

BRAIN TEASERS



2. MAN 3. STAND BOARD I

4. |RIEIAIDIINIGI 5. WEAR 6. RÖAD LONG A

7. N 8. CYCLE 9. LE 10. N. D. VEL

11. KNEE 12. | 13. | 13.

14. 15. 15. 16. 17. MIND 17. MATTER

18. HEST/HIMSELF 19. ECNALG 20. DEATH LIFE

Virtual learning works!

Building resilience,
supporting leadership
and connecting our field





The Northwest MHTTC acknowledges the Native and Indigenous peoples who are tied to this land through history, legends, and culture since time immemorial, and whose lands were forcibly taken. This acknowledgment is a commitment to show respect, build relationships, learn and remember tribal history and sovereignty, and work for justice in these communities.

We also acknowledge that like most modern-day U.S. institutions, the University of Washington benefits from the unaddressed legacy of stolen labor and slavery, which is at the foundation of this nation and its vast and inequitable wealth. We recognize our debt to exploited workers past and present whose labor was and continues to be stolen through unjust practices.







UW Medicine DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES



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WE ARE JUMPING RIGHT IN!



Please bring out your cell phone or other device No, seriously...we mean it...



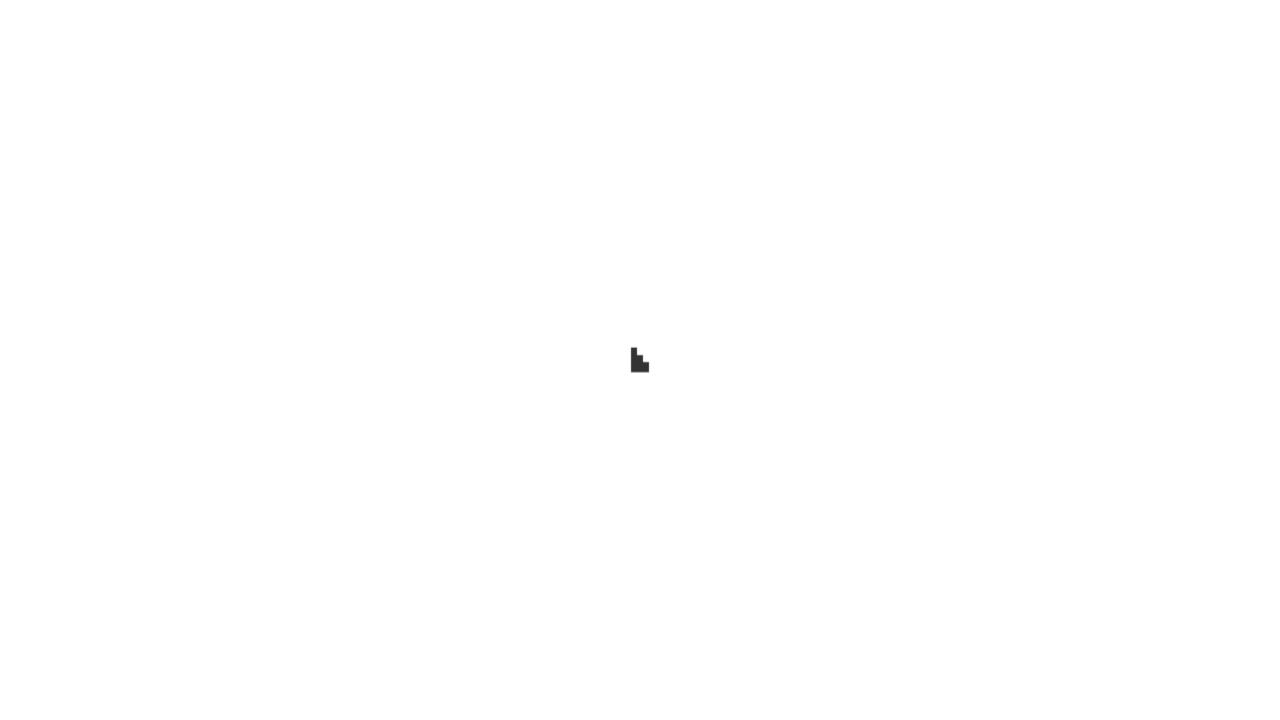






OR go to: bit.ly/WBHCmhttc





INTRODUCTIONS & AIMS





KEY POINTS: sneak peek!



