre-licensed people.

I hope I see you all in the virtual world at our July event! Take care everyone!

Be Well,

Jennifer Farley

Chapter Events & News

July 11th, 2020 - All-Day Conference

The Call of Darkness: Managing Suicidality in Clinical Practice



This intermediate to advanced course for mental health professionals begins with the awareness that our ability to predict suicide is little better than chance and that at present there are no consistently reliable empirically validated treatment techniques to prevent suicide. However, Dr. Hedges will demonstrate that in the past three decades much has been learned about the dynamics of suicide and many promising treatment approaches have been advanced that are slowly yielding clinical as well as empirical results.

Dr. Hedges will present the groundbreaking work on suicidality of Freud, Jung, Menninger and Shneidman as well as the more recent work of Linehan, Kernberg, Joiner and the attachment theorists along with the features in common that these treatment approaches seem to share. He will put forth a Relational Listening approach regarding the origins of suicidality in a relational/developmental context and will consider their implications for treating, and managing suicidality.

Participants in this workshop will be able to:

- Define what is meant by “psychache”.
- Describe Joiner’s interpersonal approach to understanding and managing suicide.
- State why reliable suicide research has not been possible.
- Explain the difference between “mourning” and “melancholia”.
- Explain how a “split in the ego” can lead to suicidality.
- State how the attachment-abandonment dynamic can lead to instrumental suicidality.
- State how the connection-withdrawal dynamic can lead to lethal suicidality.
- Explain what can be learned in a “suicide autopsy”.
- Define what is meant by “telescoped memory”.
- Discuss why so many creative and famous people suicide at the peak of their careers.
- Explain why suicide is thought to be always dyadic despite the appearance of isolation and loneliness.
- Define “suicidal career”
- State the difference between “a cry for help” and “a cry of pain”.

Lawrence Hedges, Ph.D., Psy.D., ABPP., began seeing patients in 1966 and completed his training in child psychoanalysis in 1973. Since that time his primary occupation has been training and supervising psychoanalysts and psychotherapists individually and in groups on their most difficult cases. He was the Founding Director of the Newport Psychoanalytic Institute in 1983 where he continues to serve as supervising and training analyst. Throughout his career Dr. Hedges has provided continuing education courses for psychotherapists throughout the United States and abroad. He has consulted or served as expert witness on more than 400 complaints against psychotherapists in 20 states and has published 19 books on various topics of interest to psychoanalysts and psychoanalytic psychotherapists, three of which have received the Gradiva award. During the 1909 centennial celebrations of The International Psychoanalytic Association his 1992 book, *Interpreting the Countertransference*, was named one of the key contributions in the relational track during the first century of psychoanalysis. In 2015, Dr. Hedges was distinguished by being awarded honorary membership in the American Psychoanalytic Association for his many contributions to psychoanalysis.

Licensure Requirement Information:

4989.23. REQUIRED COURSEWORK OR SUPERVISED EXPERIENCE: SUICIDE RISK ASSESSMENT AND INTERVENTION

(a) On or after January 1, 2021, an applicant for licensure as an educational psychologist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, supervised experience gained pursuant to Section 4989.20, formal postdoctoral placement that meets the requirements of Section 2911, or other qualifying supervised experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of Section 4989.34. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) As a one-time requirement, a licensee prior to the time of his or her first renewal after January 1, 2021, or an applicant for reactivation or reinstatement to an active license status on or after January 1, 2021, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, using one of the methods specified in subdivision (a). (emphasis added)

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

Source: BBS Statutes & Regulations, January 2019 pages 62-63 <https://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>

Chapter Events & News Cont'd...

September 12th, 2020- Lunch Presentation with Martha Paradis, LCSW



Treating Complex Developmental Trauma

Martha Paradis, LCSW, spent her childhood in the remote country of Ethiopia, where her father served as legal advisor to the legendary Emperor Haile Selassie. Her family moved to London, England in the late 1960's, and she then pursued her education in her home country of the United States, receiving a graduate degree in clinical social work from Columbia University. For the past thirty years she has been a psychotherapist with a specialty in trauma resolution and healing childhood wounds. Ms. Paradis lives in suburban New Jersey with her husband Bob, and has two grown children. She maintains her lifelong interest in world cultures and still considers Ethiopia the home of her heart.

