Addressing Key Workforce Challenges in Rural Mental Health Care through Regionally-Tailored Training and Technical Assistance

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MHTTC Network

September 20, 2023

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services (DHHS) and the Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of DHHS or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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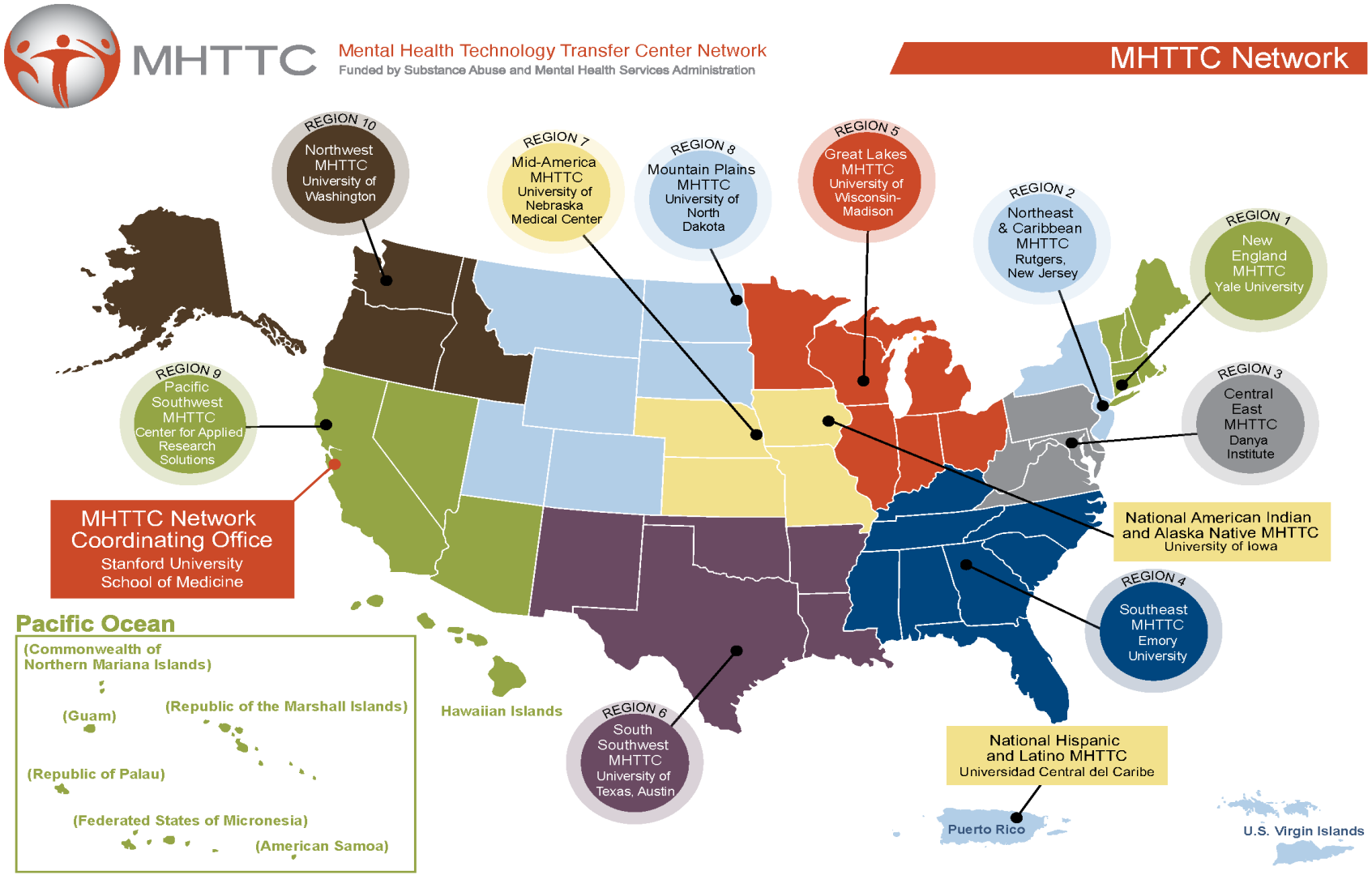
Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Connect with Your MHTTC at www.mhttcnetwork.org



Examples of Rural Mental Health Events

On Demand: Tele-education and Tele-mentoring in Rural Settings (Project ECHO & Other Approaches)

Cultural Elements of Native Mental Health with a Focus on Rural Issues I Recorded Webinar

Healing Our Protectors

Addressing Suicide Disparity in Rural Communities

Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
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Equity Considerations in Rural Communities and Reservations

Kay Bond, PhD, LP
Anitra Warrior, PhD, LP

UNMC MUNROE-MEYER INSTITUTE

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Examples of Rural Mental Health Products

Southeast Mental Health Data: Rurality and Mental Health Care Access

Farm Stress Grab-n-Go Kits

Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America

June, 2020

Farm Stress: Facts, Impact of COVID-19, and Resource and Training Needs of Mental Health Care Providers

In this brief, unless otherwise specified, "farm" and "farmer" refer to ranchers, farmers, farm managers/owners, and agricultural workers collectively. Many of the recommendations and farm stressors identified do not address the unique stress and barriers to mental health services that are experienced among seasonal and migrant agricultural workers. Future products will address the unique mental health needs of that farm population.

Farmer and Rancher Mental Health

Agricultural and ranching communities encounter unique challenges related to the accessibility, availability, and acceptability of mental health services. Farmers and ranchers have demanding jobs that are often compounded by economic uncertainty, vulnerability to weather events, and isolation. According to the Rural Health Information Hub (RHIhub), rural agricultural communities may also have limited access to health and mental healthcare services, which can make it difficult for farm and ranch families to receive support when they are experiencing extreme stress, anxiety, depression, or another mental health crisis. Like chronic pain, poor mental health can make it difficult to manage other stressors that are common in farmers' lives.[1]

More recent data provided by the Agricultural Health Study led by the National Institute of Environmental Health Sciences have been illustrating a correlation between particular pesticides and diagnosis of depression. In fact, a study among farmers in Colorado who had suffered pesticide poisoning (a large dose in a short period of time) found these individuals had double the risk of depression during the next three years.[2]

An unfortunate outcome of untreated mental health disorders among farmers is death by suicide. For males in the farmers, ranchers, and other occupational managers' category, the 2012 suicide rate was 44.9 per 100,000 civilian working persons compared to 32.2 in 2015. For males in the agricultural workers category, the 2012 suicide rate was 20.4 per 100,000 working persons compared to 17.3 in 2015.[3]

Farmers and Ranchers in United States

- As of 2017, there were 2.04 million farms and ranches with roughly 3.4 million farmers (this is down 3.2% from 2012).[4]
- A vast majority (96%) of farms and ranches are family owned.[4]
- Roughly 75% of farms have internet access.[4]
- The average age of farmers/ranchers is 57.5; the average age has continued to increase since 1980.[4]

Pacific Southwest (HHS Region 9)
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Resources for the Mental Health Workforce Serving Agricultural Workers

in Pacific Southwest SAMHSA Region 9

Prevention for Mental Health Challenges

1. **Webinar Recording**
   a. Rural Primary Care Tools and Resources for Managing Suicidal Ideation During COVID-19 | Mental Health Technology Transfer Center (MHTTC) Network
2. **Publications**
   a. This recently released study which examines psychological factors, including depression, perceived stress, social support, and nerves that may be associated with an increased risk of injury; findings may be useful for prevention and management of injury.
   https://journals.openedition.org/factsreports/3304
   b. Healthcare access for Agricultural workers can be difficult to access and become a source of stress. This article lists healthcare resources.
   http://www.lacooperativa.org/health-issues-migrant-workers/
   c. A recently released study looks at the stressors that are inherent in farm-work as well as factors within the control of agricultural workers that may be adjusted to support increased mental health.
   https://onlinelibrary.wiley.com/doi/full/10.1111/j.1748-0361.2008.00134.x
   d. This article assesses prevalence of anxiety and depression among migrant Mexican farmworkers and identifies variables that predict poor mental health outcomes.
   https://www.researchgate.net/publication/11036355_Exploring_the_Mental_Health_of_Mexican_Migrant_Farm_Workers_in_the_Midwest_Psychosocial_Predictors_of_Psychological_Distress_and_Suggestions_for_Prevention_and_Treatment