START STRONG



GREET WARMLY



SET CLEAR EXPECTATIONS



ENGAGE EARLY & OFTEN



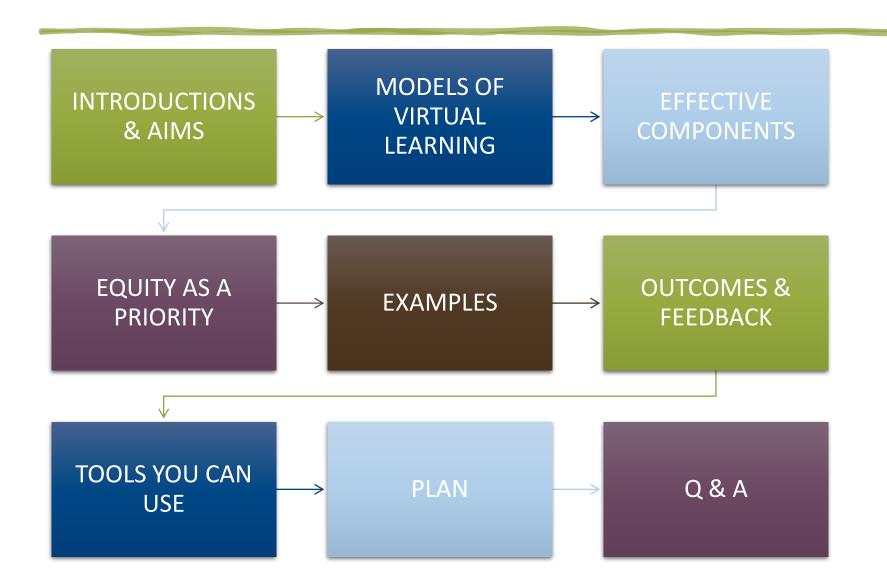
CONNECT LEARNERS



SUSTAIN ENGAGEMENT

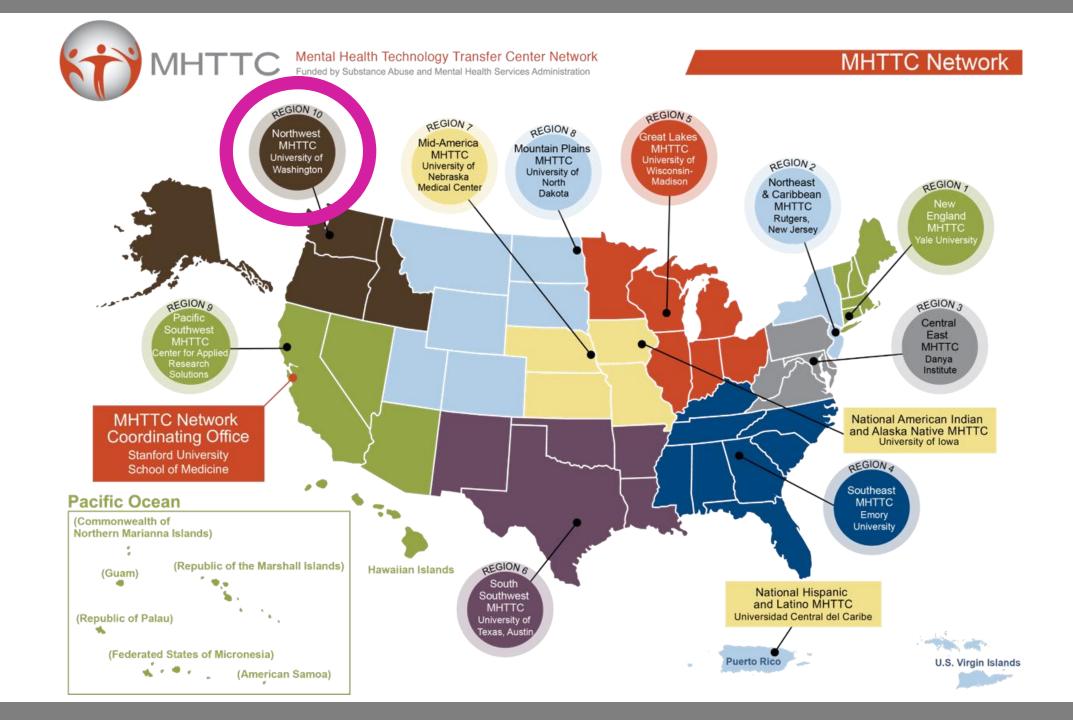


AGENDA

















LIVE & RECORDED
WEBINARS



VIRTUAL LEARNING
COMMUNITIES



Healthe Knowledge.org

ONLINE, SELF-PACED COURSES

OUR GOALS



Support mental health-related EBPs and best practices.



Heighten awareness, knowledge, and skills



Foster alliances and address diversity of training needs



Share FREE, publicly available training and TA.



NEWSLETTERS & OPPORTUNITIES

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

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

ADDITIONAL TRAINING TOPICS

Integrated Care ~ Peer Support ~ Leadership ~ Co-occurring Substance Use Disorders

Provider Well-being ~ Suicide Prevention ~ Equity & Inclusion ~ Families ~ Trauma-Informed

Addressing Stigma ~ Culturally Responsive ~ Crisis Work ~ Grief & Loss

PRIORITIZING EQUITY, DIVERSITY, INCLUSION & PROVIDER WELL-BEING



LYDIA CHWASTIAK, MD, MPH PI & CO-DIRECTOR

> CHRISTINA CLAYTON, LICSW, SUDP CO-DIRECTOR







RESOURCE LIBRARY



"PUTTING IT TOGETHER" *PODCAST*







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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.