November 7th, 2020 - Breakfast Presentation with Dr. Talal H. Alsaleem



Introduction to Systemic Affair Recovery Therapy

Working with couples in crisis can be overwhelming for new as well as seasoned clinicians, especially when it comes to working with clients struggling with infidelity who are often in extreme emotional distress and feeling lost and hopeless about the future of their relationship. Giving counselors effective tools to deal with the trauma of infidelity will make them feel empowered, energized, and confident in their ability to help guide their clients during such difficult times.

Completing this workshop will expand your understanding of the process of healing and introduce you to the clinical tools you need to help your clients recover from the trauma of infidelity. The knowledge base you will gain from this workshop as well as the clinical interventions you will learn are based on extensive clinical work with couples dealing with infidelity.

Specific learning objectives include the following:

- Participants will be able to describe four core principles of infidelity counseling.
- Participants will be able to list the seven milestones of healing from infidelity.
- Participants will be able to identify three clinical treatment challenges of infidelity counseling.
- Participants will be able to list three limitations of the current treatment methods for infidelity counseling.

About Dr. Talal H. Alsaleem:

Award-winning marriage counselor and researcher, Dr. Talal H. Alsaleem is recognized as a leading expert in the field of infidelity counseling. He is the author of the acclaimed book, *Infidelity: The Best Worst Thing that Could Happen to Your Marriage*, and the founder of the Infidelity Counseling Center. His research interests and clinical work are focused on identifying the causes of infidelity and providing the best treatment for recovery from its impact. He developed Systematic Affair Recovery Therapy (SART)™, a method of infidelity counseling that has helped hundreds of couples navigate the challenges of the healing journey from affairs. Dr. Alsaleem is an international lecturer and speaker. His engaging talks have helped many counselors broaden their understanding of infidelity and gain the necessary clinical tools to help their clients recover from affairs. Learn more at TalalAlsaleem.com.

The Link Between Racism and PTSD

A psychologist explains race-based stress and trauma in Black Americans.

Monnica T Williams Ph.D., Culturally Speaking

Posttraumatic stress disorder (PTSD) – the diagnosis conjures up images of hollow-eyed combat veterans or terrified rape victims, but new research indicates that racism can be just as devastating as gunfire or sexual assault. In a previous article I posed the question, Can Racism Cause PTSD? The answer is yes, and changes in the DSM-5 open the door for a better understanding of this phenomenon. Here I discuss the psychological research in this area, as well as clinical observations and how these relate to my own experiences as a person of color. Several people have asked me why I focus on African Americans, given the many similar experiences faced by other ethnic/racial groups, immigrants, sexual minorities, disabled people, and other stigmatized individuals. I want to state up front that the problems faced by those groups are real and deserve attention too, however in this article I am going to stick to what I know, the Black experience in America.

Racism-related experiences can range from frequent ambiguous “microaggressions” to blatant hate crimes and physical assault. Racial microaggressions are subtle, yet pervasive acts of racism; these can be brief remarks, vague insults, or even non-verbal exchanges, such as a scowl or refusal to sit next to a Black person on the subway. When experiencing microaggressions, the target loses vital mental resources trying figure out the intention of one committing the act. These events may happen frequently, making it difficult to mentally manage the sheer volume of racial stressors. The unpredictable and anxiety-provoking nature of the events, which may be dismissed by others, can lead to victims feeling as if they are “going crazy.” Chronic fear of these experiences may lead to constant vigilance or even paranoia, which over time may result in traumatization or contribute to PTSD when a more stressful event occurs later (Carter, 2007). In fact, one study of female veterans found that African Americans scored higher on measures of ideas of persecution and paranoia, which the

authors attributed to an adaptive response to racism (C’de Baca, Castillo, & Qualls, 2012).

