

# Root Psychology Today

*"Based on African-Centered Thought"*



stop  
the  
**STIGMA**  
of mental illness



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### About Us

A management consulting firm specializing in diversity, racial equity (RE) and Inclusion program development, talent management, HR program design, and training and development (individual contributors and leaders). LYMC is owned and operated by DonYeta Villavaso Madden and her partner consortium.

DonYeta holds a master's degree in organizational development from Antioch University and a BA degree in sociology from the University of Washington. Villavaso-Madden has provided training and/or coaching to over 10,000 multi-disciplinary professionals, from Individual Contributors to Executives. She has over 25 years of strategic progressive human resources, organizational effectiveness and business management experience in public, nonprofit and private sector.



### Upcoming Capacity Building Sessions

- 10/24/19 Building Trust & Social Capital – 1:00 pm to 4:30pm
- 11/13/19 Just Cause – 12:30 pm to 4:30 pm

Register at Eventbrite

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# ROOT Psychology TODAY

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**Managing Editor**

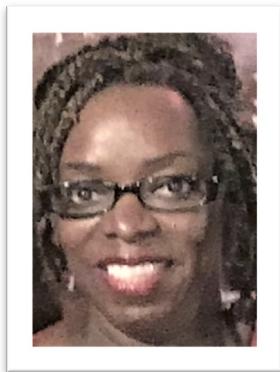
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**From the  
Managing Editor**


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**A Mental Perspective**

History shows that Blacks have been discriminated against for mental illness treatment as well as medical treatment. When there are problems it is common sense practice to visit a doctor, however, Blacks were denied this human right and not considered to have mental challenges and therefore were wedded to the confines of a confident, aunt, uncle, clergy, etc.

Dr. Daniel Satcher of the Clinton Administration proposed that in order to advance in providing Blacks with mental wellness programs, a cultural-spiritual system is mandatory because Africans and their descendants throughout the diaspora are a spiritual people. He explained “the problems appear to be a fall from ancestral indigenous ways which are spiritual in context.”

**Root Psychology Today**, is a networking/ consumer magazine based on African Centered Thought created to discuss mental issues, provide opportunities for mental health clinicians and practitioners to collaborate with forthcoming **African Mental Health Village (AMHV)** April 2020.



INSTITUTE OF AFRICAN  
**IACT**  
CENTERED THOUGHT



## **Emergency Department Study Reveals Patterns of Patients at Increased Risk for Suicide**

### **NIH-funded research examined suicide and overdose risk in the year after an emergency department visit**

The National Institute of Health and Mental Health released a new study found that people who presented to California emergency departments with deliberate self-harm had a suicide rate in the year after their visit 56.8 times higher than those of demographically similar Californians. People who presented with suicidal ideation had suicide rates 31.4 times higher than those of demographically similar Californians in the year after discharge. The findings, published in *JAMA Network Open*, reinforce the importance of universal screening for suicide risk in emergency departments and the need for follow-up care. The study was funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health.

More than 500,000 people present to emergency departments each year with deliberate self-harm or suicidal ideation — both major risk factors for suicide. However, little is known about what happens to these people in the year after they leave emergency room care.

“Until now, we have had very little information on suicide risk among patients after they leave the emergency department because data that link emergency records to death records are rare in the United States. Understanding the characteristics and outcomes of people with suicide risk who visit emergency departments is important for helping researchers and practitioners improve treatment and outcomes,” said lead author Sidra Goldman-Mellor, Ph.D., an assistant professor of public health at the University of California, Merced.

Goldman-Mellor and colleagues sought to understand patterns of suicide and other mortality in the year after emergency department presentation — and patient characteristics associated with suicide death — by linking emergency department patient records from California residents who presented to a licensed emergency department between Jan. 1, 2009, to Dec. 31, 2011, with California mortality data.

The researchers divided individuals presenting to the emergency department into three groups: people with deliberate self-harm with or without co-occurring suicidal ideation (85,507 patients), people presenting with suicidal ideation but without deliberate self-harm (67,379 patients), and people without either self-harm or suicidal ideation, called “reference” patients (497,760 patients).