- Models & components
- Benefits & challenges
- Examples
- Plan an activity
- Practical tools & free resources



What are your goals for virtual learning?

- Biggest challenge
- Wishes for something different
- What do you hope to take away today?





MODELS OF VIRTUAL LEARNING





INTENSIVE Tier 3

SYSTEM CHANGE
PRACTICE IMPLEMENTATION
LONGITUDINAL SKILL-BASED COHORTS

TARGETED
Tier 2

LEARNING COMMUNITIES ONGOING CONSULT CALLS

UNIVERSAL Tier 1 LIVE WEBINARS & RECORDINGS
ONLINE COURSES
PUBLICATIONS
PODCASTS

Virtual Training & Technical Assistance Models

Universal	Pros	Cons	Examples	
Webinar	Easily accessed & viewed laterOften can hold large group	Didactic, less or not-at-all interactive	 Queer and Trans Youth Mental Health: Trauma-Informed & Anti-Racist Co-Conspiratorship More than a DSM Code: Addressing Stigma Experienced by Families 	
E-Course	Self-paced, on demand	Relies on learner to proceed and complete	 Introduction to Assertive Community Treatment (ACT) Violence Risk Assessment and Management 	
Targeted	Pros	Cons	Examples	
Learning Community	Targets specific needsCumulative focus	 Requires attend most/all to benefit More time commitment but can be short 	 Examining Bias and Ideologies to Improve Care LGBTQ+ Suicide Awareness & Prevention for Families Vitality for Behavioral Health Care Leadership 	
Training + Consultation Calls	Role plays, skill practice, clinical discussion	Can be hard to attend regularlyAren't usually recorded	 When All The Time You Have Is Now: Brief Narrative Therapy Practices Skills for Psychological Recovery for direct care staff 	
ECHO Model	 Didactic & In-depth clinical case consultation Feedback & recommendations 	 Takes effort to organize, facilitate Plan for didactic by organizers Participants need to prepare examples 	 Program for Assertive Community Treatment ECHO First Episode Psychosis ECHO PACC ECHO (Psychiatry & Addictions) 	
Intensive	Pros	Cons	Examples	
Implementation Project	 Dissemination of EBP/practice Coaching & Feedback over time Truly supports practice change 	 Requires highest level of commitment from participants, leadership AND organizations Takes most time and financial resources 	 Cognitive Behavioral Therapy for psychosis STRIDE Integrated Care Group Facilitation New Journeys First Episode Psychosis Role Specific Consultation Calls 	

What WORKS for you, your teams and agencies for virtual learning?

How does this COMPARE to inperson learning & training?

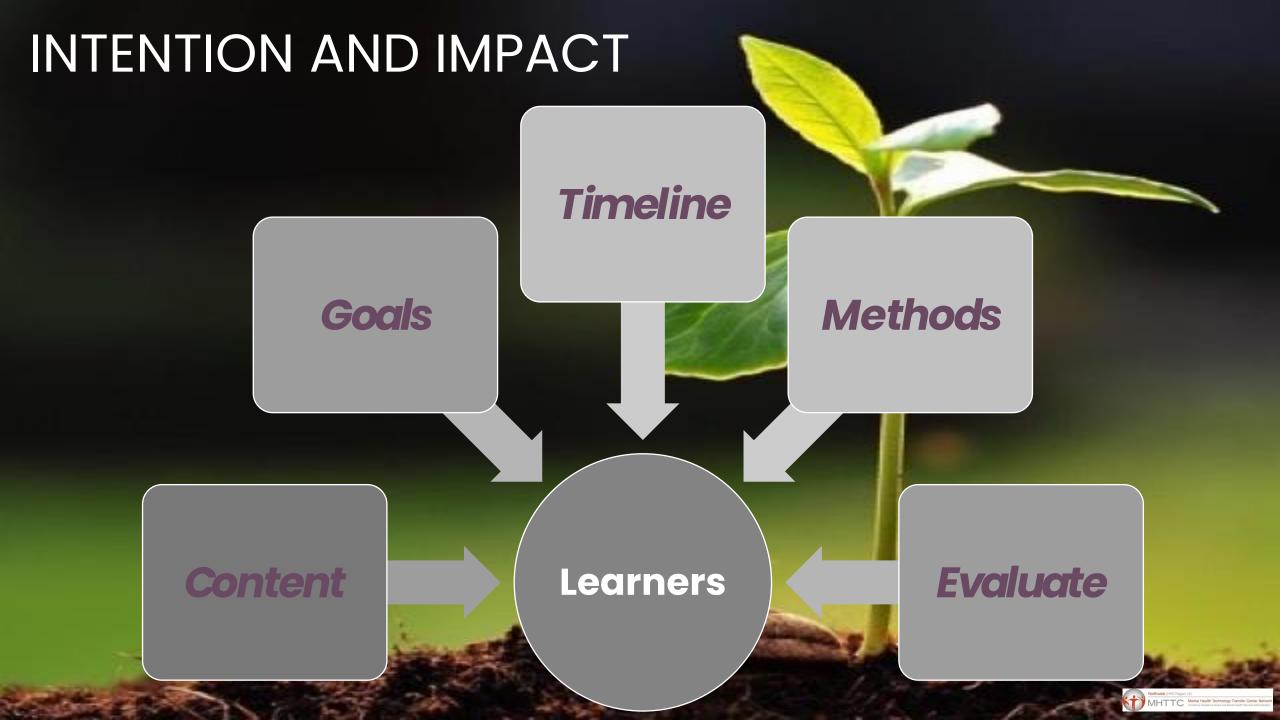




EFFECTIVE COMPONENTS







Modern Learners are...

