



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Advanced Topics in Strengthening Youth/ Young Adult Peer Support

How Youth Partners Work With Family Partners

January 21, 2021

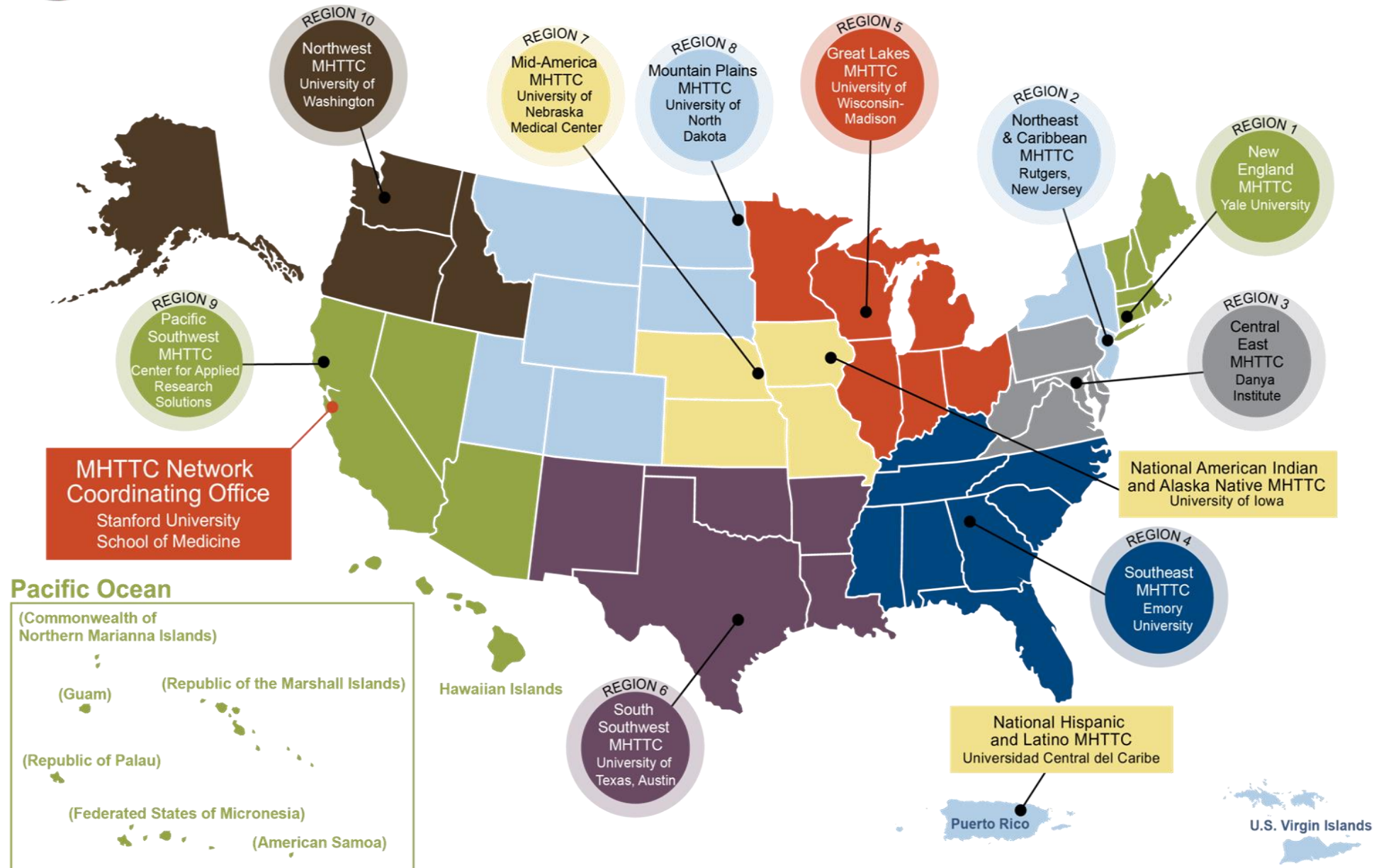




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MHTTC Network



About the Northwest MHTTC



Lydia Chwastiak, MD, MPH
PI and Co-Director



Christina Clayton, LICSW, CDP
Co-Director

The Mental Health Technology Transfer Center (MHTTC) Network is about technology transfer.

We disseminate and implement evidence-based practices for mental disorders into our field.

Our target workforce includes:

behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

PROUDLY SERVING
ALASKA, IDAHO, OREGON & WASHINGTON



Northwest (HHS Region 10)

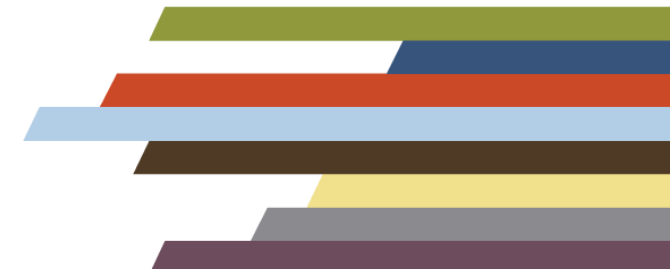
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UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

SAMHSA
Substance Abuse and Mental Health
Services Administration



Northwest Mental Health Technology Transfer Center

Our Role:

Provide training and technical assistance (TA) in evidence-based practices (EBPs) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

Our Goals:

- Accelerate the adoption and implementation of mental health related evidence-based practices including area of focus (EBPs for serious mental health issues) across Region 10
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals with serious mental health issues in Region 10
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health workforce in Region 10



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

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



Introductions



Poll: What is
your role?



