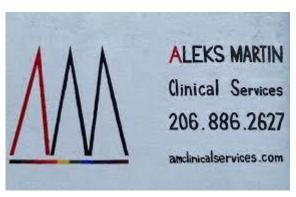




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### LAND ACKNOWLEDGMENT

The Northwest MHTTC acknowledges and honors that the University of Washington stands on the unceded land of the Coast Salish peoples, land which touches the shared waters of all tribes and bands within the Duwamish, Suquamish, Tulalip and Muckleshoot nations.

We acknowledge the ancestral homelands and traditional territories of Indigenous peoples who have been here since time immemorial across our Region spanning Alaska, Idaho, Oregon and Washington.

May we always honor their spirit and heritage while working for justice in their communities.

To identify the stewards of your land, visit <a href="https://native-land.ca/">https://native-land.ca/</a>

#### Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



### **EVALUATION**



### DISCLAIMER

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- At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.
- This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.





# SETTING OUR INTENTION

### What brings me here today?









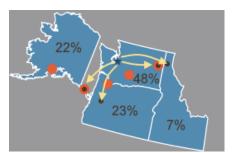
















### **SESSION GOALS**

# Learn

About Training Resources

Challenges & Lessons

# Hear

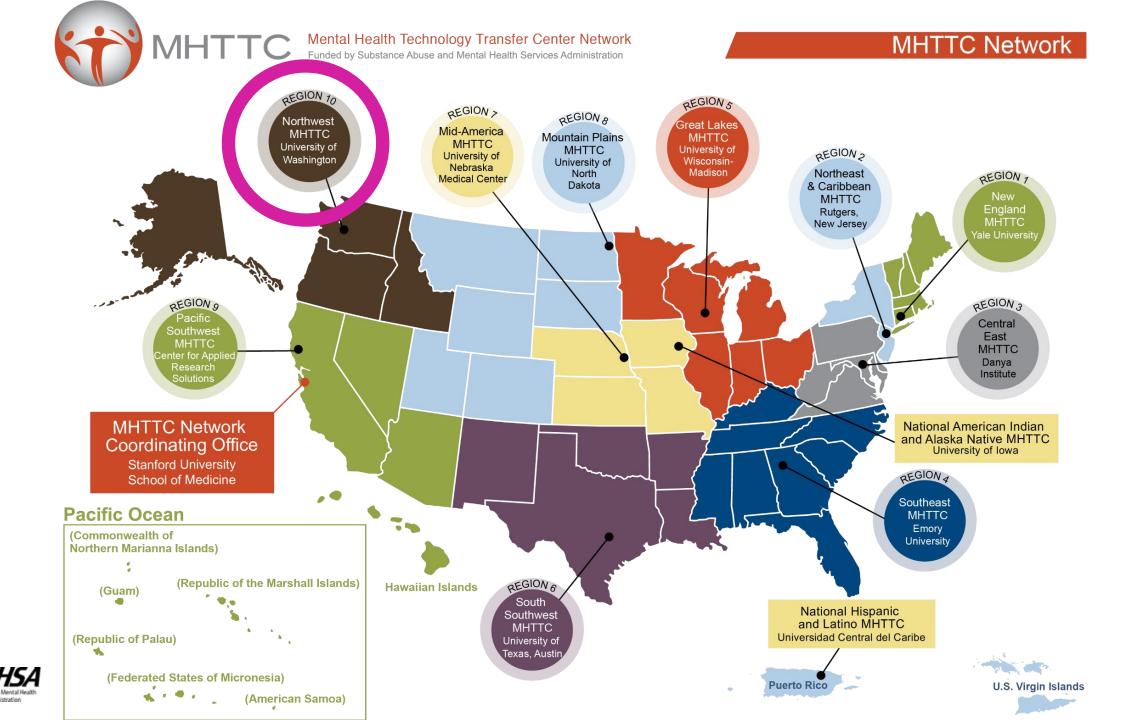
Ideas from Trainers on Well-Being Concepts

Practices for Supporting Work

# Plan

Increase & Sustain Resilience

Training Recommendations



















#### **OUR GOALS**



Accelerate adoption and implementation of mental health-related EBPs.



Heighten awareness, knowledge, and skills of the workforce.



Foster alliances and address training needs among diverse partners.



Ensure availability & delivery of FREE, publicly available training and TA.