Therefore, Virtual Training must be...

Remote

Social

Distracted

Engaging

Overwhelmed

Purposefully-Designed

Overloaded

Simple

Unique

Personalized











LEARNING PRINCIPLES AND SUGGESTIONS







CONNECTION

- Motivations
- Importance
- Relevance



ENGAGED

- Planned
- Compelling
- Creative



CLARITY

- Expectations
- Process
- Anticipatory



GOALS

- Defined
- Reviewed
- Recapped



IMPACT

- Measured
- Shared
- Used















Time Energy Investment Support









COMMON CHALLENGES

Poorly defined objectives

Unengaged learners

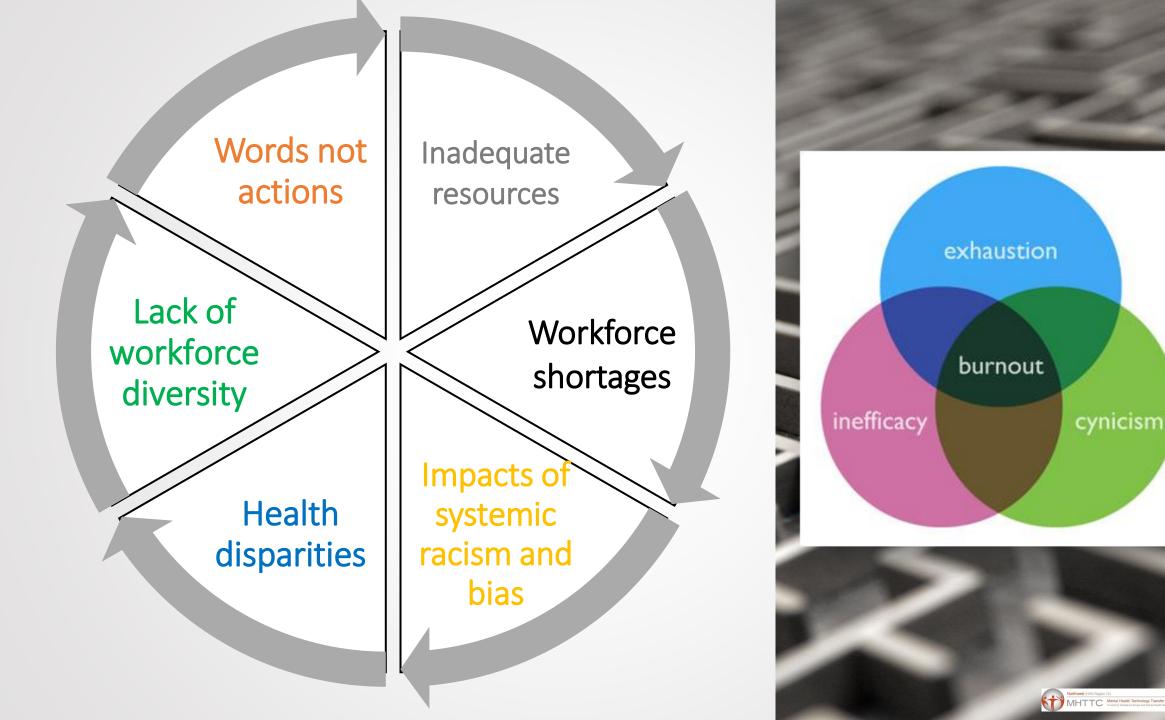
Lack of preparation

Ineffective facilitation

Technology hiccups

Distractions







START STRONG:

create the learning hook, be relatable



GREET WARMLY:

sincere, humble, enthusiastic



SET CLEAR EXPECTATIONS:

relieve anxieties, anticipate questions



ENGAGE EARLY AND

OFTEN: don't let

time fly, make space



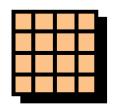
CONNECT LEARNERS:

topic, each other, consciously include



SUSTAIN ENGAGEMENT:

steady, varied, end actively



LESSONS LEARNED



- When adapting in-person to virtual, satisfaction can remain high
- Can result in wider reach, more diverse audience
 - e.g. locales, demographics, roles, education, settings
- Planning and protocols help ensure consistency
- Support needed varies for presenters based on experience
- Not a perfect sole model, especially if not paired with discussion
- Free is great, and no-shows or non-completes are common



EQUITY AS A PRIORITY





VIRTUAL LEARNING CAN BE MORE EQUITABLE



COMMON VIRTUAL TRAINING EQUITY CHALLENGES

Establishing trust and safe space.