While most of us can understand why a violent hate crime could be traumatizing, the traumatizing role of microaggressions can be difficult to comprehend, especially among those who do not experience them. One study of racial discrimination and psychopathology across three U.S. ethnic minority groups found that African Americans experienced significantly more instances of discrimination than either Asian or Hispanic Americans (Chao, Asnaani, Hofmann, 2012). Non-Hispanic Whites experience the least discrimination (11% for Whites versus 81% for Blacks; Cokley, Hall-Clark, & Hicks, 2011). Furthermore, those African Americans who experienced the most racism were significantly more likely to experience symptoms of PTSD as well.

Make no mistake, Asian and Hispanic Americans receive their unfair share of racism too, and research shows that it may even be harder to manage for individuals in these groups. But each ethnic/racial group has its own package of negative stereotypes that impact the form of racism experienced, so it’s not surprising that PTSD prevalence differs by race and ethnicity. Findings from large-scale national studies indicate that, while African Americans have a lower risk for many anxiety disorders, they have a 9.1% prevalence rate for PTSD, compared to 6.8% in Whites (Himle et al, 2009). That means that almost one in ten Black people becomes traumatized, and I think these rates may actually be higher since diagnosticians are usually not considering the role of racism in causing trauma (Malcoun, Williams, & Bahojb-Nouri, 2015). Studies also show that African Americans with PTSD experience significantly more impairment due to trauma, indicating greater difficulty carrying out daily activities and increased barriers to receiving effective treatment.

Research has linked racism to a host of other problems, including serious psychological distress, physical health problems, depression, anxiety, binge drinking, and even disordered eating (Williams et al., 2014). A strong, positive African American identity can be potential protective factor against symptoms of anxiety and depression, but this not adequate protection when the discriminatory events are severe (Chae et al., 2011; Williams, Chapman, Wong, & Turkheimer, 2012).

Cont’d on pg. 7

I have spoken to African Americans all over the country about their experiences with race-based stress and trauma. One veteran in Colorado told me about how the bullets he faced in combat were nothing compared to the mistreatment he experienced at the hands of his fellow soldiers in arms. When he searched for treatment for his resulting mental health issues, the VA system could not find a qualified therapist to help him. I recently assessed a woman for whom the racial climate at work became so oppressive that she was no longer able to function at her job. She tearfully described the ongoing racial-harassment she experienced from her supervisor, while co-workers turned a blind eye. She carried a stack of documents to prove everything that had happened to her because she didn't think anyone would believe it. My heart breaks because I have heard her story in many forms, more than once (Williams et al., 2014).

It's important to understand that race-based stress and trauma extends beyond the direct behaviors of prejudiced individuals. We are surrounded by constant reminders that race-related danger can occur at any time, anywhere, to anyone. We might see clips on the nightly news featuring unarmed African Americans being killed on the street, in a holding cell, or even in a church. Learning of these events brings up an array of painful racially-charged memories, and what has been termed "vicarious traumatization." Even if the specific tragic news item has never happened to us directly, we may have had parents or aunts who have had similar experiences, or we know people in our community who have, and their stories have been passed down. Over the centuries the Black community has developed a cultural knowledge of these sorts of horrific events, which then primes us for traumatization when we hear about yet another act of violence. Another unarmed Black man has been shot by police in our communities and nowhere feels safe.

Research shows that trauma can alter one's perceptions of overall safety in society. Black people with PTSD have been found to have lower expectations about the benevolence of the world than Whites. When comparing Black and White Americans, one study reported that African Americans held more negative perceptions of the world, appearing more skeptical and mistrustful (Zoellner, Feeny, Fitzgibbons, Foa, 1999).

Experiencing a traumatic event changed perceptions of the world in White victims from positive to negative, yet the perceptions of Black victims were not impacted by traumatic experiences. My take on this is that they are already traumatized by life in America. Most of us with dark skin know the world is not safe.

