



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Emerging Practices and Interventions

Marla Smith, MS, LMHP, LMHC



MUNROE-MEYER
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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. 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 grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

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/
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

What is meant by “best practices”

“a practice supported by a rigorous process of peer review and evaluation indicating effectiveness in improving health outcomes, generally demonstrated through systematic reviews”



Finish this sentence....

- I want to....
- PollEv.com/marlasmith261
- https://PollEv.com/free_text_polls/GRLUgQVlnPS0zM7z4i1nk/respond



Sam's story

“Stress has always been a precursor to me becoming unwell. Before I was diagnosed, I was having problems within my friendship group. I felt a pressure to be someone I wasn't and when I couldn't measure up, I felt extremely isolated. The first symptom I noticed were voices. I heard my family screaming and yelling every time I was alone. These were less frightening and more confusing. When I told my mum, she wanted to take me to see my GP, but I assured her I was okay. Years later and my symptoms became frightening, I experienced sleep disturbances where I couldn't sleep for up to 8 days in a row. I experienced rapid mood cycles which were exhausting – I had no idea why one minute

I was chronically suicidal but the next minute I thought I could conquer the world. I saw apparitions coming to attack me and I sensed spirits watching me. I saw piles and piles of maggots on the carpet, huge spiders crawling on the walls and felt bugs crawling on me in bed, which led to copious amounts of bug spray and in turn terrible skin rashes. I had a feeling of impending doom and thought my family were going to die at any second which led to frequent phone calls just to check in. I couldn't read or watch movies or tv shows because I thought that everything I would read, or watch would be predicting my future. While all of this was distressing, the most detrimental thing about it for me was the fact that most of these symptoms occurred in the evening and during the day I was relatively okay”



A different perspective

- Trauma Informed Cognitive Behavior Therapy
 - Incorporates trauma sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques
 - Offers expanded methods and incorporates techniques from family therapy while using an extremely trauma-sensitive approach
 - Administered in 8 sessions in 3 distinct phases with a complementary component for parents



Grief

“When I was diagnosed and was able to kind of believe it, I felt a sense of mourning and grief. How could someone tell me that my personality, my moods, my experiences are wrong. Why would people want to tone down how I am supposed to experience the world?”

Activity- Breakout Room- 10 min

Using Sam's story, what are some techniques and/or activities that you might utilize to address potential trauma and the grief (shock) of being diagnosed and being referred to your program?

Four Areas of Processing



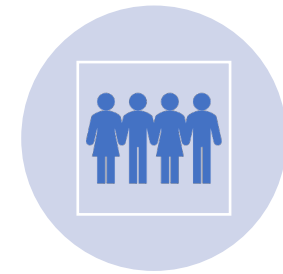
SENSORY
PROCESSES



COGNITIVE
PROCESSES



AFFECTIVE
PROCESSES



SOCIAL
PROCESSES

Occupational therapy

- Establishing and running group therapy programs
 - Provide opportunities to engage in activities and develop skills and confidence to enable them to perform certain roles appropriate for their ages and culture



Cognitive processes

- processing speed
- working memory
- attention and vigilance
- verbal learning
- reasoning and problem solving
- social cognition



Cognitive Remediation

- designed to improve cognitive function through repeated practice of cognitive tasks and / or strategy training.
- to improve cognitive function; take into account the motivational and emotional deficits that are present in those with schizophrenia



Brain HQ

- provides memory exercises to help sharpen the brain in the areas of memory, attention, brain speed, people skills, navigation and intelligence
- <https://www.brainhq.com/?v4=true&fr=y>



References

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Next month:

- Cannabis and Psychosis: What Providers Need to Know to Address Cannabis in Early Psychosis Care
 - Oct 2, 2023 12p-2pm
 - Cultural and Linguistic Appropriate Services
- 