Effective facilitation & moderation for inclusion.

Fear that topic & emotions will derail conversation.

Chat gone sideways. Reading tone.

Comfort with discomfort. Staying engaged.

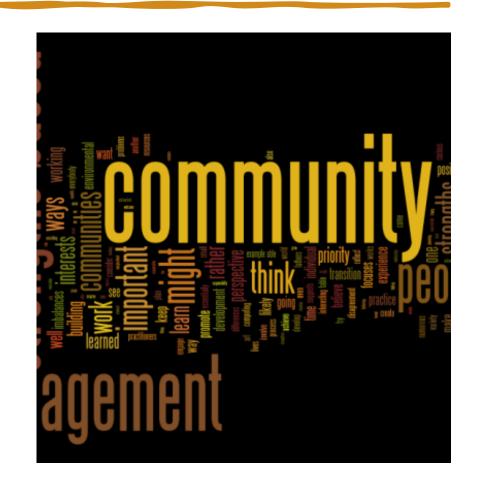
Having enough time for process. Leaving before closure may occur.

Examples from the TTC Racial Equity Tool

How are diverse communities included in sharing their priorities for training activities?

Is our Advisory Board representative of the communities and fields that we serve?

How do we ensure we are responsive to current and emerging issues in communities of color?





The Mental Health Training Insitute



The Mental Health Training Insitute

Intellectual Development Disabilities Track

 People with intellectual and developmental disabilities and mental health needs

Social Justice and Inclusion Track

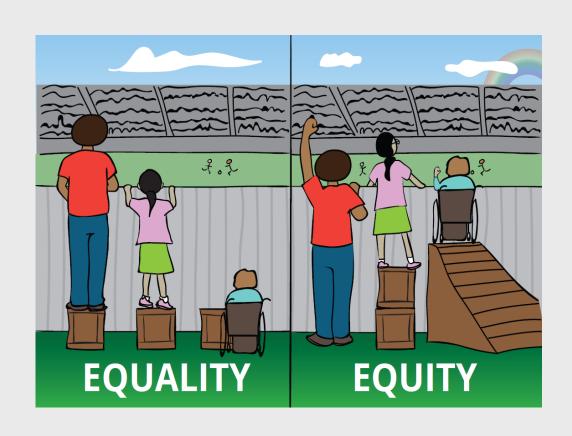
• Underserved populations (e.g., racial/ethnic/gender/sexual minority communities)

Co-occurring Disorders Track

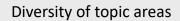
Individuals managing substance use and mental health challenges

Older Adults Track

Equity as a priority: Mental Health Insitute









Collaborative learning environment



Training materials and resources provided



Free trainings



Continuing Education credits offered



Incorporation of novel evidence-informed frameworks

Mental Health Insitute Equity Focused Outcome: Attendee Diversity

Intellectual and Developmental Disabilities Track	Co-Occurring Disorders Track	Social Justice and Inclusion Track
 28% BIPOC attendees 29% LGBTQIA+ Attendees 75% Metropolitan or Suburban Community 18% Rural or Frontier Community 5% Tribal Community 	 29% BIPOC Attendees 20% LGBTQIA+ Attendees 81% Metropolitan or Subur ban Community 16% Rural or Frontier Community 1% Tribal community 	 43% BIPOC Attendees 34% LGBTQIA+ Attendees 79% Metropolitan or Suburban Community 16% Rural or Frontier Community 3% Tribal community

Impact of Equity Informed Trainings

- Facilitated cultural pride and confidence among clinicians
- Encouraged open-mindedness and cultural curiosity
- Reduced burnout by encouraging therapist creativity and cultural flexibility
- Provided models for shared decision making and collaborative practice with clients
- Increased feelings of empowerment
- Appreciation of community and connection with other providers
- Learning from lived experiences and personal stories shared
- Increased proficiency and comfort working with underserved communities

Qualitative Interview Story



Clarissa

Impact of Equity Informed Trainings on Clinicians



"...when you feel like you, as a clinician, have all the answers and you have everything-- everything is your responsibility, and the other person's problems are your responsibility... It can be a lot, and especially with the high demand and the type of problems people come with, it can be very overwhelming. So it was inspiring in a way that I want to do more of that — I want to co-create more, and I want to co-design more...because I trust that the people...can bring their own things into session."

Impact of Equity Informed Trainings

"You invite people to have critical thinking of their own experiences and so they can see themselves not only as victims of what happened to them but also as part of a system that can be criticized and can be changed"



"I think people trust this process more. I think people feel more understood. They feel less pathologized... As a therapist, I feel more comfortable doing this. I feel more secure and more comfortable of my own practice and how am I providing services to people... And in relation to clients...I think that has been impacting how they trust me more and the process more."