Mental Health Provider Resources

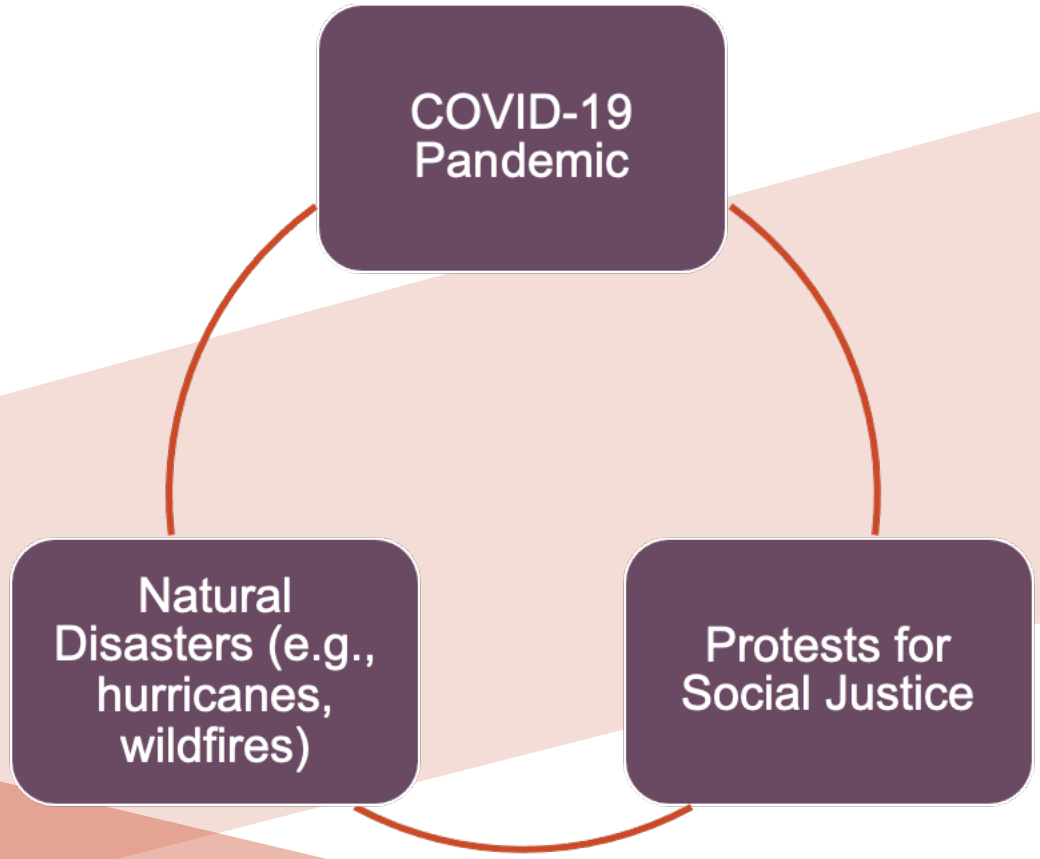
1. **Webinar Recording**
   a. Discussion on the physical and mental health conditions that are frequently diagnosed among migrant and seasonal agricultural workers. Understanding the link between mind, behavior and body is an important step in identifying strategies to help agricultural workers who are living with chronic physical conditions and who also present with mental health conditions – such as depression and anxiety.
   https://www.migrantclinician.org/toolsource/resource/webinar-relationship-between-mental-health-and-physical-health.html

Agenda

- Results of a needs assessment among the mental health workforce, including rural providers
- Addressing rural mental health workforce recruitment and retention through:
  - Integrated primary care
  - Telehealth
  - Well-being
  - Professional development

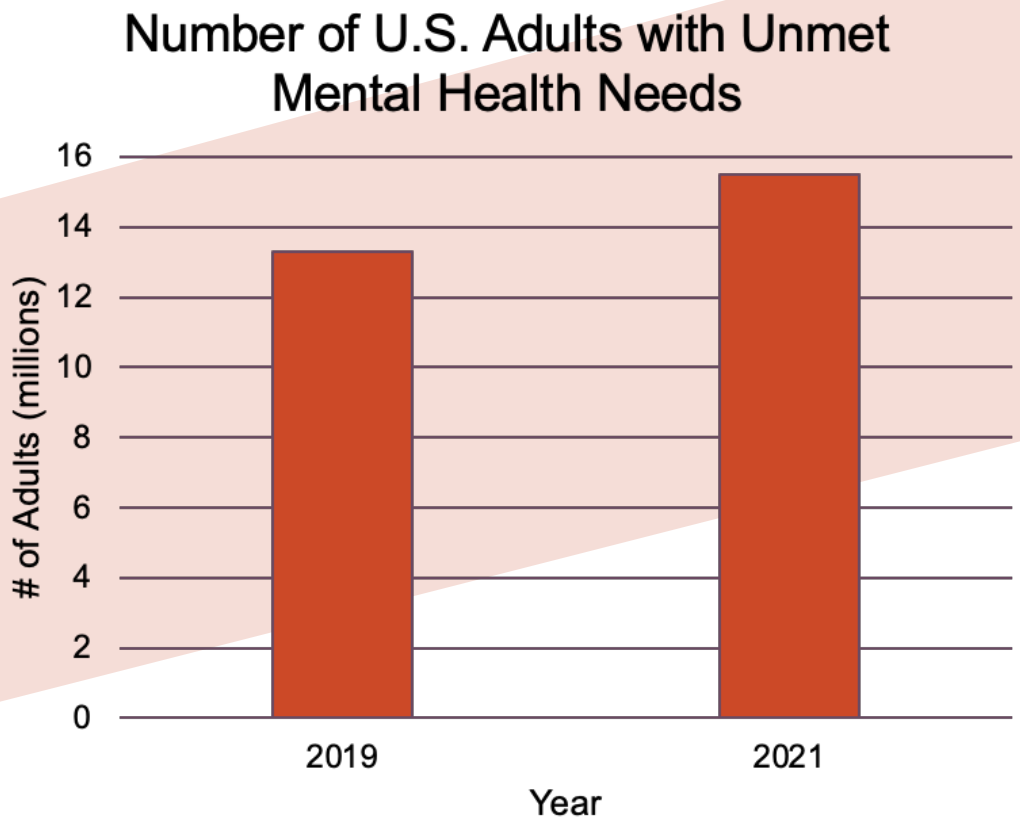
MHTTC Workforce Needs Assessment

Impact of Current Events on Mental Health



Mental Health Crisis in the United States

- As of 2019, 44% of adults with mental illness did not receive mental health services
- Lack of equitable access
  - Individuals living in rural areas have less access to mental health services
  - Marginalized populations (e.g., Hispanic and Latino populations) have less access to care, including culturally-responsive care



Methods – Survey Dissemination

- Survey disseminated by Centers to the mental health workforce from January to October 2021
  - Four Centers disseminated in Spanish in addition to English
- Dissemination methods included
  - E-newsletters
  - Postings on Center websites
  - Sharing with event participants in training and technical assistance (TTA) events and key stakeholders

Methods – Measures Assessed

- Questions anonymously assessed:
  - Top training and technical assistance needs and preferences
  - Top service needs, barriers, and TTA needs for Hispanic and Latino populations
  - Cultural adaptation of assessments and use of culturally-informed programs with American Indian and Alaska Native clients