#### AREA OF FOCUS Evidence-based practices (EBPs) for psychosis

Including CBT for psychosis (CBTp) & Assertive Community Treatment (ACT)

#### ADDITIONAL TOPICS OF TRAINING & TECHNICAL ASSISTANCE

Integrated Care | Peer Support | Suicide Prevention | Telehealth | Families Trauma-Informed Support I Culturally-Responsive Care I Crisis Work



LYDIA CHWASTIAK, MD, MPH PI & CO-DIRECTOR

> CHRISTINA CLAYTON LICSW, CDP CO-DIRECTOR





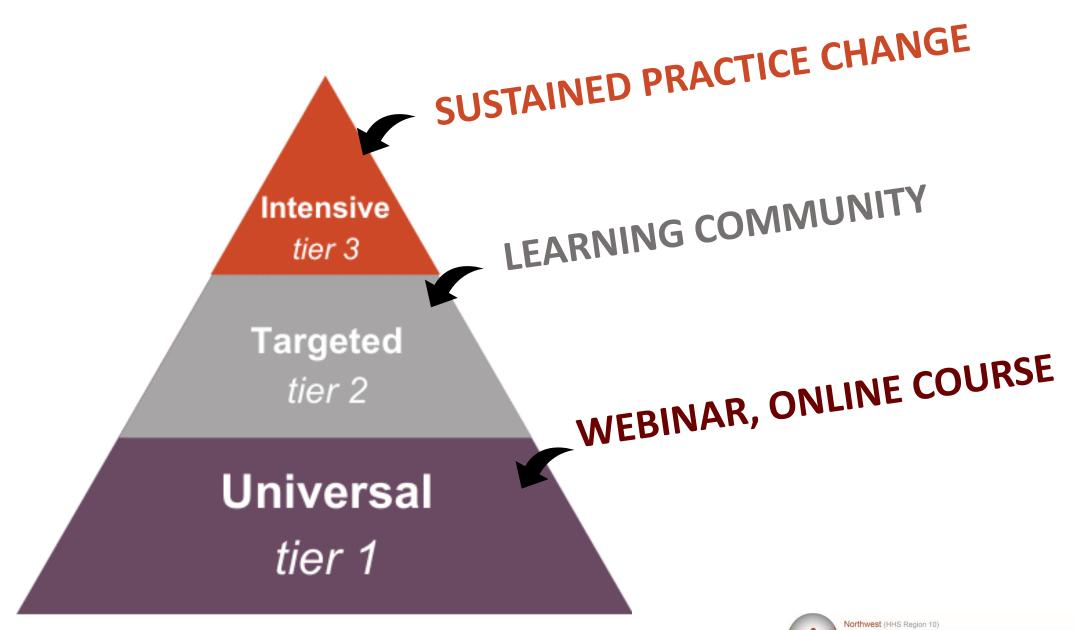
#### **WE PROVIDE**











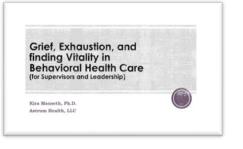


























#### **Topics**

- Evidence-Based Practices for Psychosis
- Integrated Care
- School Mental Health
- Culturally-responsive Practices
- Suicide Prevention
- Peer Support
- Supervisor Topics
- Provider Well-Being
- 988 Roll-Out

#### **Products**

- Curriculum Packages
- Tip Sheets & Research Briefs
- Podcast
- Flipbooks







AGENCIES











(?) Dashboard

 $\equiv$ 

- **☆** Site home
- Calendar
- ☑ My courses

#### Course categories

- Delinical Supervision and Administration (2)
- Mental Health Services
  - ▶ Special Topics in Mental Health Services (8)
- ▶ Suicide Prevention Across the Educational Continuum: A Five-Part Series (5)
- Opioid Use Disorder Treatment (4)
- Pharmacology for Behavioral Health (3)
- Prevention of Substance Misuse
- SBIRT (Screening, Brief Intervention and Referral to Treatment) (3)
- ▶ Sexual and Reproductive Health (5)
- ▶ Special Topics in Behavioral Health (9)
- ▶ Substance Use Disorders in Special Populations (5)
- ▶ Substance Use Disorder Basics (6)
- Suicide Prevention (2)
- Duriversal Treatment Curriculum (5)







Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

### YEAR 3 REVIEW

2020-2021

Includes our Primary Grant Award + Supplements for School Mental Health and Provider Well-Being

#### 

















19,321 **TRAINED** 

262 **EVENTS** 

3,462

**E-COURSE PARTICIPANTS**  23,581

136 **VIDEO PRODUCTS**  2,072

**DOWNLOADS** 

123,268

**VISITORS** 

20,138 **SUBSCRIBERS** 

#### **OUR GOALS**

**Accelerate adoption** and implementation of mental healthrelated EBPs.

Heighten awareness, knowledge, and skills of the workforce.