TRAINING PROJECT EXAMPLES











Whole Person Care Practices



Alaska Native Rural Providers



Disaster Response Skills



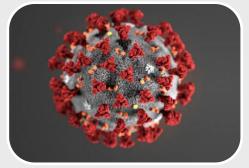
Trauma-Informed Supervision



ADAPT & THRIVE for Leadership



Mindfulness for LGBTQI2+ & BBIPOC staff



National ACT
Consultation
Calls



Stress response & resilience



Anti-Racism in Supervision



Leadership Through Disasters





BUILDING CONNECTIONS: VIRTUAL LEARNING COMMUNITIES

ENGAGING



PRACTICAL



LASTING

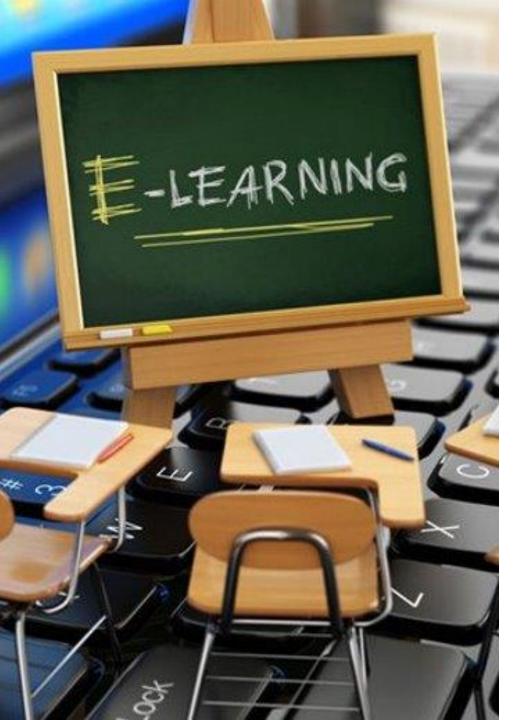


- Before: engagement & welcoming
- During: learning between sessions
- After: "make it stick" communications









Examples of Virtual Trainings

Topics

- Evidence-Based Practices for Psychosis
- Integrated Care
- School Mental Health
- Culturally-responsive Practices
- Suicide Prevention
- Peer Support
- Supervision Topics
- Provider Well-Being & Resilience
- Native &Tribal Projects

Products

- Podcast "Putting It Together"
- Recorded Webinars
- Publications



INTENSIVE IMPLEMENTATION PROJECT: COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS



A **partnership** with the Early Assessment and Support Alliance (EASA) of Oregon (State-wide network of teams doing coordinated psychosis care)