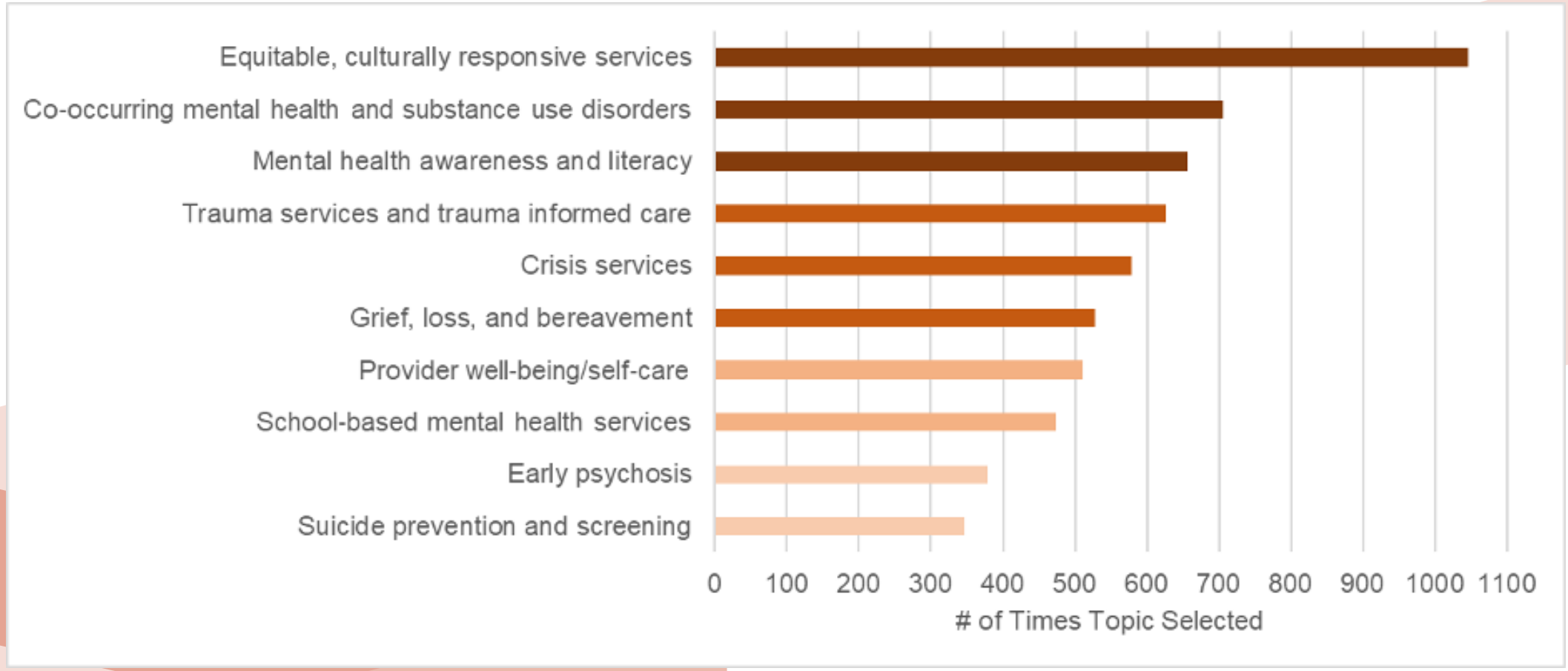
Methods – Data Analysis

- Created one dataset in SPSS
- Descriptive statistics to obtain frequencies for most items
- Summary variable created to assess workforce's top 5 TTA needs
- Analyses conducted in R to examine differences in workforce needs across demographics

Results – Demographics of Workforce (N = 2,321)

- Most respondents reported they were:
  - Female (80%)
  - White (68%)
  - Between 40-59 years old (55%)
  - In the field of behavioral health (54%)
  - Working in urban (47%) and rural (46%) settings
- No significant differences in workforce needs across demographics

Results – TTA Needs and Preferences



Results – Culturally-Responsive Care for Hispanic and Latino Populations

Top 5 Service Needs

- Traumatic/stressful events (66%)
- Depression (31%)
- Substance use disorder (30%)
- Anxiety (29%)
- Racism/discrimination (26%)

Top 5 Barriers to Service Provision

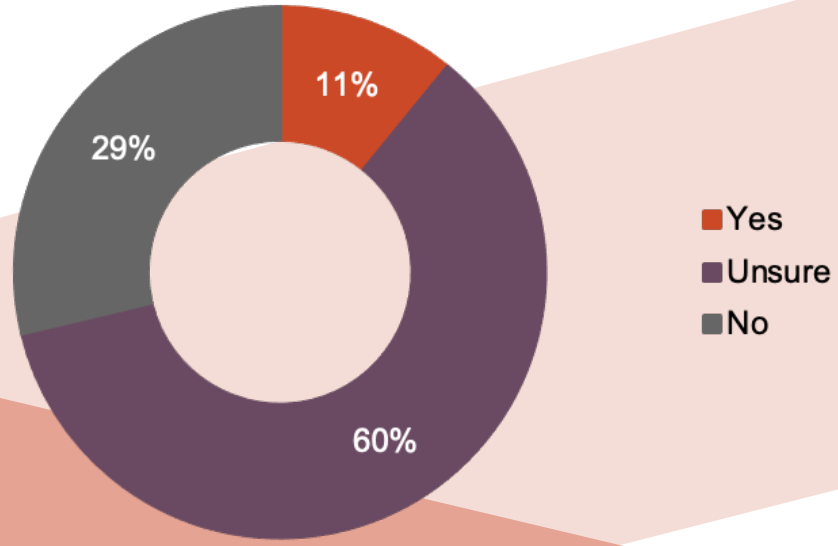
- Mental health stigma (40%)
- Language (33%)
- Health insurance (29%)
- Transportation (20%)
- Understanding culture (20%)

Top 5 TTA Needs

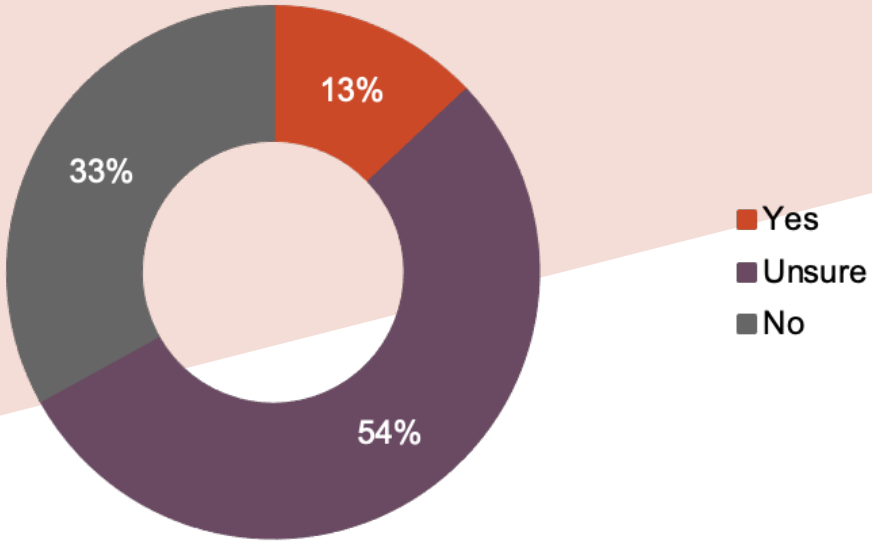
- Trauma-informed care (43%)
- Cultural elements (27%)
- Mental health awareness and promotion (22%)
- Managing substance use (17%)
- Racism/discrimination (17%)

Results – Culturally-Responsive Care for American Indian and Alaska Native Populations

Do you culturally adapt assessments when working with Native clients?



Do you use culturally-informed programs or programming to support Native clients?



Discussion

- Current events have impacted the needs of the mental health workforce, particularly around equitable services
- While no differences between urban and rural provider needs, needs assessment sheds light on needs of rural providers
  - MHTTC model is uniquely positioned and has tried to respond rural mental health providers' needs
  - SAMHSA may also consider funding TTA to support these needs

Limitations and Conclusion

- Results are not nationally representative
- Results are from a convenience sample
- Results highlight priority topics of interest to mental health providers, including those working in rural settings
- This needs assessment allows the MHTTC Network to continue responding to the needs of the rural mental health workforce

Stay in touch with us!