Foster alliances and address training needs among diverse partners.

**Ensure availability** & delivery of free, publicly available training and TA.



# TRAINING CHALLENGES



Meeting the needs of a diverse workforce

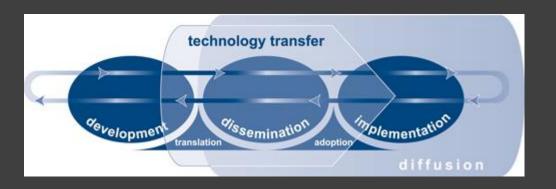
Striving for deeper training & implementation

Balancing reach to our Region & virtual demand

Pandemic tolls continue

Continued racism, oppression, inequities

War, political turmoil, violence



# ACTIONS & RESPONSES



Asking tough questions & looking at the data

Adapting interventions, creative solutions

Needs Assessment, conversations Prioritize wellbeing, holding space

Intentional work: staff, teams, training priorities & speakers

Support work to end atrocities & people affected



The COVID-19 pandemic has had a significant impact on mental health in our communities and in our work force.

The MHTTC Provider Well-Being Initiative was established to support provider well-being, optimize provider satisfaction and health, and build strategies for ongoing self-care to enhance personal and professional resilience.



# LESSONS LEARNED ABOUT TRAINING... before and during this "new normal"

- 1. Tailor content to audience (perceived importance)
- 2. Follow-up is essential
- 3. Quality of training really, really matters
- 4. Challenge from current practice is important
- 5. A supportive inner setting is helpful
- 6. Online formats can be very successful
- 7. Participants prefer shorter online and longer in-person
- 8. Online, virtual learning communities show promise
- 9. Virtual fatigue is real, but we all want more time

### **SESSION GOALS**

# Learn

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Training Resources

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# AGENDA



**Common Terms** 

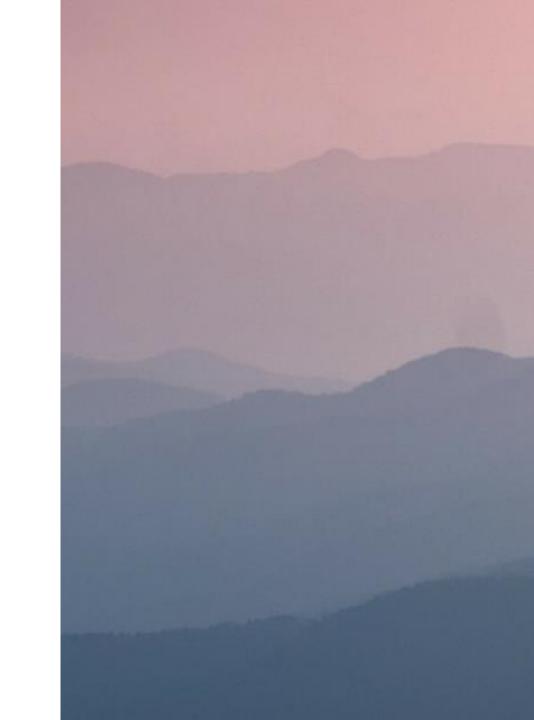


Pandemic and more:

Depletion of resources



Management of Burnout, Moral Injury and Compassion Fatigue



### Definitions

- **Burnout:** Exhaustion of body, mind, and motivation due to exposure to prolonged and unresolved work stress or frustration. Burnout is often a consequence of perceived disparity between the demands of the job and the resources that an employee has available to them.
- **Compassion fatigue:** Emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, also described as secondary traumatic stress.
- **Moral Injury:** Strong feelings of guilt, shame, or anger due to not being able to provide the kind of care or service you want and expect to provide
- **Resilience:** The process involving behaviors, thoughts, and actions of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Can be developed by focusing on connection, purpose, and flexibility /adaptability.
- **Resilience factors:** Conditions that help a person survive during and recover from a crisis or traumausually internal strengths and external resources.