The researchers found that the probability of suicide in the first year after discharge from an emergency department was highest — almost 57 times that of demographically similar Californians overall — for people who had presented with deliberate self-harm. For those who presented with suicidal ideation, the suicide rate was approximately 31 times higher than among Californians overall. The suicide rate for the reference patients was the lowest amongst the studied groups, but still double the suicide rate among Californians overall.

The risk for death via unintentional injury (i.e., accidents) was also markedly elevated — 16 times higher for the deliberate self-harm group and 13 times higher for the ideation group than for demographically similar Californians. Most deaths due to unintentional injury were found to be due to overdose the self-harm group and 61% in the ideation group — underscoring the overlap between suicide and overdose risk.

THERAPIST | AUTHOR | INTERNATIONAL SPEAKER

*Ashley McGirt, MSW*

PRESENTS

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# ANCESTRAL VOICES

## UNDERSTANDING THE DIVIDED SELF

**W.E.B DUBOIS, PH.D.**

**"The vice of a soul is ignorance and the virtue of a soul is knowledge"...Imhotep**



### THE AGONY OF THE DIVIDED SELF: THREE ARGUMENTS

The question before us is how DuBois himself defined double consciousness. But quickly we discover that our quest for answers tends to be frustrated by enigmatic references, seductive prose largely lacking in analytical fortitude, as well as inadequate examples. Contributing to this evasive quality as well were the multiple expressions of Afro-American duality given attention in his work. Between 1897 and 1900 DuBois elaborated three altogether different scenarios, two of which were ultimately incorporated in *Souls*, where black folk were described as being irreparably torn between their Negro-ness and their American-ness. Take DuBois "Conservation" essay, for example"

Am I American or am I a Negro? Can I be Both? Or is it my duty to cease to be a Negro as soon as possible and be an American? If I strive as a Negro, am I not perpetuating that very cleft that threatens and separates Black and White America? Is not my only possible practical aim the subduction of all that is Negro in me to the American? Is not my only possible practical aim the subduction of all that is Negro in me to the American? Does my black blood place upon me any more obligation to assert my nationality than German, or Irish or Italian blood would.

DuBois seems to indicate a fundamental discord between a simultaneously held American national civic identity and a Negro group identity, hinging, without benefit of example, at the existence of fundamental political differences at the heart of the issue. Secondly, a configuration was to be found in the later reworked "Religion of the American Negroe" which subsequently became "Of the Faith of our Fathers." From the double life every American Negro must live, as a Negro and as an American, as swept by current of the nineteenth while yet struggling in the eddies of the fifteenth century, from this must arise a painful self-conscious.

It is a peculiar sensation, this double-consciousness, and the perception that this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. (Adapted from *The Black Scholar*, 2003, author Ernest Allen, Jr.)



# THE PACIFIC NW

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—Maya Angelou



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Crisis and Commitment Services are available 24 hours a day, 365 days a year.

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Date:

## Blended Classes

- **Root Psychology I**
- **Root Psychology II**
- **African Spirituality**

**ONLINE REGISTRATION  
February 1—29 via Email**



**ORIENTATION 1 to 4 PM  
Saturday, March 21, 2020**

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# OPEN HOUSE

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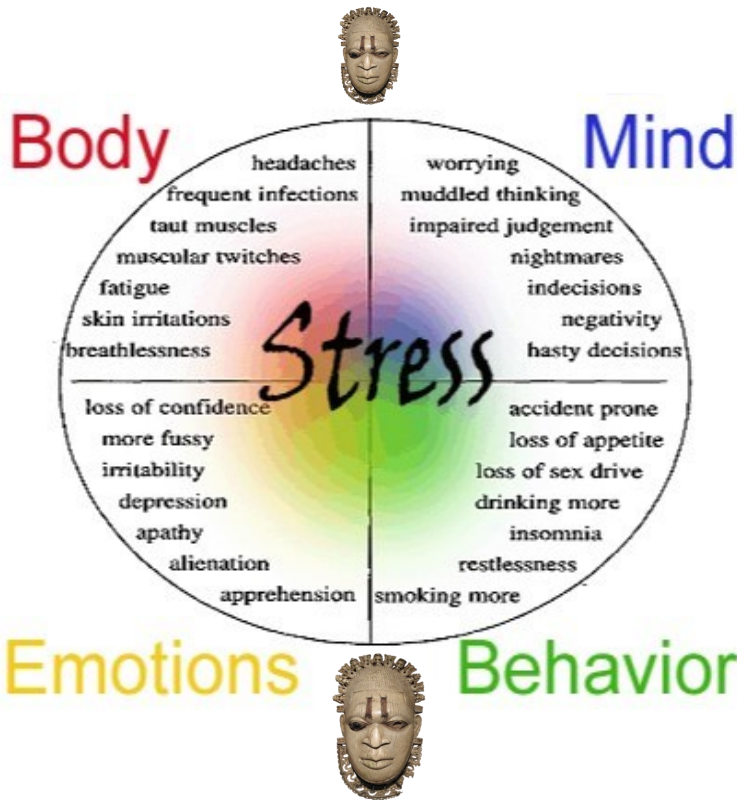
*The concept of*  
**total wellness**  
*recognizes that our every*  
**thought, word,** *and* **behavior**  
*affects our greater*  
**health** *and* **well-being.**  
*And we, in turn, are*  
**affected**  
*not only*  
**physically** *and* **emotionally**  
*but also*  
**spiritually.**

*--Greg Anderson*



# TAMHV

## The African Mental Health Village



**JOIN US**  
**Saturday, March 22**  
**1 to 4 PM**  
**BLACK DOT**

1437 S. Jackson, Seattle



### Black Mental Health Fair

Meet and Greet



## CURTISS CALHOUN

Curtiss Calhoun is a Seattle native and Certified Transformational Coach. He is the founder of Curtiss Calhoun, LLC, a Seattle based Performance Enhancement Coaching Practice and creator of the "Realifer" program that allows for peak performances with the goal to thrive in workplace cultures and holistic organizations.

# Understanding Mental Status Exams

**Clinical**-A mental status examination consists of a diagnostic evaluation and cognitive testing. The examination is given to encourage an accurate diagnosis based on Case studies and studying criteria from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders of referred to as the (DSM-5) and the International Statistical Classification of Diseases and Related Health Problems referred to as the (ICD-10) used in medical diagnosis. This is clinical.

**African Centered** - An African Centered Approach may rely on the diagnosis of these exams and assessments only to understand the assimilated and acculturated situation of the participant. It requires a more in-depth process that begins prior to birth and rests heavily on the lineage. While that may sound like pseudoscience, it is not, if you consider why medical practitioners need to know your family history, it is the same process. And because African-Centered approaches address the entire being working from inner to outer, it is not something that clinical is trained to do, however collectively they may be wedded to provide an overall climate of mental wellness. Each situation is different and not all are eligible for the deeper healing modalities based on African Centered Thought, but for those that are open, the guarantee is that lives are transformed.

MAKING A POSITIVE IMPACT ON BLACK MENTAL HEALTH  
SINCE 1968

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## COO PARTNERSHIPS

**Black Community Impact Alliance, Evelyn Allen**

**Village Spirit Center, Evelyn Allen**

**Africatown Center for Education and Innovation, Teroshua Thomas**

**Institute for African Centered Thought (IACT), Orisade Awodola**

**Cultural Reconnections, Marcia Tate Arunga**

**Africatown Central District Preservation/Development Association, Wyking Garrett**

**Umoja Peace Center, K. Wyking Garrett**



### The Stages of Grief



**RECOVERY** is a process. A term mostly identified with drugs and alcohol. The success of Alcoholic Anonymous, the initial 12-Step program, provided a basis for a myriad of non-drug alcohol related programs to include co-dependency, gamblers, overeaters, debtors, emotions and sex anonymous and transgendered anonymous are accompanied by a grieving process. Feel free to submit your thoughts on recovery anonymously Only.