Train practitioners to implement CBTp for first episode psychosis

CREATE OPTIONS









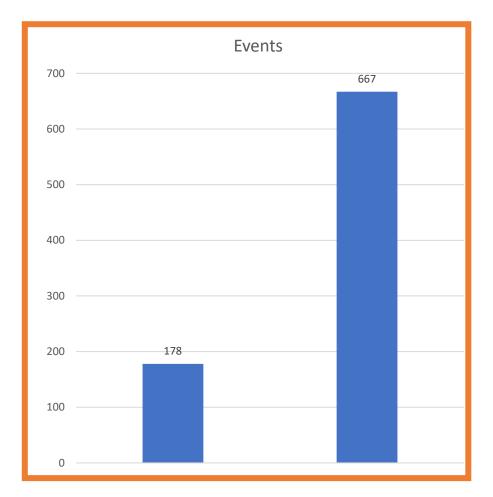
TRAINING OUTCOMES & LEARNER FEEDBACK



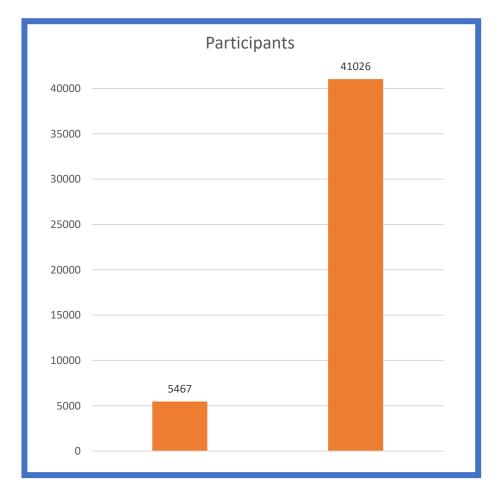


MHTTC targets vs actual: Events & Participants

Goal = 178 Actual = 667

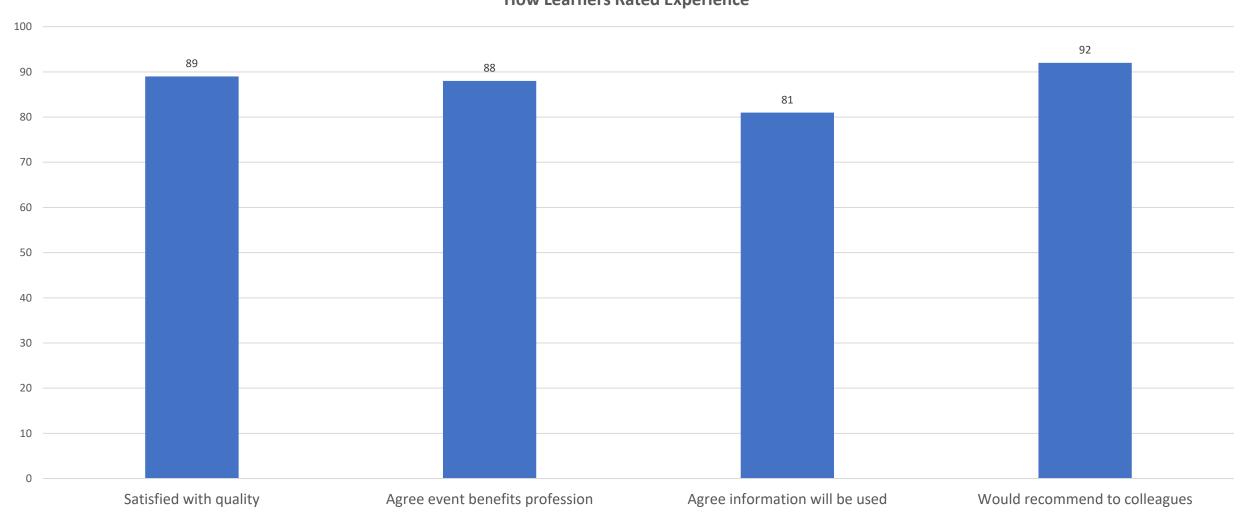


Goal = 5,467 Actual = 41,206



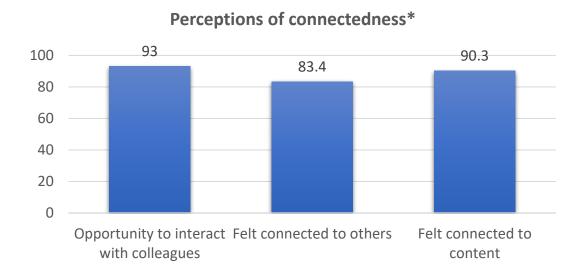
How well have we served learners?

How Learners Rated Experience



How were online Learning Communities received?





Anticipated impact shared by learners:

Quotes from learners

I valued sharing our thoughts and feelings, I felt less alone.

The warmth, relatability and authenticity of the instructor made it so easy to participate.

I felt truly connected with a community that got exactly how I am feeling! Having experts sharing their experiences always makes webinars more interesting.

I gained insight how this impacts working relationships and ways to talk about this with our supervisors.

Pushing me to see things from various perspectives.

I have seen already the improvement in my client's relationship with their family and with themselves.



WHAT PEOPLE WISHED FOR:

I wish my whole department was here at this training!

A longer training to be able to go deeper on the subject

Real hands-on examples for policy and practice change

More concrete ideas on how to create the culture shift we discussed

Specific examples of effective ways to interrupt implicit bias in the clinical setting

More of this! We come together through talking about these issues openly, honestly, and fearlessly.



TOOLS YOU CAN USE



Interactive Ideas for Virtual Sessions

What is the learning goal?

Best strategy to accomplish?

Simple is best

Select a tool / activity

Tools are always updating!



Learning Goals & Activity Options

Ice breakers & who's present

Connecting with audience

Assessing & activating prior knowledge

Brainstorming ideas or sharing associations

Connect audience with each other

Assessing or reviewing the session's learning, emphasizing take-aways

Reactions or responses to shared content

Brain breaks to refresh

Word cloud, comment wall

Chat, emoji reactions, signal your response (camera, hand raise)

Polls, quizzes

Whiteboard, annotating a slide together

Breakout rooms

Responding to knowledge questions

Pause screentime, riddles, puzzles



BRAIN TEASERS

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4. |R|E|A|D||N|G| 5. WEAR 6. ROAD LONG A

7. W 8. SYCLE 9. LE 10. ME VEL

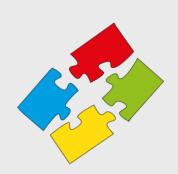
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18. HES/HIMSELF 19. ECNALG 20. DEATH LIFE









Tool	Use
Poll	Ask challenging questions
Chat	Encourage dialogue
Raise Hand	Ask yes/no or agree/disagree questions
Screen sharing	Share software programs or websites with participants
Material distribution	Offer handouts and other paper-based resources
Tests	Check for knowledge transfer and comprehension
Audio	Allow verbal responses from participants and encourage open dialogue



YOUR MHTTC ~ TRAINING AND EVENTS ~

RESOURCES ~ PROJECTS ~ COMMUNICATION ~

Products & Resources Catalog

			· ·				
			roduct Type				
Search for text		- Any -	- Any -				
Center			Target Audience				
Any Center			- Any -				
Keywords							
- Any -							
	spectrum of Mile Co. Co. AC CO. Advancing Equity in Cancer Care for F	rshall introduc	ed Children's System of Care. The system of care (SOC) is a comprehen				
N	Recruitment and Hiring for Youth Peer Support Specialists Youth peer support is an increasingly popular intervention for youth and young adults with serious mental health conditions. However, many Italy Italy						
	School-Based Mental Health State Legislation in the Southeast: A Tiered Approach This resource provides a tiered description of the key policies around the financing and provision of school-based mental health servic that This resource provides a tiered description of the key policies around the financing and provision of school-based mental health service that						
	State Policy & School-Based Mental Health in the Southeast This infographic describes recently enacted and currently considered school-based mental health laws and executive actions.						