# Behavioral health Disaster response timeline



## Common Experiences



#### **EMOTIONAL**

Nervousness Grief / Sadness Anger

Fear



#### **PHYSICAL**

Trouble Sleeping
Headaches
Stomach problems
Stress eating /
Snacking / Not
eating



#### **COGNITIVE**

Distractibility
Trouble
Concentrating
Memory Problems



#### **BEHAVIORAL**

Withdrawal Isolation

Aggression
Substance Use



#### **SOCIAL**

Strained Friendships Disagreements

Lack of Participation Conflict



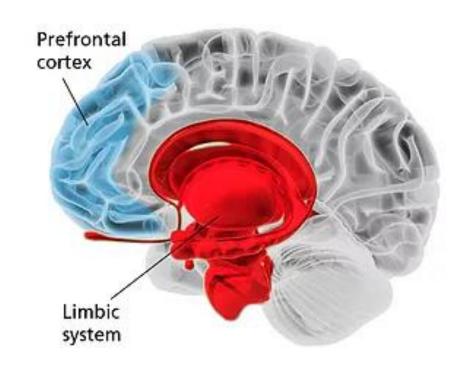
#### **SPIRITUAL**

Questioning Faith Stronger or more distant relationship with God or Higher Power



# The neuroscience of response and recovery

- Prefrontal cortex:
   higher-level
   functioning, planning,
   organization, details,
   filtering.
- Limbic system: emotion, impulse, pleasure and safety, memory





### Symptoms and common experiences in the workplace

#### **COGNITIVE**

- Brain 'fog'
- Memory issues
- Word-finding difficulties
- Trouble with:
  - Focus, concentration
- Misinterpretation of motives / actions of others

#### **EMOTIONAL**

- Quick to anger / short tempered
- Weepy / crying
- Flat affect / shut down
- Higher likelihood of emotional responding in general.

#### BEHAVIORAL

- Impulsive
- Reckless
- Risky decisions/ actions
- Acting 'out' or acting 'in'
- Withdrawal / Disengagement

## Job stress & Disaster Response



#### BURNOUT

- Time / boundaries; consistent and structured off or unavailable time
- Peer check ins
- Media and news limits (no doomscrolling!)



### COMPASSION FATIGUE

- Positive reinforcement
- Active listening
- Participation with peers who also get it
- Recognize when you need to say "no" or "I can't" and support each other



#### MORAL INJURY

- Recognition of effort & contributions to larger picture
- Accounting of small, daily or regular successes
- Small, achievable goal setting

## How to manage / reduce Burnout

- Burnout is widespread in the context of a disaster. Out energy is more limited right now generally. Healthy and clear boundaries between work and "off" time are essential to reducing burnout.
  - We need three groups of time: ON, ON CALL, and OFF
- Create a system for recognizing personal or group efforts and accomplishments during team or one-on-one meetings. End the check-in with what is currently going well.
- Create a personal coping plan if you don't have one already- list things that you can do in different places (home and work) and things in different time frames (if you have 5 minutes or a hour) that YOU KNOW work for you.

# How to manage / reduce Compassion Fatigue

- Compassion Rewards are the antidote for Compassion Fatigue:
  - Take time to recognize the impact your work is having on others and celebrate victories when possible (even little ones).
- Cultivate a group of coworkers who are supportive and maintain these relationships.
- If you are in a supervisory or managerial role: Lead by example with mandatory and systematic work breaks (on a reasonable schedule) and include them in your schedule.
- Offer verbal support for colleagues (active listening is great!!)
- Avoid professional isolation by engaging with colleagues while maintaining social distancing (e.g., virtual get-togethers, online consult and affinity groups, and online huddle-style meetings to share information and lessons learned).

## How to manage / reduce Moral Injury

- Moral Injury is triggered by environmental circumstances, not personal failures. If you
  experience this, try to focus on external causes that can be addressed, not internal
  blame.
- Try to acknowledge that this is happening when or if you notice it.
- Develop a plan for what works for you as an individual when it comes to self-care.
- Create a schedule and try to add just one small thing each day you enjoy doing.
   Mindfulness practices (e.g., meditation and breathing practices) can be helpful.
- If you have a personal history of trauma, consider professional care services to help process your experiences.
- Get back to your personal coping plan.