**The following are a few stories of those willing to publicly yet anonymously share:**

- I did not think he would die. We talked about overdosing but he really did and he died. I was devastated and still try to make sense of it. It was 20 years ago when I got the news, he overdosed on heroin in a motel with a prostitute.
- I thought when I stopped smoking crack and using heroin that drinking was not my problem. So my life did get better. But I was on a pink cloud. I did not understand the 12-step programs, I needed a sponsor but I did not want one because my business was my business. I began to go to meetings searching outside of myself coming up with nothing. So frustrated that I learned I was like those people and that only those people could help me if I kept coming back and I did, I still do. So we don't give advice, but to all my suffering comrades, keep coming back it works if you work it, and keep it simple, one day at a time.
- My sponsor told me that the layers will unfold if I take a few suggestions of the program and work it. I found myself in different spaces, but most of all, I found myself running from myself and taking other peoples inventory. I don't know anything yet I act as if I know something. I know that I cannot drink or drug. It is the addict in me that seeks to alter my state of thought. I realize that drugs and alcohol are only a small part of the problem and a symptom of my mental illness. So I have to be Honest, Open and Willing with myself to change.

# Anger



**Does it seem strange to call Anger a drug?** We usually think of drugs as chemicals people ingest, such as alcohol, marijuana, cocaine, heroin, methamphetamine, and so on. We talk about being addicted to these chemicals if we keep using them when the consequences are more bad than good. But people also behave addictively with gambling, sex, overeating, work, spending, over-exercising, and other activities, and with emotions.

Some people even call these activities their drugs. Addictive activities and emotions can cause just as much turmoil and heartbreak as drinking and other substance abuse. So what do all these things have in common that makes people call them drugs? Just this, they can change the way they feel, quickly on demand. Drugs are used to block emotional or physical pain or to feel great emotionally or physically. People can become addicted to anything that makes them feel good quickly and easily.

Does Anger have this power? The results of anger is related to Cancer. For most people anger feels good in some ways. If they are anxious or depressed, they may also feel weak, and ashamed. When people get angry, they feel strong and sure of themselves, more comfortable emotions than fear, anxiety, and self doubt. But like other drugs, anger has negative consequences. It can lead to destructive actions, and its physically unhealthy. It damages the immune system and raises the risk of cancer or heart disease. Some have felt hung over after being very angry. So the point is to examine you anger is it a drug?

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## Healing along the lines of African-Centered Thought

By Orisade Awodola

The first universal law is **Law of Thought**. Thoughts become ideas, thoughts are tangible energy, thoughts aligned with nature and the universe. Thoughts manifest your experiences, good, bad, or indifferent in accordance with your divine self. Emotions, and anger is one, is one of the gauges in the journey of life's experiences, but the heart determines life on its terms. So to go on the inside parts is not an easy endeavor, it is a recommendation, for without this process, what you resists will persist.



# INSTITUTE OF AFRICAN-CENTERED THOUGHT

IAC and the African Mental Health Village 2020, is created to raise conscious awareness and to provide knowledge that will motivate, embrace and identify learner’s strengths, show them the importance of critical thinking that leads to balance and healthy lifestyles through its programs, symposiums and consumer magazine, **Root Psychology Today**, the first Black Mental Health quarterly magazine in the PNW. Programs are strategically created and are based on current trends and issues to open dialogues that increase human comprehension as it relates to real life-experiences, socioeconomics, ethnicity, gender and healthy lifestyles. Your support of the will help to fund our mental wellness programs

## ROOT PSYCHOLOGY TODAY WRITER SUBMISSIONS

### Submission Guidelines

- \$75 per article
- Deadline is the 10<sup>th</sup> of each month prior to production
- 300-450 Words
- Author bio/jpeg photo

### Article Criteria

- All articles are to be based on African Centered Thought. Areas of focus are socio-economics, education, mental wellness models, mental disorders, education, substance abuse and mental illness, homelessness as it relates to mental disorders to include; Depression, Schizophrenia, PTSD, Bi-Polar, Somataform, Personality Disorders, etc.
- Editorial Topics Quarterly Themes Available upon request
- Submissions in Word Doc only to: [iact0119@gmail.com](mailto:iact0119@gmail.com)

PRODUCTION DATES	PUBLISHED
March 25	April 1
July 25	August 1
October 25	November 1

## ROOT PSYCHOLOGY TODAY 2020 ADVESTMENT RATES

### ADVESTMENT SIZE

- 8 x 11 = \$250
- 5 x 9 = \$100
- 4 x 6 = \$75 (Directory)

### CIRCULATION

Local MH/Wellness Organizations/  
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