Visit our website!

www.MHTTCnetwork.org

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For questions about the MHTTC Network, contact Ricardo Canelo rcanelo@Stanford.edu

Addressing Mental Health Care Workforce Recruitment and Retention in SAMHSA Region 7

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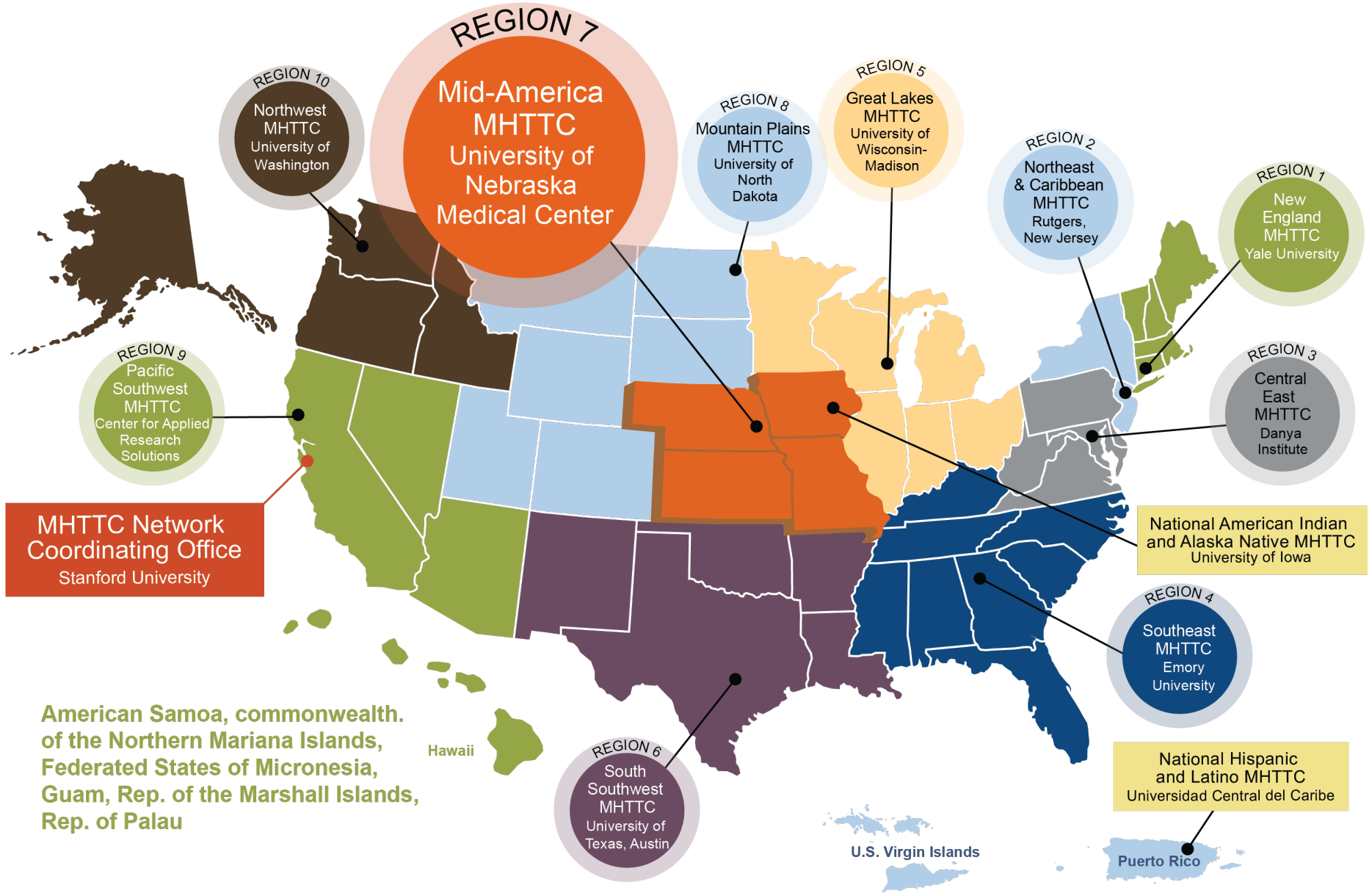
Director, Integrated Primary Care, Mid-America Mental Health Technology Transfer Center
Director, Integrated Primary Care, Psychology Department
Professor
Munroe-Meyer Institute
University of Nebraska Medical Center

What is the Mid-America MHTTC?

- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant awarded to Dr. Joseph Evans at the University of Nebraska Medical Center now directed by Dr. Brandy Clarke
- Aligns mental health systems and professional competencies with evidence-based practices
- Primary target states: Missouri, Iowa, Nebraska, and Kansas - but available to any provider(s).
- Provides free/low-cost training and technical assistance on topics leading to effective behavioral health practice


REGION 7
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Great Lakes MHTTC
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MHTTC Network Coordinating Office
Stanford University
National American Indian and Alaska Native MHTTC
University of Iowa
REGION 4
Southeast MHTTC
Emory University
American Samoa, commonwealth. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau
Hawaii
REGION 6
South Southwest MHTTC
University of Texas, Austin
National Hispanic and Latino MHTTC
Universidad Central del Caribe
U.S. Virgin Islands
Puerto Rico

Specialized Training Topics

- **Integrated behavioral health in primary care**
- School mental health
- Serious mental illness
- Behavioral health workforce development

MHTTC: Providing Training and TA in Integrated Care

QUALITY INDICATORS OF INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

EVIDENCE-BASED BEHAVIORAL HEALTH INTERVENTIONS FOR CHILDREN AND ADULTS APPLIED IN INTEGRATED CARE SETTINGS

TECHNICAL ASSISTANCE ON IMPLEMENTATION OF INTEGRATED CARE

ONLINE AND IN-PERSON COURSES FOCUSED ON INTEGRATED CARE AND SPECIAL TOPICS IN PEDIATRIC AND ADULT SERVICES (IN DEVELOPMENT)

UNMC

University of Nebraska Medical Center

Munroe-Meyer Institute

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Department of Psychology

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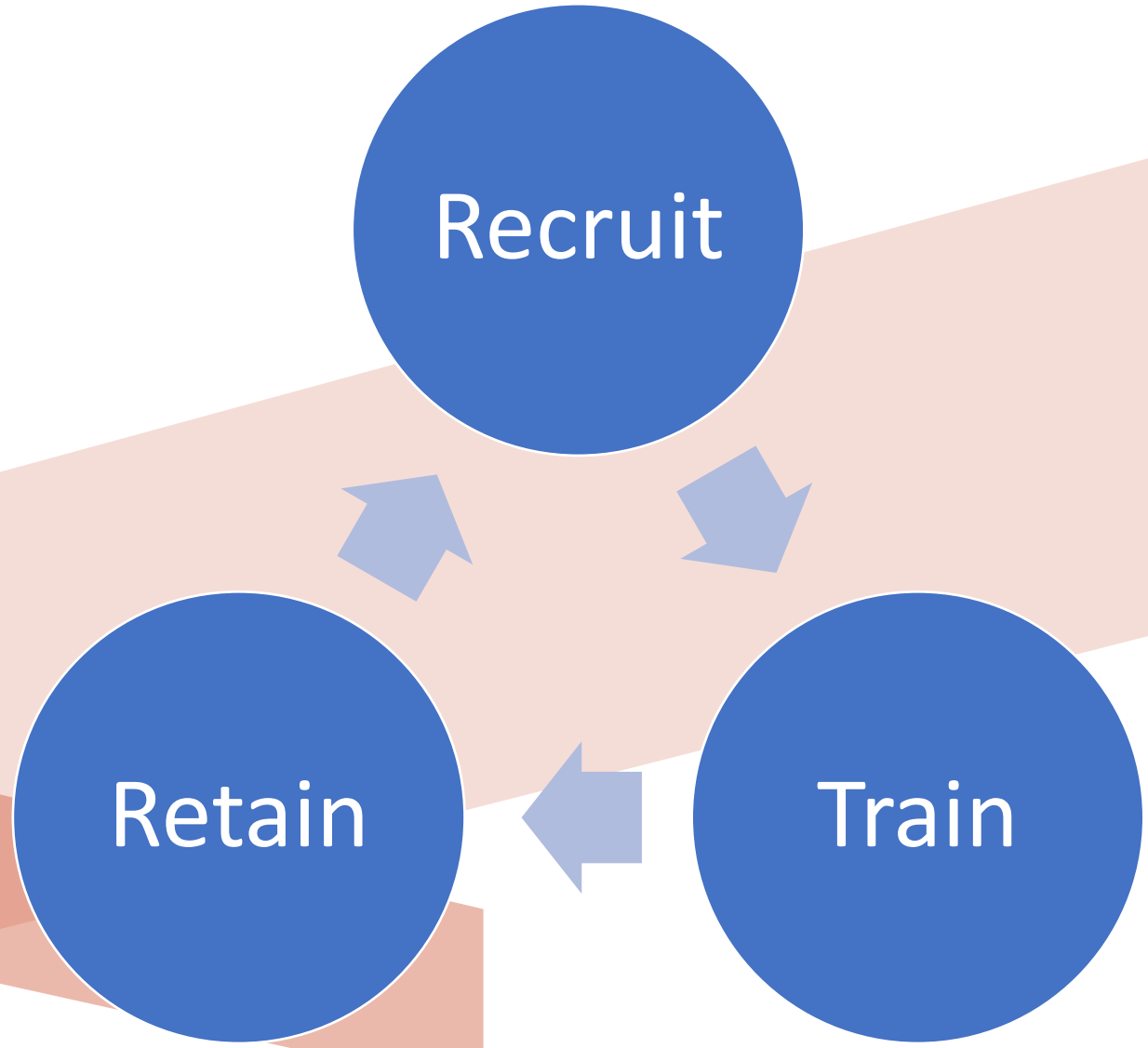
“Where someone lives should not define the quality of health care they can access.”
– MMI Director Karoly Mirnics, MD, PhD