## Resilience Development

#### **Purpose**

- What motivates you?
- What contributes to compassion rewards?
- What can you
   remind yourself of
   to help on a day-to day basis (don't
   think too long term
   or big picture).

#### Connection

- How can you maintain existing connections with others?
- How can you develop new connections?
- Connection can be anything that prevents isolation.

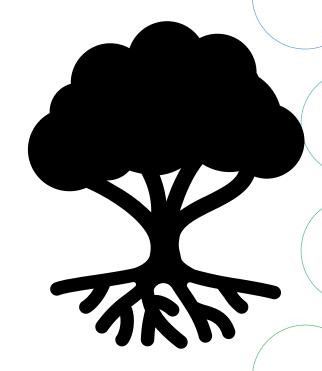
#### Flexibility & Adaptability

- How can you be creative in physical distancing while leveraging connection?
- How can you adjust your physical space?
- How can you adapt your schedule to give yourself discreet and clear breaks and boundaries?

#### Hope

- What opportunities may exist where they didn't before?
- What are some surprise or hidden benefits that have come out of recent experiences?
- What examples do you have to shift your thinking from a "threat" to a "challenge"?

## Resilience Development



**Purpose -** What motivates you? What goals do you have right now? **(don't think too long term or big picture)**.

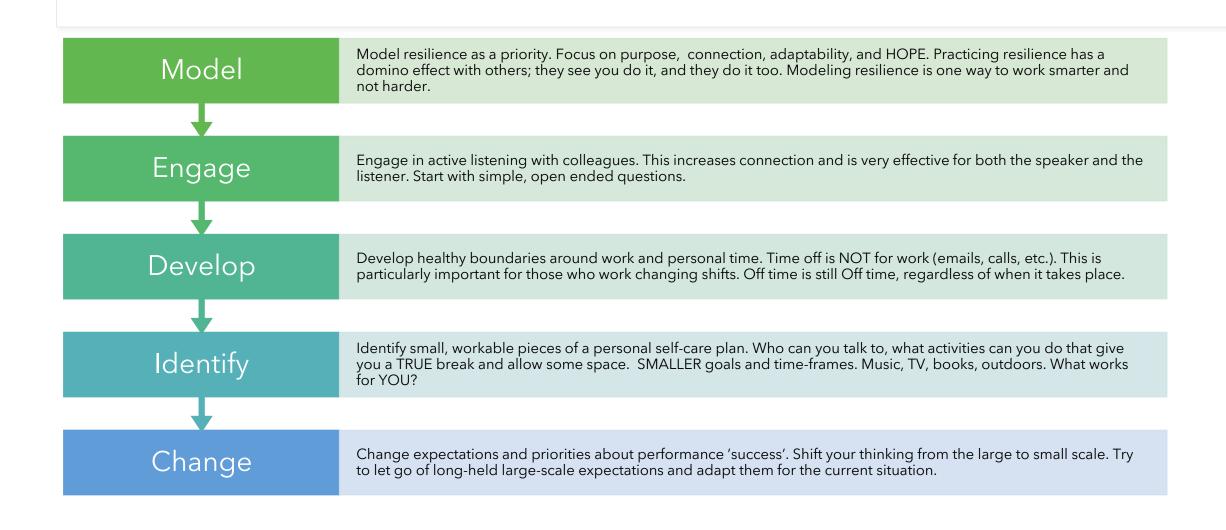
**Adaptability -** How can you make adjustments that are needed, to time, space, fun, expectations, etc?

**Hope -** How can you shift your thinking from 'threat' to 'challenge' and what are the <u>realistic</u> opportunities you have?