YOUR MHTTC ~ TRAINING AND EVENTS ~ RESOURCES ~ PROJECTS ~ COMMUNICATION ~

DEC Introduction to Children's System of Care

Training and Events Calendar

UPCOMING EVENTS	ONGOING EVENTS	PAST EVENTS					
Keyword Search	Filter	Filter by Event Type					
Keyword Search	Filter by Type	Filter by Type					
Select Date Range		And					
Start date	End date	End date					
	Center						
Any Center							
	Apply						
A th							
Culture, Trauma, and Menta	Culture, Trauma, and Mental Health Services for Hispanic & Latino Students						
UPDATE The University of Hous	"UPDATE" The University of Houston-Clear Lake BSW Program is an approved Continuing Education						
DEC Creating Cohesive, Equitab	EC Creating Cohesive, Equitable, and Stakeholder-driven School Mental Health Referral Pathways						
1 Times: 9:00am - 4:00pm (check in	Times: 9:00am - 4:00pm (check in begins at 8:30am) School mental health referral pathways (SMHRPs)						
• •							
DEC Webinar #2: Trauma-Inform	ed Skills for Educators (TISE) - Part 2 (of 2): Trauma-Responsive Skills						
0.4	orthwest Mental Health Technology Transfer Center , in partnership with the Treatment and						

The system of care (SOC) is a comprehensive spectrum of mental health, behavioral health, and other



RESOURCES



NORTHWEST MHTTC

- Website
 - 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
- Our Publications
- Our Podcast "Putting It Together"
- Staff & Faculty Directory
- · Regional Advisory Board members
- Online Courses
- Our Learning Communities
- Archived Webinars
- School Mental Health

MHTTC NETWORK

https://mhttcnetwork.org/

Other Region 10 TTCs

- Addiction TTC
- Prevention TTC
- · https://techtransfercenters.org/landing
- https://techtransfercenters.org/events

HealtheKnowledge (free online courses in behavioral health)

• https://healtheknowledge.org/

UW SPIRIT Lab

https://uwspiritlab.org/

University of Washington

<u>Department of Psychiatry & Behavioral Sciences</u>

University of Washington Race & Equity Initiative Anti-Racism Resources

SAMHSA TRAINING & OTHER RESOURCES

- Practitioner Training & Centers
- · National Network to Eliminate Disparities in Behavioral Health (NNED)
- https://www.samhsa.gov/behavioral-health-equity
- OMH National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)
- 988 Suicide & Crisis Lifeline
- HHS Think Cultural Health—CLAS Standards
- Health Equity Guiding Principles for Inclusive Communication
- EVIDENCE-BASED RESOURCE GUIDE SERIES: Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies

OTHER WEBSITES & RESOURCES OF INTEREST

- 21 Day Equity Challenge
- Pronouns Matter
- Region 9 MHTTC publications:
 - "Assessing Workforce Diversity: A Tool for Mental Health Organizations on the Path to Health Equity"
 - Integrating Cultural and Linguistic Competence: Leading From Where You Are (slides)
 - Virtual Learning Guide
 - Virtual Learning Study Guide recordings: <u>Technology practice</u> & <u>Facillitation practice</u>
- Region 3 MHTTC publication:
 - Diversity, Equity, & Inclusion: Resources for Organizations and Front Line Staff
- <u>Liberating Structures</u>
- Circle Up Conscious Conversations
- Beginning Courageous Conversations about Race
- Norms for Facilitating Courageous Conversations –Cultures Connecting
- NORMS FOR COURAGEOUS CONVERSATIONS handout worksheet—Cultures Connecting
- Establishing An Equity Team—Cultures Connecting
- National Equity Project Virtual Facilitation Guidelines & Resources
- American Psychiatric Association: Mental Health Disparities
- Project Implicit
- White Privilege: Unpacking the Invisible Knapsack by Peggy McIntosh (1989)



PLAN SOMETHING!





TRY SOMETHING NEW

GOAL: What do you want to achieve?

PLAN: How should you try it?

SET DUE DATE: When to do it?

DO IT: You never know until you try!

EVALUATE: What happened? Assessment of process & outcomes



WAS SOMETHING USEFUL?

- Models & components
- Benefits & challenges
- Examples
- Plan an activity
- Practical tools & free resources









QUESTIONS?

We might have answers, and so might you!







UW Medicine DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

THANK YOU FOR LEARNING WITH US!



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