This article was taken from the American Psychological Association website: www.apa.org

**Sometimes
the bravest
and most
important
thing you can
do is just
show up.**

— BRENE BROWN

cupofcharisma.com

Member Article

Couples Corner

Bi-monthly musings by Cristin DeVine, certified Imago Relationship Therapist

An Invitation for Shadow Work

We are in a time of great intensity and change on many levels – globally, culturally, relationally and individually. With change comes inevitable conflict, as our old ways of being – the old homeostasis – are challenged in order for the new to emerge.

In healing the divide in our nation, we are given the opportunity to heal the divide in our relationships and, primarily, in ourselves.

Our intimate relationships are one of the best avenues for shadow work. Our partner sees the self in us that is behind the mask, the persona that we wear when facing the world. With the response to Covid19 being to shelter in place, couples have had more opportunity to see each other's coping strategies, day to day moods, reactions, and habits. With this comes opportunities to see each other's shadow material – the part of us that is often kept hidden or in the unconscious.

When working with couples we may have heard one partner say to the other:

- I didn't know you drank so much.
- I didn't know you were so lazy.
- Why are you so impatient with our kids?
- Why don't you find productive things to do?

What if, rather than pointing the finger at each other (i.e. othering), we looked at the three fingers pointing back at ourselves (i.e. innering)?

- What addictions (especially the socially acceptable ones) am I not facing in myself?
- Where is my own energy and aliveness?
- How are the needs of my children stirring up my own unmet needs?
- Where is my passion? What am I dreaming about?

As therapists, we have a great opportunity to help clients to go more deeply into what is already arising within them. Rather than getting their relationship back to "normal," we have the opportunity to help our clients' relationships grow.

As Robert Johnson wrote in his book, *Owning Your Own Shadow*, "the shadow is very important in marriage, and can make or break a relationship depending on how conscious we are of this. We forget that in falling in love, we must also come to terms with what we find annoying and distasteful – even downright intolerable – in the other and also in ourselves. Yet it is precisely this confrontation that leads to our greatest growth." (page 64)

What if, in an attempt to grow, we practice radical tolerance with our partner and, with each projection and judgement we might toss onto them, we instead claim it as our own and do the work of inner house and heart cleaning?

"Are you willing to be sponged out, erased, canceled, made nothing? Are you willing to be made nothing? Dipped into oblivion? If not, you will never really change." – D.H. Lawrence, from *Phoenix*.

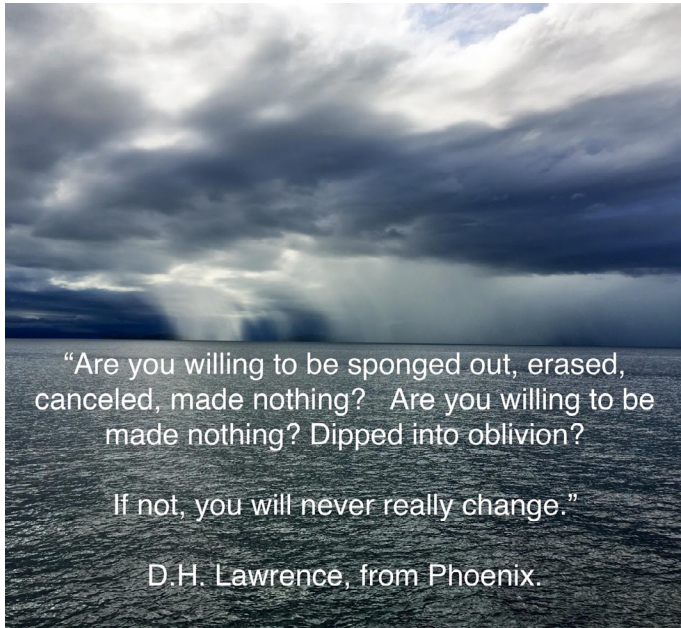
Shadow work challenges the structure of the ego, but to know our true selves we must be willing to allow the ego to be sponged out, erased, dipped into oblivion. It takes humility to allow our partner to challenge the solidity of our ego.