**Connection-** To whom or what are you connected? Connection can be anything that prevents isolation



# What can we DO that doesn't add MORE work? **MEDIC** © for disaster recovery

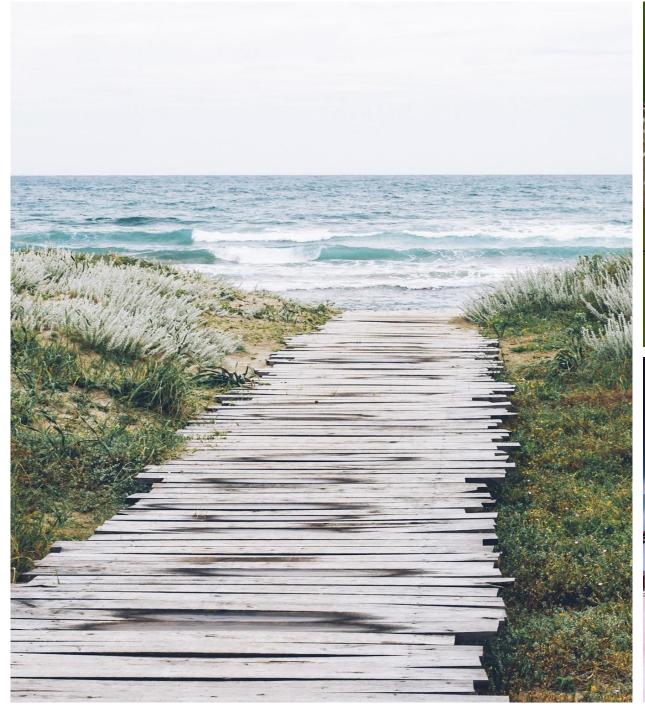




# **KALEIDOSCOPE**

Perspectives in DIVERSITY

During a PANDEMIC





2021: January to August
Monthly webinars
2022: Late Spring
Weekly webinars and

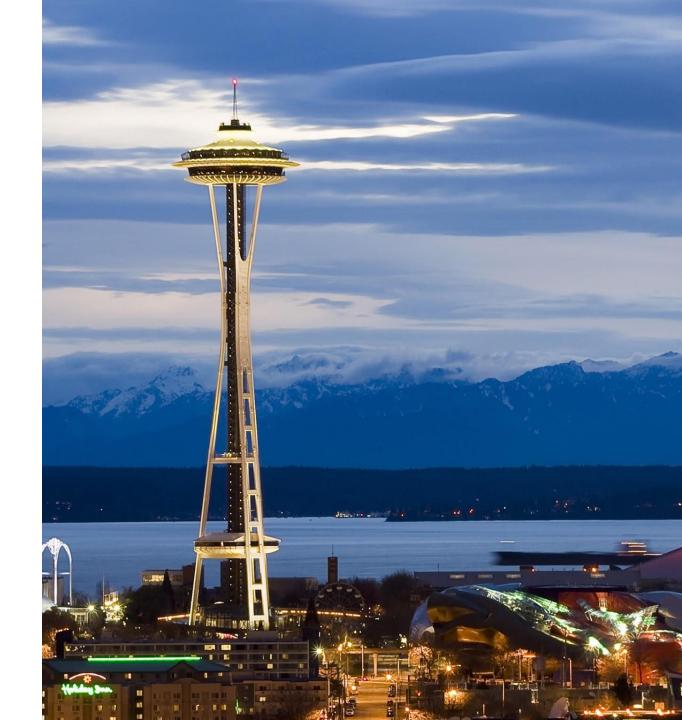
**Learning Communities** 



# 16 HOURS. X HUMANS. 1 CAMERA. 1 DOG.

# Provider Well-being

Self-care Support Mindfulness Practice Mental Illness vs. Wellness "Am I Good Enough?" Stigma, Shame & Self Diversity & Difference Fostering Resilience, **Avoiding Burnout** Lessons Learned