Living in Rural America

- About 20% of the U.S. population reside in non-metropolitan areas
- Definitions are unclear:
  https://www.ruralhealthinfo.org/am-i-rural
  - **Rural**
    - US Census: Less than 2,500 people in population, housing, and territory
  - **Frontier**
    - Counties with population densities of 6 or fewer individuals per square mile.

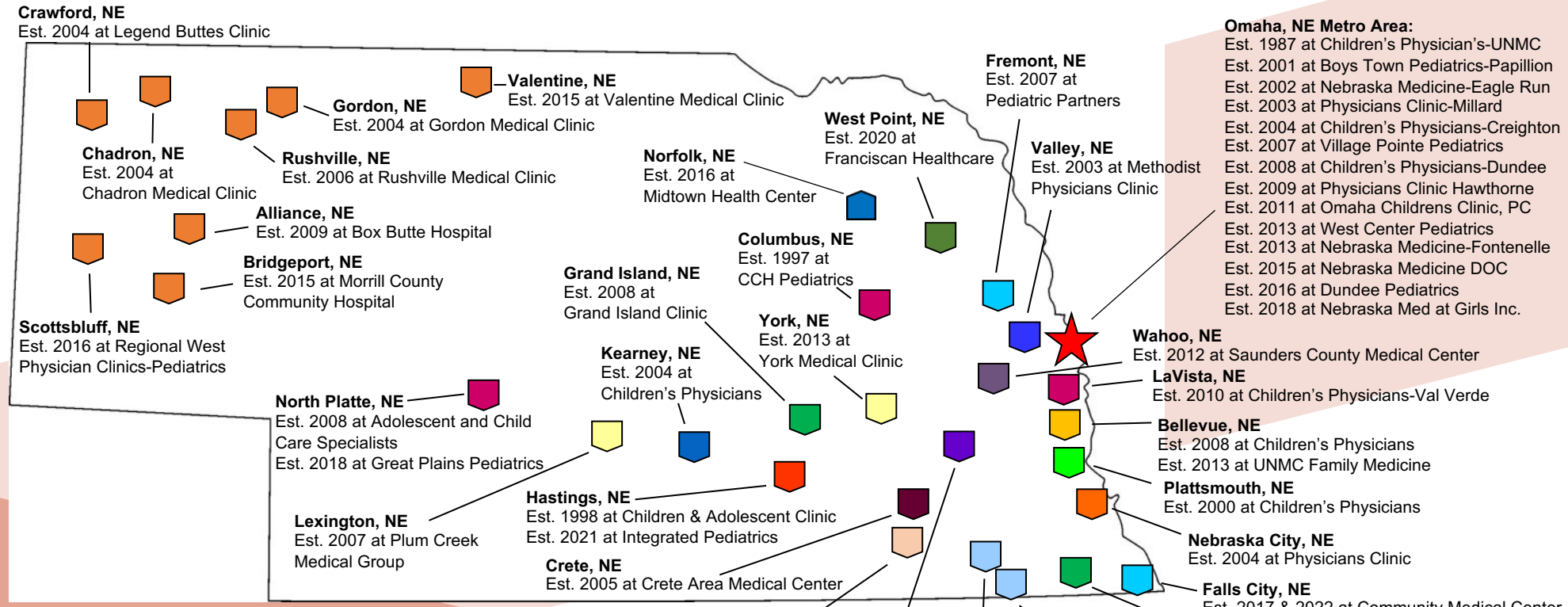
Addressing Workforce Challenges



UNMC Munroe-Meyer Institute History of Pediatric Integrated Primary Care

- 1st IPC Clinic in established 1997
- Training and use of telehealth in IPC since the late 1990's
- Establishment of 40+ clinics in Nebraska
- Over $8,000,000 in federal funding from HRSA and SAMHSA
- 200+ interns, post-docs, and grad students trained in IPC
- Graduates in IPC positions in multiple states (PA, FL, MI, MS, etc.)
- 26 years of making mistakes, reviewing literature, learning, and adapting BH in Primary Care
- Capacity and funding to provide *free/low-cost* training and materials through the Mid-America Mental Health Technology Transfer Center award

Munroe-Meyer Institute
Established IPC Clinics



Integrated Primary Care

Telehealth

Pediatric Integrated Primary Care

What is Integrated Primary Care?

- “The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”

- Team can include physicians, PA’s, NP’s, nurses, medical assistants, licensed behavioral health providers (psychologists, social workers, MFTs and counselors)

Pediatric Behavioral Health

1 in 5 children experience behavioral health concerns

One half of all lifetime cases of mental health concerns begin by age 14

75% of children with mental health concerns are seen in primary care

Primary care providers are managing these children in their practices

National Institute of Health Care Management Foundation, 2009

Primary Care Experience

Integrating Behavioral Health in Primary Care…

- Becoming proficient in pediatric IPC requires

Preparation

Training

Clinical Modeling

Supervision

Feedback

Training Resources in Pediatric Integrated Care

- IPC Training Manual (now available)
- IPC Module courses on common childhood diagnoses (Healtheknowledge.com)
- Webinars
- Handouts