To engage in shadow work within our relationships is to fully own our parts – both the negatives and the positives. It is to stop blaming our partner for our life situation and instead to empower ourselves to come to grips with the life we have co-created. As David Richo, in his book *How to be an Adult in Relationships* wrote, "if the partners in relationship are mainly concerned with proving themselves right, then ego rules the relationship. If they are concerned with how to make the relationship work, then cooperative love rules. Ego, which means "I," is the main obstacle to intimacy, which implies, "we." In reality, there is no solid, separate self. We are all interconnected and contingent upon one another." (page 174)

With the tools we have as therapists, may we embrace the intensity of the shadow work that is presenting during this time, and gently help our clients to turn their outer orientation of the world or Covid19 into an inner orientation of doing the work to rebalance their own psyches. Dangerous and delicious inner inquiries such as these may be the result:

- What are the dis-eased parts of myself that are dangerous to my health and the health of others?
- What are the cruel parts of myself that cut off the breath of another by my judgements and shaming of them?
- What are the powerful voices of myself that will no longer be oppressed and kept silent?
- What are the self-centered parts of myself that keep me from caring about what is good for all?

May the results of these inquiries bring more parts of ourselves out of the shadow. May they bring more integration. May they bring the capacity for all of us to live together with more integrity.



Guest Article

PTSD and Mental Health Disorders in Black People Linked to Trauma From Racism and Violence

Posted by David Love | July 3, 2015

In this season of racial violence, the public finds itself exposed to real-life scenes of police brutality and gun violence, church burnings, white supremacist massacres and funerals of massacre victims through viral media and the 24-hour news cycle. Moreover, daily exposure to this racism takes a psychological toll on those who are exposed to it, causing PTSD, or post-traumatic stress disorder, which lingers even after the events have subsided, according to a number of reports.

The Mayo Clinic defines PTSD as “a mental health condition that’s triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.”

The condition is associated with rape and torture victims, prisoners placed in solitary confinement, survivors of car accidents, soldiers who have experienced war, and those who have suffered through genocide.

As Linda Goler Blount, president and CEO of the Black Women’s Health Imperative, wrote in *The Root*, July is National Minority Mental Health Month. She offers that watching repeated acts of violence is a source of stress and trauma in Black women. “Research has shown that stress and trauma from racially motivated events create reactions in Black women that are similar to post-traumatic stress disorder,” Blount said. “These reactions include depression, lack of sleep, anger and an inability to get thoughts about what happened out of one’s mind.”

“The short-term and long-term impact of the stress that racial violence places on Black women is well-documented,” she added. “Allostatic load, the technical term for the physiological consequences of chronic exposure to stress, is at the heart of a number of adverse health effects that disproportionately impact black women, including increased cortisol levels, higher rates of obesity/overweight and higher rates of low birth weight babies. This stress essentially weathers and ages the body, and can lead to premature mortality.” Blount maintains we must ensure Black women have the ability and right to raise their children in a healthy environment. It is about upholding health and wellness for Black women, and a matter of reproductive justice, she suggests.

But for African-Americans, this trauma extends beyond what we see on cable news and viral video online, reflecting the everyday challenges Black people face with institutional racism. Monnica T. Williams, director of the Center for Mental Health Disparities at the University of Louisville, echoes Blount’s concerns. Williams told NPR that many Black Americans experience what mental health professionals call “race-based trauma.”

“We hear in the news about African-Americans being shot in a church, and this brings up all sorts of other things and experiences,” Williams said. “Maybe that specific thing has never happened to us. But maybe we’ve had uncles or aunts who have experienced things like this, or we know people in our community [who have], and their stories have been passed down. So we have this whole cultural knowledge of these sorts of events happening, which then sort of primes us for this type of traumatization.”

Cont’d on pg. 10

In addition, microaggressions, or routine slights such as Black people being followed by security guards in a department store, or a white woman clutching her purse in an elevator when a Black man enters, can trigger stress. In some cases, the trauma is created when victims feel helpless to stop it, or believe the discrimination is persistent. Commonly, those who are exposed to this type of racial oppression respond through violence.