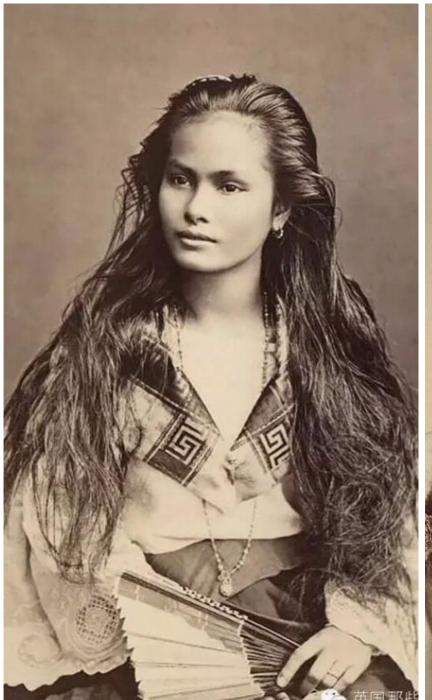




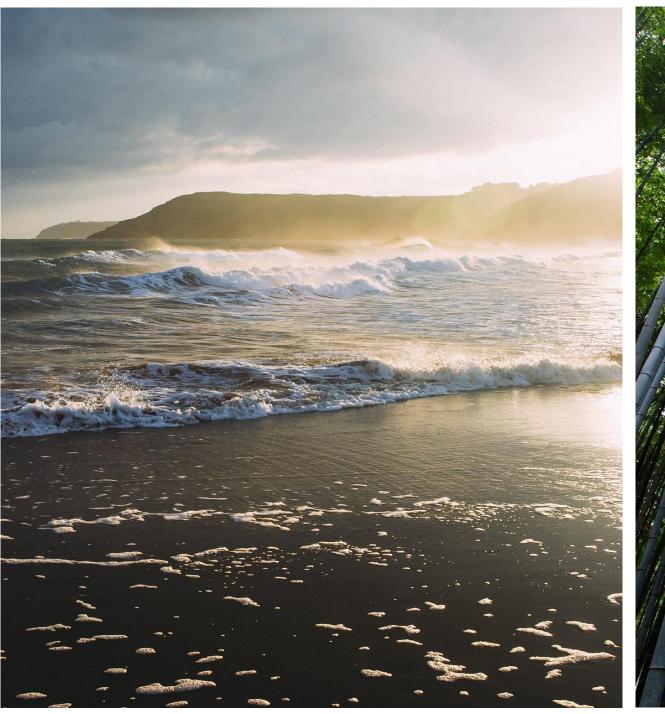


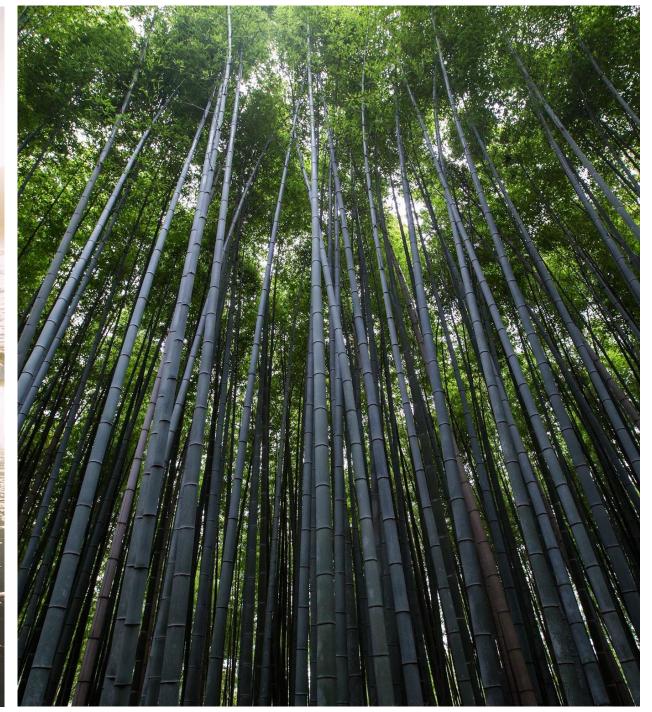
**QOMMUNITY vs. SELF** 

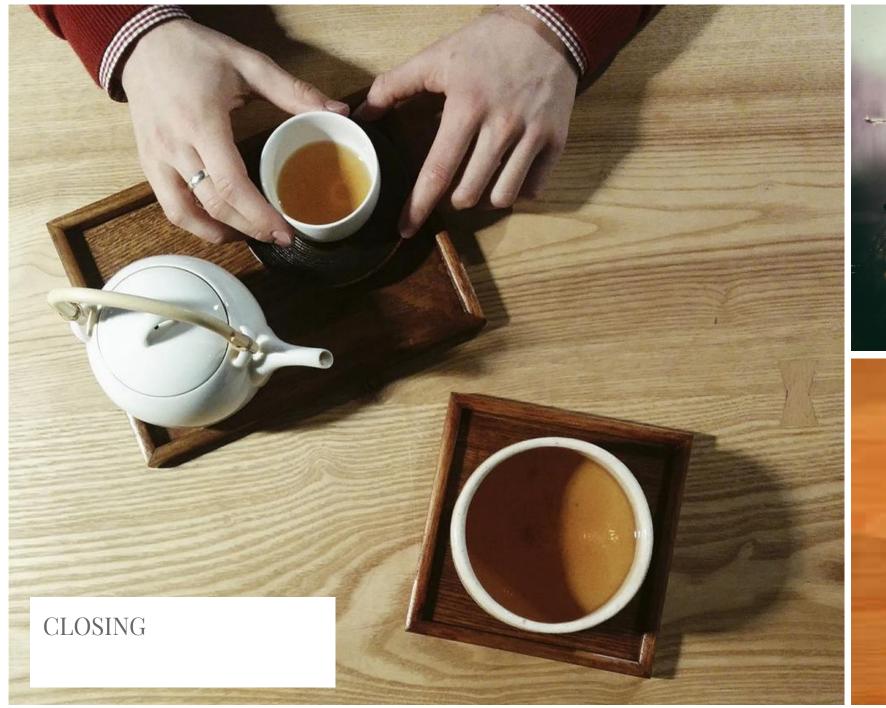


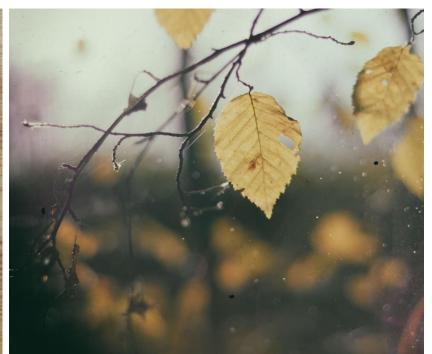














#### SESSION GOALS

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Increase & Sustain **Resilience** 

Training Recommendations

## NORTHWEST MHTC

2021

## NEEDS ASSESSMENT REPORT

TRAUMA, INCLUDING TRAUMA-INFORMED CARE

CO-OCCURRING MENTAL HEALTH & SUBSTANCE ABUSE DISORDERS

SCHOOL-BASED MENTAL & BEHAVIORAL HEALTH

MOTIVATIONAL INTERVIEWING

CRISIS DE-ESCALATION

**CULTURAL CONSIDERATIONS** 

GRIEF, LOSS, & BEREAVEMENT

MENTAL HEALTH AWARENESS & LITERACY

POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS (PBIS)

**MICROAGGRESSIONS** 

COGNITIVE BEHAVIORAL THERAPY (CBT)

CULTURAL ELEMENTS FOR AMERICAN INDIAN/ALASKA NATIVE

CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

STRENGTH-BASED APPROACHES TO TREATMENT

YOUTH & TRANSITION-AGED YOUTH (16-25) WITH SERIOUS EMOTIONAL DISTURBANCE (SED) &/OR SERIOUS MENTAL ILLNESS (SMI)

SUICIDE PREVENTION & SCREENING

How can we support our workforce in Washington?





## Gaps and opportunities?

Are projects or efforts on the horizon?

Innovative ideas to pursue?

