

# Black Men: Bullying, Trauma, & Resilience

**Saturday, April 30 2016: 9am-5:00pm**

Two Black men who grew up with bullying, trauma, and violence - how did they overcome these obstacles and become successful Hollywood actors and writers? Join Keynote Speakers: Ski-ter Jones and Charles D. Carpenter, as they share their stories of resiliency.



Ski-ter Jones



Charles D. Carpenter

Keynotes takes a *narrative approach* in small/large group discussions with round table discussions with invited speakers and mental health experts in the afternoon. The workshop is intended to help counselors be more trauma-informed when counseling Black men and understand the lived experience of the Black man. Facilitated by Dr. Marsha Boveja Riggio, MCA.



Warren Christopher  
Ret. Lt. Colonel  
US Army



Demitri Kornegay  
Ret. Police Detective  
Argosy University  
Doctoral Candidate



Peter Modlin  
Graduate Student  
Johns Hopkins  
University



Ed Reed  
School Counselor  
International  
Coach/Trainer



Tony Spann  
Howard  
University  
Doctoral Candidate



Dr. Don Trahan  
Asst. Professor  
Argosy  
University



# REGISTRATION



Workshop @ The Johns Hopkins University  
**9601 Medical Center Dr, Rockville, MD 20850**  
 Building III Room: 121 (1st Floor), 6 NBCC CEUs

***Take Advantage of Early Bird Rates!***

Please Visit: [www.MDCounseling.org](http://www.MDCounseling.org) OR Complete Registration Information Below

Checks made payable to: *Maryland Counseling Association*  
 c/o Sarah Gilden, Treasurer P.O. Box 87682 Montgomery Village, MD 20886

<b>Registration Type: Includes Workshop &amp; Park- ing - Lunch on Your Own</b>	<b>Before 4/23/16</b>	<b>4/24/16 and at Door</b>
MCA Professional Member	\$90	\$105
MCA Professional Non-Member	\$105	\$115
MCA Lifetime Member	\$90	\$105
MCA Past-President	\$90	\$105
MCA Student/Retired Member	\$45	\$55
MCA Student/Retired Non-Member	\$55	\$65
MCA Board Member Professional	\$45	\$55
MCA Board Member Student	\$0	\$45



Name	Charge to Visa or Mastercard (Circle one)
Title	Name on Card
Organization	Card Number
Mailing Address	Expiration ___/___/___
Phone	CVV Code
Email	Billing Address
Registration Type: _____ Registration Fee: \$ _____	Card Holder Phone Number - -
Check enclosed? Y / N Check # _____ *Make payable to MCA	Cardholder Signature

**Questions? Email Program Chair  
 Lenese Stephens:  
[lenesestephens@gmail.com](mailto:lenesestephens@gmail.com)**