Within the context of Black people, another type of defense mechanism is forgiveness, faith and justice, according to Dr. Isaiah B. Pickens, a licensed clinical psychologist and founder of iOpening Enterprises. In Huffington Post Black Voices, Dr. Pickens wrote that for the families of the Charleston massacre victims, “forgiveness provides a pathway for restoring a sense of wholeness that the traumatic event tries to steal. The forgiveness given in the courtroom was likely more about healing for the families than blind willingness to accept the act of a killer. Despite the circumstances that continued to surround these families, forgiveness and faith provided a secure connection that made the unknown future more manageable.”

Race-based trauma has a profound effect on Black people, and studies suggest trauma is intergenerational and inherited, with memories passed along through the DNA. For example, as reported in the BBC in 2005, a study in the Journal of Clinical Endocrinology and Metabolism found that pregnant women who experienced the 9/11 World Trade Center attacks passed on biological signs of stress to their babies. The children, when tested at a year old, had low levels of the stress hormone cortisol, as did the mothers—a sign of PTSD. Another study from Columbia University revealed that a third of New York schoolchildren suffered mental disorders following the World Trade Center bombings. Further, in the six months following the terror attacks, a quarter experienced at least one of six anxiety disorders.

For populations that have experienced years and even centuries of trauma, the implications are both disconcerting and illuminating. Black people were kidnapped and thrown in the bowels of slave ships, millions not making it through the Middle Passage, and for those who did, they emerged on the other side, finding themselves in a regime of forced labor and torture. The evidence is clear, and can empower Black people as we struggle to fight and end racism, and safeguard our mental health and well being in the process.

This article was taken from the Atlanta Black Star website: <http://atlantablackstar.com>





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NEWSLETTER ARTICLES AND CONTRIBUTIONS INVITED

Make sure our newsletter reflects your experience as a clinician in our chapter. Contribute to your newsletter through book reviews, opinions, CEU experience, events, clinical expertise, announcements, successes or other relevant information.

Contact Ross Farley III, newsletter editor,
ross@shinealight.info, 831-313-4043

NEWSLETTER ADVERTISING

Advertisements including classifieds and flyers must be placed prior to the advertising deadline. All ads must obtain approval by the Newsletter Editor, Advertising Chair and the MC-CAMFT Board President.

Advertisements should be submitted by email attachment as a Word document with the exact wording desired. Submission and approval for all advertisements, including payment, is due by the 12th of the month preceding publication.

NEWSLETTER DEADLINES

Newsletters are published at the beginning of the month, every other month (*February/March/April, May/June, July/August, September/October, November/December). Deadline to contribute articles and advertisements is the 12th of the month preceding the publication.

*2020 Newsletter schedule adjusted

MC-CAMFT **Mission Statement**

MC-CAMFT is dedicated to the advancement of marriage and family therapists, to the promotion of high standards of professional ethics and qualifications of its members, and to expanding the recognition and utilization of the profession in Monterey County.

MC-CAMFT is pleased to acknowledge the service of its **PAST PRESIDENTS**

1989 Jane Ellerbe	2003 Lois Panziera
1990 Connie Yee	2004 Mary Sue Abernethy
1991 Joan Mortensen	2005 Elisabeth Wassenaar
1992 Mark Willison	2006 Mary McKenna
1993 Katherine Weller	2007 Brenda Lang
1994 Jerian Crosby	2008 Abby Bukofzer
1995 Janis "JC" Clark	2009 Eileen Nazzaro
1996 Steve Weiner	2010 Elizabeth Ramirez
1997 Mary Jane Melvin	2011 Heather Crimson
1998 Steve Mahoney	2012 Carolyn Kelleher
1999 Susan Ross	2013/14 Cheryl Fernandez
2000 Judy Masliyah	2014/15 Emily Lippincott
2001 Barrie O'Brien	2016/19 Kristine Jensen
2002 Stephen Braveman	