# QUESTIONS & DISCUSSION



## Thank you for all that you do!



Christina N. Clayton, LICSW, SUDP Northwest MHTTC, UW Aleks Martin, LSWAIC, SUDP

AM Consulting & Clinical Services

Kira Mauseth, PhD
Astrum Health, LLC



#### **RESOURCES**

- https://mhttcnetwork.org/centers/content/northwest-mhttc
  - Our Center's flyer and our Year 3 summary
  - · Website: https://mhttcnetwork.org/centers/northwest-mhttc/home
    - Note that anything on the orange bar at the top beyond "your MHTTC" is the NATIONAL centers' combined info
    - Our info is under the grey navigation menu that expands
  - Areas of Focus
  - · Faculty/Staff Directory
  - Regional Advisory Board members
  - Online Courses
  - Archived Webinars
  - https://mhttcnetwork.org/centers/northwest-mhttc/school-based-mental-health
  - https://mhttcnetwork.org/centers/northwest-mhttc/provider-well-being-support
  - https://mhttcnetwork.org/centers/northwest-mhttc/product/grief-exhaustion-and-finding-vitality-behavioral-health-care-2
  - https://mhttcnetwork.org/centers/northwest-mhttc/product/northwest-mhttc-2021-needs-assessment-report
- https://mhttcnetwork.org/

#### Other Region 10 TTCs

- Addiction TTC
- Prevention TTC
- https://techtransfercenters.org/landing
- https://techtransfercenters.org/events
- https://healtheknowledge.org/
- https://native-land.ca/
- https://aleksmartinclinicalservices.com/
- http://astrumhealthlic.org/