

REX MONTHLY

REALISTIC EXPECTATIONS, PLLC COMPANY NEWSLETTER



Thoughts on Minority Mental Health Awareness Month

By Barry Whetstone, LMSW & Tamera Wright, LMSW

As children, we've been conditioned to believe that "what happens at home stays at home", pray about it, and are led to believe that there is nothing that is serious enough in our life that requires the need to seek professional help. As minorities and mental health professionals, it is imperative for us to break the barriers and stigma concerning mental health and access to treatment. Growing up in the African-American community, mental health has a stigma that mental illness can be carried from generation to generation. Older generations have held onto this stigma whereas today's youth are attempting to publicize their efforts to end generational trauma. Tamera explains, "from my personal experiences as an African-American, cisgender, sexually librated female, all the intersections of my identities have influenced my journey with ADHD, depression and anxiety. My illnesses do not define my identity as a woman or professional, it enhances my ability to be empathetic to the challenges of addressing stigma in my community." "In addition to being a gay, African-American, Christian Male," Barry reports, "my personal journey with mental health has required me to really breakthrough a myriad of stigmas. The intersection of my character has forced me to accept who I am yet embrace the mental health challenges that will stem from being seen as a religious gay black man in the current society." This National Minority Mental Health Awareness Month is dedicated to all the groups who are overlooked when it comes to mental health treatment. Whether culturally, racially, religiously, educationally, as well as refugees and immigrants, July is devoted to underrepresented populations. The acknowledgement to push for awareness validates the needs for services even more.

IN THIS ISSUE

THOUGHTS ON MINORITY MENTAL HEALTH AWARENESS MONTH

STAFF SPOTLIGHT

CLINICIAN AVAILABILITY

SUPERVISION CORNER

MONTHLY CEU TOPIC

UPCOMING GROUP PROGRAMS

UPCOMING WEBINARS

Staff Spotlight: Barry Whetstone (he/him), LMSW

In clinical supervision with Chris Avila, LCSW-S

I am Barry Whetstone, LMSW, under the supervision of Chris Avila, LCSW-S. I have worked in mental health for the last 6 years and spent the past few years as an elementary school Special Education teacher. I completed my graduate level internships with Realistic Expectations, where I've been able to gain insight around trauma, sexual minorities and learn even more about the LGBTQIA+ community and their needs. I myself am a member of the LGBTQ community and a POC. My intent as a therapist is to help clients grow to accomplish their personal goals. I believe that equipping clients with the right therapeutic tools to navigate their personal struggles will allow them to develop the coping skills needed for the life changes



and healing they want . Our thoughts shape the way we see the world, and the way we interact with our environment. If we can change the way we think, we have the keys to changing our lives. No matter how small or big you think the issue may be, I can help provide the support and guidance needed to move forward in a positive direction." My goal for my clients is to help them realize that no one has defined a path that you can't change. Everyday, you have the ability to start fresh and do life differently than you were taught or believed. Providing a truly neutral and non-judgemental space gives the client room to really understand who they are and what they want for themselves.



Clinician Availability

Accepting New Clients

Limited Availability

Full



**Elizabeth Newsom,
LCSW-S**



Chris Avila, LCSW-S



**Barry Whetstone,
LMSW**



**De'An Olson Roper,
LCSW-S**



**Tamera Wright,
LMSW**



Shannon Floyd, LCSW



**Jenna Turchiarelli,
LMSW**



Supervision Corner: Preventing Vicarious Trauma

By Jenna Turchiarelli, LMSW & Caroline Broughton, MSW Intern

When the context of society could generally be described as "traumatizing" and it seems like stress is around every corner just waiting to jump out at you, it's important to name what's happening so we can address our response. Now, more than ever, it seems as if we all need some kind of help but resources, patience, and willpower may be scarce. If we find ourselves in a position of low mental or emotional resources but continue to "run on fumes," we may be doing more harm than good. Vicarious Trauma, often described as an occupation-related hazard for those in the helping field, is the negative reaction to continuous trauma exposure. With COVID-19 still a concern, weekly mass shootings, and international conflict, frequent exposure to trauma is no longer exclusive to medical professionals, mental health clinicians, and emergency responders. While this notion is concerning, much can be done to bolster our resilience and reinvigorate our sense of community. Instead of doom scrolling for news on twitter and instagram, consider setting aside a time each day, or week, to mindfully consume your news, administering self-care afterwards as needed. Now is also the time for us to lean on our communities: friends, family, neighbors, even coworkers. Conversations at the watercooler don't have to be about the weather, give yourself permission to ask your coworkers how they are coping if you think it would be helpful. Humans weren't meant to be islands, you don't have to be one.

Monthly CEU Topic: Ethical Diagnosis of Sexual Dysfunction

By Jenna Turchiarelli, LMSW

Recent research indicates approximately half of Americans experience sexual difficulties. With therapy becoming more accessible and acceptable in the public domain, the task of assessing, diagnosing, and treating sexual dysfunction will become a common experience for mental health practitioners. This presentation offers an analysis of the diagnostic criterion for sexual dysfunctions within the DSM V-TR, addresses differences in gender-based diagnoses, and highlights the frequency in which "clinical judgment" is required to determine the objective sufficiency of an individualistic and subjective experience for a diagnosis to be made. The Dual Control Model of Sexual Response is presented to assist clinicians with both assessment and psychoeducation regarding their client's sexual experiences. Understanding the impact of sexual excitation and sexual inhibition systems on your client's sexual response as explained by the Dual Control Model will facilitate a more thorough understanding of the client and thus a more accurate, appropriate, and ethical assessment and diagnosis of sexual dysfunction in the therapeutic setting."

UPCOMING FREE WEBINARS

Asexuality 101

Allison Goukler, BA & Caroline Broughton, MSW-Intern
Friday, July 15, 2022 at 6:00 PM

Parenting LGBTQ+ Youth

Jenna Turchiarelli, LMSW
Friday, July 22, 2022 at 6:00 PM

Exploring Self-Love

Tamera Wright, LMSW
Friday, July 29, 2022 6:00 PM

RSVP for our free webinars [HERE](#)

Find us on:



@HEALING_AT_REX



@REALISTICEXPECTATIONS



@REALISTICEXPECTATIONSPLLC

Upcoming Group Programs

Neurodivergent Life Skills Therapy Group

Start: Summer

Contact: Chris Avila, LCSW-S

Chris@realisticexpectations.net or (469) 928-6757

A-SIDE: An Asexuality-Spectrum Identity

Identity Development and Education Group

Start: Summer

Contact: Allison Goukler, BA

Admin@realisticexpectations.net or (469) 294-3779

Raising Queer Youth: Education and Exploration for Parents of LGBTQ Adolescents

Start: Summer

Contact: Jenna Turchiarelli, LMSW

Jenna@realisticexpectations.net or (469) 297-6153

Lessons in Self Love: A Self-Esteem Support Group for Young Adults

Start: Summer

Contact: Tamera Wright, LMSW

Tamera@realisticexpectations.net or (214) 233-5547