https://mhttcnetwork.org/centers/mid-america-mhttc/area-focus-integrated-care

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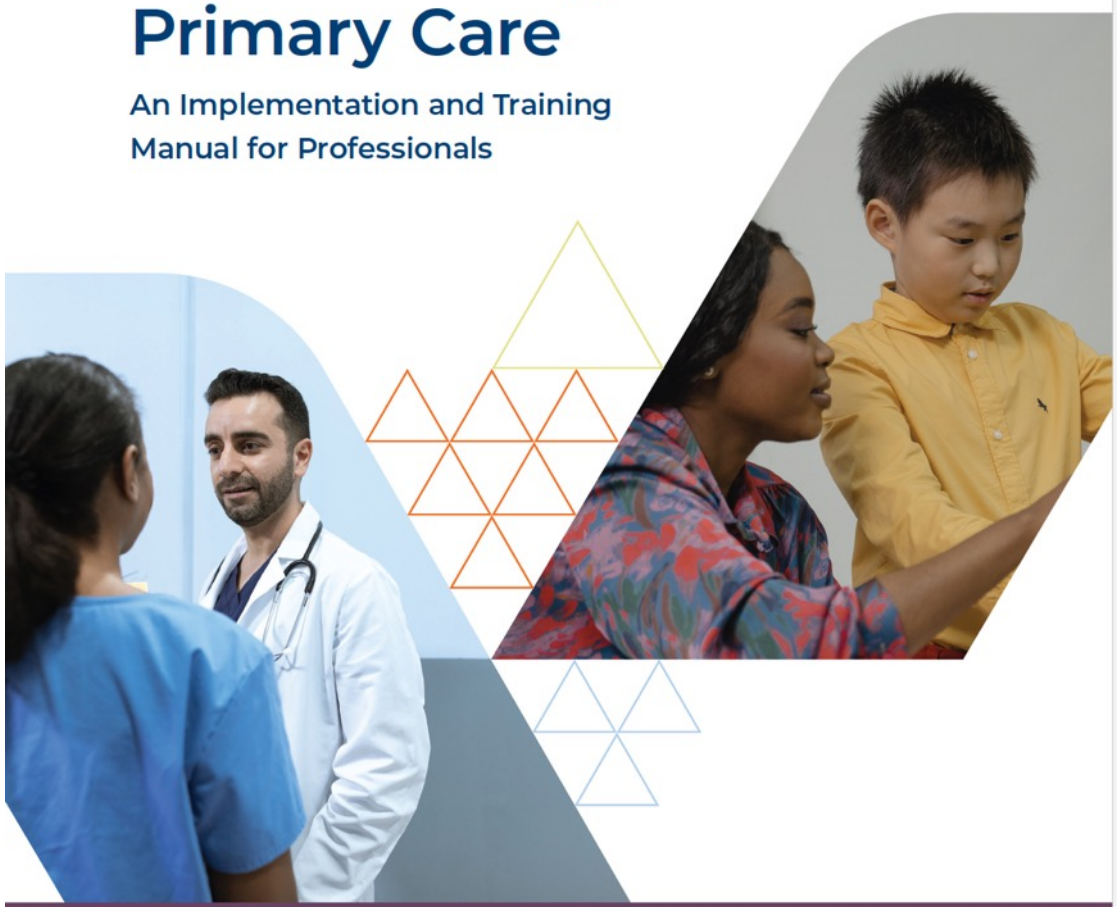
Pediatric Integrated Primary Care

An Implementation and Training Manual for Professionals



HRSA Health Workforce
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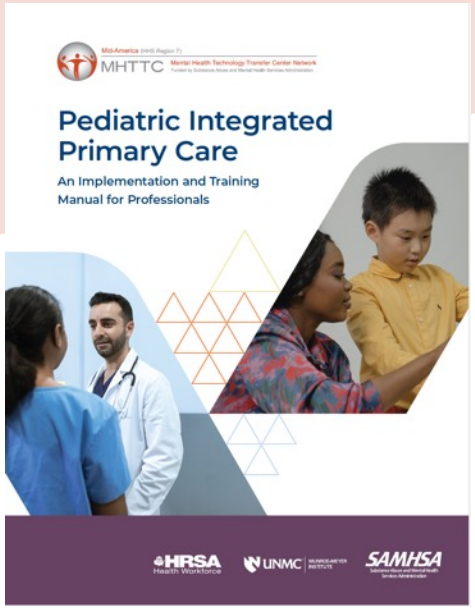
SAMHSA Substance Abuse and Mental Health Services Administration

IPC Manual

- Culmination of years of development
- Training hundreds of masters, doctoral and post doctoral student
- Awards and Federal grants



Primary Care

An Implementation and Training Manual for Professionals

- This training manual is designed to address the need for improved preparation of integrated behavioral health providers for careers in addressing the healthcare needs, both physical and behavioral, of children, adolescents, and families.

Training Manual Overview

Topics Divided into 13 Chapters

- Introduction to Integrated Care, History and Terminology
- Administrative, Business, Operational, and Data Collection Considerations
- Competencies and Relationship Development
- Helpful Tools for use in Pediatric IPC (Screening, Dx and Coding)
- Medical conditions and medication management in Pediatric Primary Care

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Pediatric Integrated Primary Care: An Implementation and Training Manual for Professionals

Publication Date: June 19, 2023

Developed By: Mid-America MHTTC

DOWNLOAD

MP MHP PSS ACS

Contents:

https://mhttcnetwork.org/centers/mid-america-mhttc/product/pediatric-integrated-primary-care-implementation-and-training

MHTTC Training Resources

- Our website:

https://mhttcnetwork.org/centers/mid-america-mhttc/area-focus-integrated-care

MHTTC Resources

Training and Resource Highlights

- Pediatric Integrated Primary Care: An Implementation and Training Manual for Professionals *New!*
- Handout: Integrated Care Overview
- Handout: Why Integrated Care?
- Handout: Pediatric Integrated Care
- Coming Home to Primary Care: Pediatric Integrated Health (Resource)
- Telehealth Learning and Consultation (TLC) Tuesdays (Resource)
- Sustaining Pediatric Integrated Primary Care During a Pandemic Learning Community
- Adult Resilience Curriculum (ARC) for Health Professionals (Resource)
- Gender Affirming Care (Resource)
- Tele-Behavioral Health Consultation (TBHC) webinar series

The Team

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Allison "Alli" Morton, PhD
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Full Mid-America MHTTC Staff List

What is integrated care?

Definition

When **primary** and **behavioral health care** are integrated, primary care and behavioral health clinicians work together using a systematic and cost-effective approach to provide patient-centered care for patients and families within a defined population.

Results

- Improved Population Health
- Improved Experience of Care
- Bending the Cost Curve
- Improved Provider Satisfaction

Source: Berwick, Nolan, & Whittington (2008). The Triple Aim: Care, Health, And Cost. Health Affairs. Vol. 27 No. 3, 759-769

The Continuum

Coordinated care: The practice of working across health care settings to exchange the most critical pieces of information about a shared patient and help facilitate their access to care.

Co-located care: The practice of physically locating a behavioral health provider in primary care setting.

Integrated care: The practice term includes primary care and behavioral health clinicians working with patients and families using a systematic, seamless and cost-effective approach to provide patient-centered care.

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Primary Care Behavioral Health (PCBH) Model

Licensed mental health providers/psychologists and primary care providers work in collaborative environments to address physical and behavioral health concerns

- **Step 1:** Primary care provider (PCP) sees patient and provides referral to behavioral health clinician (BHC).
- **Step 2:** Behavioral health assessment and treatment delivered in same space as PCP.

PCP + Medical Support Staff ⟷ Frequent Interactions ⟷ Behavioral Health Clinician (BHC)

Source: Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. Families, Systems & Health, 21, 121-134.

The Team

- Physicians
- Nurses
- Physician's assistants (PAs)
- Nurse practitioners (NPs)
- Nurses
- Medical assistants
- Licensed behavioral health providers (psychologists, social workers, MFTs, and counselors)

Ready to get started?

"There is no single, right way to integrate services and supports."
— National Alliance on Mental Illness (NAMI)

Email us at **midamerica@mhttcnetwork.org** to learn more.

Handout Authors

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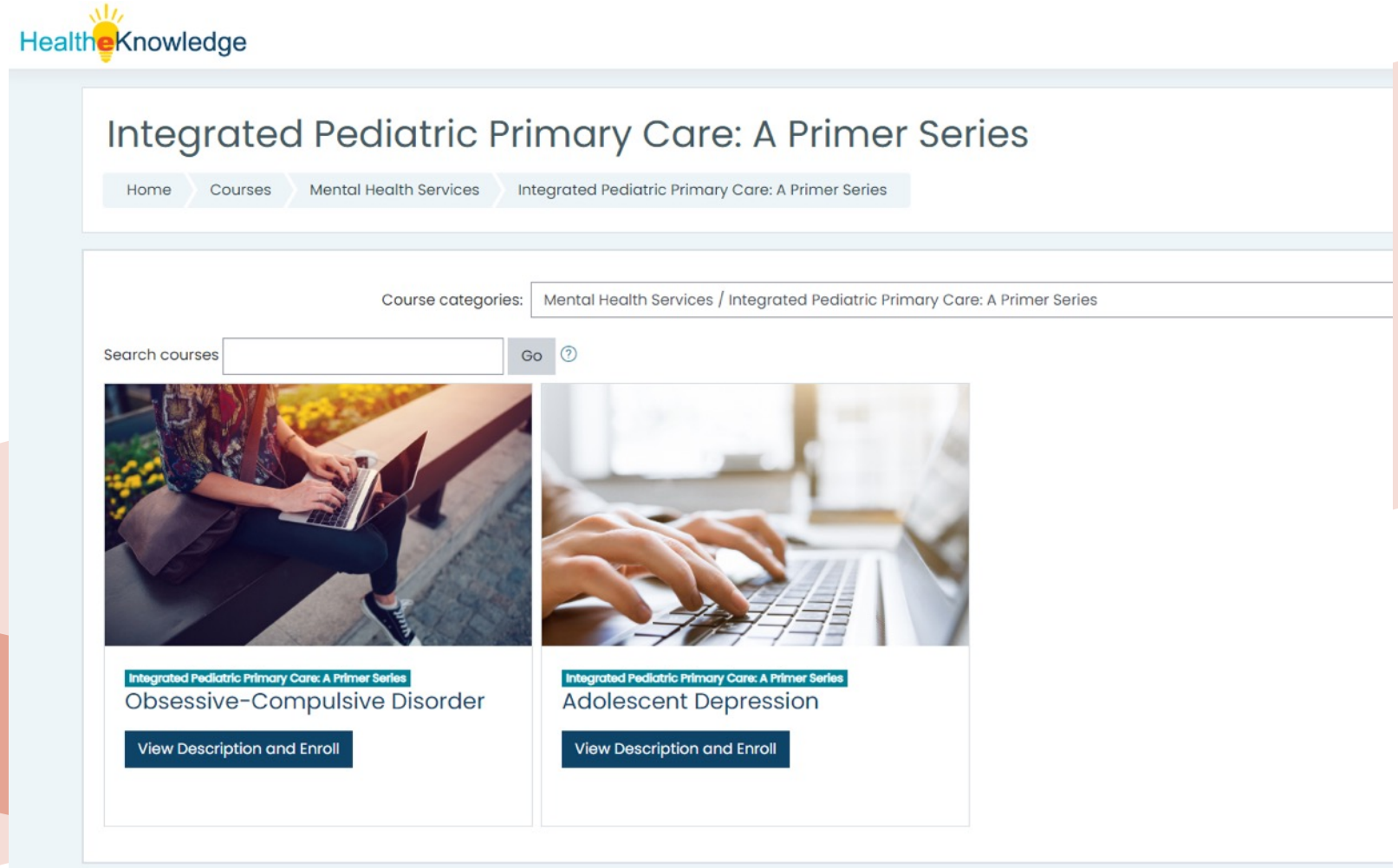
Integrated Pediatric Primary Care: A Primer Series



https://mhttcnetwork.org/centers/mid-america-mhttc/healtheknowledge-courses

Webinars

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to PRIMARY CARE
Pediatric Integrated Health
WEBINAR SERIES
This series has concluded. Webinar recordings and slide decks available below.

Handouts

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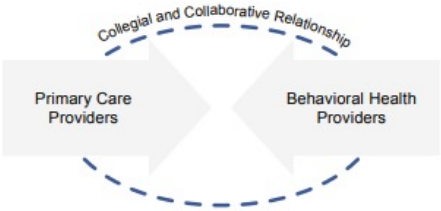

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Telehealth

Telehealth Training

- March 2020
- Partnerships between Mid-America MHTTC, ATTC, and Mountain Plains MHTTC
- Telehealth Learning Series “TLC” Tuesdays
  - Telehealth Basics
  - Telehealth Billing
  - Telehealth Tools
  - Telehealth with Children and Adolescents
  - Telehealth Troubleshooting

https://mhttcnetwork.org/centers/mid-america-mhttc/telehealth-learning-and-consultation-tlc-tuesdays

Additional Telehealth Resources

- Telehealth Toolbox for School Personnel
- Farm Stress: Facts, Impacts of COVID-19, and Resources and Training Needs of Mental Health Providers
- Tele-Mental Health Resource Page
- Providing Mental Health Telehealth Services in Farming and Rural Communities
- Making a Good Connection: Engaging Students and Families in School Telemental Health
- Rural Primary Care Tools and Resources for Managing Suicidal Ideation During COVID-19

Telehealth Resources

- Recorded Webinars
- Powerpoint slides
- Resources
  - FAQ Documents
  - Telehealth Quick-guide
  - Research briefs
  - Checklists
- Links for organizations

https://mhttcnetwork.org/centers/mid-america-mhttc/telehealth-learning-and-consultation-tlc-tuesdays

Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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UNMC MUNROE-MEYER INSTITUTE

SAMHSA Substance Abuse and Mental Health Services Administration

Addressing Mental Health Care Workforce Recruitment and Retention in SAMHSA Region 8

Rachel L. Navarro, Ph.D.
Co-Director, Mountain Plains Mental Health Technology Transfer Center
Professor & Training Director
APA-accredited Counseling Psychology Program
University of North Dakota

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to providers who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

Funded by SAMHSA, the Mountain Plains MHTTC is administered under a partnership between the University of North Dakota and the Western Interstate Commission for Higher Education (WICHE).

In our current grant year, the Mountain Plains MHTTC has received additional funding to support implementation of additional training and programs related to school mental health.

Negative Consequences of Rural Mental Healthcare Worker Turnover & Burnout

Mental Healthcare Workers

EXTREME EXHAUSTION AND COMPASSION FATIGUE

INCREASED INCIDENTS OF ISOLATION, SUBSTANCE USE, ANXIETY, AND DEPRESSION

INCREASED PROBLEMS WITH INSOMNIA, HEART DISEASE, AND DIABETES

Patients/Clients/Consumers

DELAYS IN CARE

LOWER QUALITY CARE

Health Care System

WORKFORCE RECRUITMENT AND RETENTION CHALLENGES

LIMITED SERVICE ACCESSIBILITY, AVAILABILITY, AND AFFORDABILITY

INCREASED COSTS

Community and Society

LIMITED SERVICE ACCEPTABILITY

EROSION OF TRUST

(Murphy, 2022; Office of the US Surgeon, 2022; Watanabe et al., 2015)

Key Factors in the Turnover and Burnout of Rural Mental Health Providers

Stress, Isolation, & General Lack of Focus on Worker Well-Being

High Caseloads with Lack of Resources for Complex Cases

Inadequate pay or compensation

Limited Flexibility, Autonomy, & Voice

Poor Management Support and Leadership

Lack of Quality Supervision

Lack of Professional Development Opportunities

Lack of Teamwork, Collaboration, Vulnerability, & Collegiality among Staff

Cultural Differences

Biased and discriminatory structures and practices

(Murphy, 2022; Office of the US Surgeon, 2022; Watanabe et al., 2015)

Solutions – Training and Technical Assistance

- School-Based Supports
- Provider Well-Being
- Leadership Training
- Organizational Well-Being
- Clinical Supervision Training

School-Based Supports:

Virtual Communities of Practice

Building Capacity of School Personnel to Promote Positive Mental Health in Indigenous Children and Youth

3:00pm - September 27, 2023 thru 4:30pm - January 10, 2024 |
Timezone: US/Mountain

Webinars

Newcomer Immigrant & Refugee Youth School Supports

1:00pm - September 19, 2023 thru 2:30pm - September 19, 2023 |
Timezone: US/Mountain

An Introduction to Allyship in Action

1:00pm - September 20, 2023 thru 2:30pm - September 20, 2023
Timezone: US/Mountain

Suicide Awareness: Debunking Myths, Reducing Stigma, and Bolstering Understanding of Youth Suicide Risk

1:00pm - September 27, 2023 thru 2:00pm - September 27, 2023 |
Timezone: US/Mountain

Understanding and Supporting Transgender and Gender Diverse Students

1:00pm - October 23, 2023 | Timezone: US/Mountain

School-Based Supports:
In-Person Train the Trainer Events

Trauma-Responsive Practices in Education Training of Trainers

8:00am - October 4, 2022 thru 12:00pm - October 6, 2022 | Timezone: US/Mountain

Learning Objectives

- Establish a training that builds on and strengthens foundational trauma-informed knowledge grounded in the Healthy Environments and Response to Trauma (HEARTS) framework.
- Examine trauma and trauma-informed practices through a lens of cultural humility focusing on an awareness of racial trauma and the importance of centralizing equity work within trauma-informed practices.
- Learn and practice skills to foster resilience for students and staff through building connection, coping skills, and competence, while focusing on individual and community wellness.

PREPaRE Curriculum In-Person Workshop

8:00am - April 24, 2023 thru 5:00pm - April 26, 2023 | Timezone: US/Mountain

Workshop 1: Prevention and Preparedness: Comprehensive School Safety Planning (Third Edition) (1-day event for all school personnel)

Workshop 2: Mental Health Crisis Interventions: Responding to an Acute Traumatic Stressor in Schools (Third Edition) (2-day event for school crisis intervention teams)

The **PREPaRE** model emphasizes the following hierarchical and sequential set of activities:

P—Prevent and prepare for psychological trauma

R—Reaffirm physical health and perceptions of security and safety

E—Evaluate psychological trauma risk

P—Provide interventions

a—and

R—Respond to mental health needs

E—Examine the effectiveness of crisis prevention and intervention

Provider Well-Being

Micro-trainings

Mindful Monday - Intentional Mental Health Practices

Publication Date: September 11, 2023

Developed By: Mountain Plains MHTTC

Webinars

Responding to Provider Stress and Burnout - Cultivating Hope and Compassion

1:00pm - February 9, 2021 | Timezone: US/Mountain

Hosted By: Mountain Plains MHTTC

Finding Joy, Meaning & Purpose in Behavioral Healthcare

Publication Date: June 9, 2022

Work-Life Balance and Self-Care in the Helping Professions

Publication Date: July 13, 2022

Who Helps the Helpers? Battling Stress, Burnout, and Compassion Fatigue

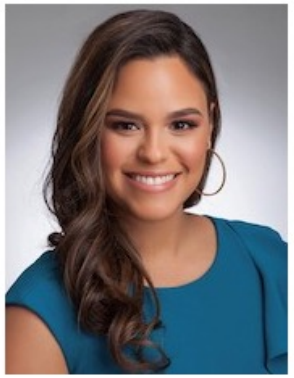
Publication Date: June 29, 2022

Annual Leadership Academy

- Emerging leaders dealing with the unique challenges of rural behavioral healthcare come together over two days to learn more about being an effective leader, including innovative ways to adapt resources to their situations.
- Training includes information, interactive experiences, and peer-led discussions.
- Topics include, but not limited to:
  - identifying personal leadership styles
  - tools for leading organizational change
  - the impact of trauma on leadership communications, staff morale, and client interactions.

Trauma-Informed Leadership

Cynthia Guzman



Trauma Informed Leadership & Promoting Wellness

Publication Date: July 11, 2023

This presentation stressed:

- Elements of healthy work environments
- Potential red flags
- Signs of burnout
- Nuances of dual relationships and bias in tribal settings
- Principles guiding trauma-informed approaches to leadership
- Ideas and strategies on how to promote self-care all year long.

The 4 Rs of Trauma-Informed Leadership

- **Realize** the widespread impact of trauma
- **Recognize** signs and symptoms of trauma
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resist** re-traumatization

Trauma-informed leaders accept that people, including themselves, will struggle and sometimes suffer from past and current traumatic experiences.

-DR. BETTY IGLESIAS SNYDER

Organizational Well-Being

Organizational Wellbeing Community of Practice

8:00am - November 6, 2023 thru 5:00pm - November 7, 2023
Timezone: US/Mountain

This **two-day in-person event** will allow leaders in behavioral health care to process, connect, and learn tangible ideas of what they can do differently (and what they should keep doing) in their leadership roles to support their staff and the organization's wellbeing.

Participants will explore topics including:

- Grief, ambiguous loss, and compassion fatigue
- How to change the system (or at least your part of the system)
- Influence and managing up so we get what we need from our colleagues and leaders
- Holding struggling staff accountable without negatively impacting engagement
- The criticality of self-compassion and how to make it a consistent part of your life
- How to find new, creative solutions to old problems
- Helping others recover from their own burnout and prevent it in the future

Clinical Supervision Training Opportunities

Advances in Culturally Responsive Clinical Supervision

11:00am - October 9, 2023 thru 12:00pm - October 9, 2023 I
Timezone: US/Mountain

This presentation will focus on advances in culturally responsive clinical supervision, as follows:

- Fundamental concepts and definitions in cultural responsiveness along with common points of misunderstanding
  - Privilege
  - Oppression
  - intersectionality
- Introduction to Multicultural Orientation and structural approaches as they apply to clinical supervision
- Discussion of empirical research on culturally responsive clinical supervision will be discussed.

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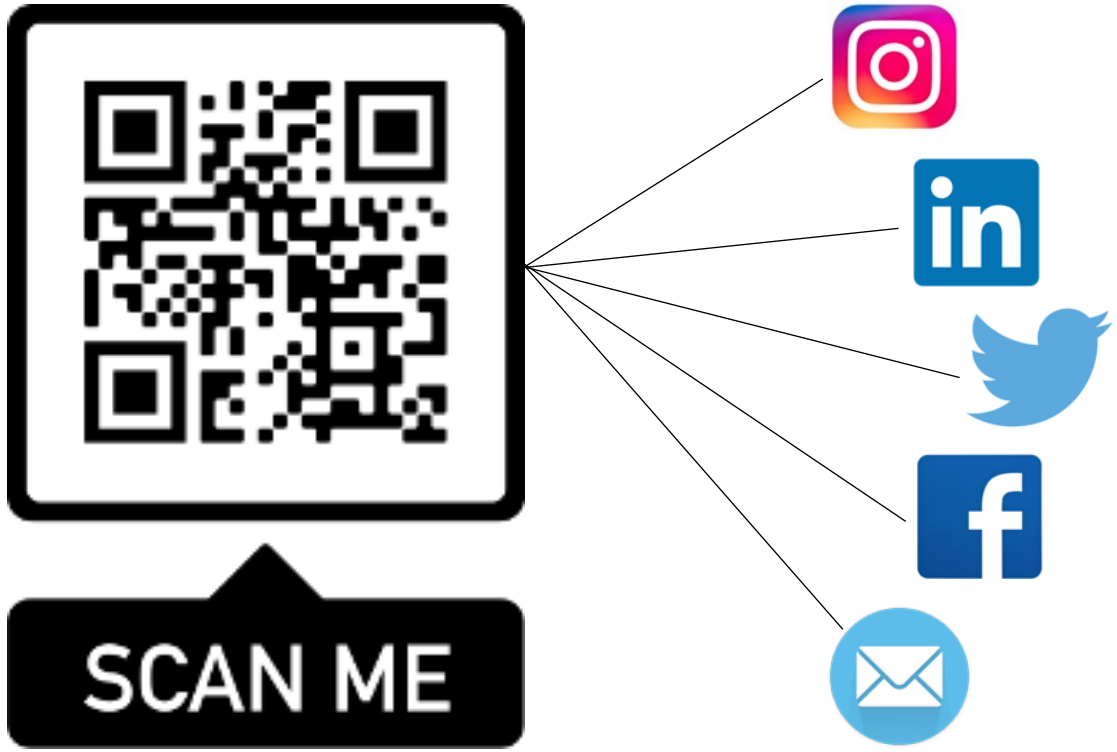

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Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What are some innovative ways that you are addressing rural mental health workforce challenges?

SAMHSA
Substance Abuse and Mental Health Services Administration

Q&A/Contact Us

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