Learning Objectives

- To know the key facets of how youth and family partners collaborate
- Review common challenges that happen and how they can be addressed by youth and family partners
- To know how to better clarify your role with youth, parents and colleagues

Peer Practice Brief

- Youth partners and family partners serve on Wraparound teams as peer supports for the youth and family. While these roles are similar in function they can look different as they are representative of different perspectives. This practice brief reviews how youth and family partners collaborate with each other, other team members, and their youth/parents to address common challenges.



Breakout Room

How have you collaborated with youth partners or family partners in your role?

Keys to Successful Collaboration

- Clarifying your role from the start
- Understanding when to keep things confidential
- Promoting proactive/positive communication
- Providing perspective
- Sharing resources

Breakout Room

- In your groups, share about a time when you have had to use one of our “keys to successful collaboration.” Then pick an example to share and discuss with the group at large.
- If you are not a peer support specialist, share about a time when you have worked with peers and seen one of the “keys to successful collaboration” at play.

Common Challenges

- When the young person and their parent(s) are not on the same page
- When the team sides with the youth or the family member
- When the youth or the family member are in consistent disagreement
- When meetings become arguments or therapy sessions

Breakout Room

- In your groups, describe a time when one of these common challenges has arisen, and how “keys to success” were used to address the issue.

Kerry (she/her) and Jane (she/her)

Kerry (17 years old) and her mother, Jane, have been participating in the Wraparound process for four months. Kerry recently was assigned a youth partner and Jane has had a family partner since the start of the Wraparound process. When Kerry first met with her youth partner, she expressed that she wants to move out of her mom's house because "all they do is fight" and she does better in school and with her mental health when she is not living at home. She suggested moving in with her aunt, Beth. The youth partner asked Kerry if she had spoken with her family about this, and Kerry shared that while she already had sought Beth's approval, she had not shared the idea with her mom for fear of retaliation. In the past when Kerry brought up such strategies to her mom, Jane cut off her access to her phone and internet, which Kerry says she needs to complete schoolwork. Kerry's youth partner asked if Kerry would like to talk about her hopes to move out of her mom's house at her upcoming Wraparound meeting, and Kerry responded yes. Kerry's youth partner supported Kerry in planning to share her agenda item with her team facilitator and helped her anticipate what her mom and other team members might say.

On the day of the meeting, Kerry and her youth partner arrive early, shortly before Jane and her family partner do. As they sit in the meeting room together, waiting for the rest of the team to arrive, Jane asks Kerry why she didn't come home last night. Kerry states that she was at Beth's house doing homework and fell asleep. The rest of the team arrives and the meeting begins.

The first life domain the team focuses on (at the request of Kerry and Jane) is living, and it is clear that Kerry and Jane are in disagreement: Kerry wants to move in with her aunt, Beth, and Jane wants Kerry to stay at home. Both contend that the other's strategy is non-negotiable. The meeting ends with no resolution.

1. *What were some successful strategies used by the youth and family partner?*
2. *What could they have done better and/or differently?*
3. *What challenges did they face?*

Lola (they/them) and Michael (he/him)

Lola is 14 and has been living in a foster home for almost one year. They were voluntarily placed into foster care by their father, Michael, who felt ill-equipped to support their mental wellness. Lola and Michael were recently accepted into the Wraparound process, and both feel discouraged about working together. Lola and Michael were both assigned Wraparound peer partners at the beginning of the process.

The youth partner and family partner initially met Lola and Michael separately since they were living in separate homes. When the youth partner met with Lola, Lola expressed that they were angry about being voluntarily placed into care by their father, that they felt unloved and unwelcome in their family, and that their father would not accept their non-binary identity. Michael met with his family partner and shared that

when Lola was living in the home, things felt chaotic and he was worried about their safety as well as that of their older brother, Anthony.

During this first meeting, the youth partner and family partner explained the Wraparound process to their peer clients, and each asked how the other felt about it. Lola told their peer partner that they "would not be in the same room with [their] father," and Michael said that Lola absolutely would not cooperate. Both peer partners asked if they could share their clients' concerns with the team, and they agreed to do so.

The family partner and youth partner connected and shared only relevant information with each other about how Lola and Michael were feeling. Together, they agreed that they would offer some strategies to the youth, family, and team facilitator to

ensure that the youth and parent's perspectives were understood. They took this plan back to Lola and Michael, and asked that they come up with strategies on how to make team meetings together go smoothly.

The first strategy that was arrived at (and agreed upon) was having separate meetings; one for Lola and one for Michael, where the same needs were discussed. This was troubling for many team members ("I don't have time for this!" "That's not real Wraparound!") but the family and youth partners assured the team members that this was the best way for the team to show that they are honoring youth and family voice, and that as we moved through the engagement phase things would change.

With consistent one-on-one meetings with Lola and Michael, and with each other, the youth and

family partner were able to support Lola and their father coming together to create plans and strategies that they together could bring to the team meetings. Their time in Wraparound was met with many bumps in the road but resulted in Lola moving back into Michael's home.

1. *What were some successful strategies used by the youth and family partner?*
2. *What could they have done better and/or differently?*
3. *What challenges did they face?*

Emily (she/her) and Sarah (she/her)

Emily is 17 and has a boyfriend of whom her mother, Sarah, does not approve. Sarah and Emily frequently butt heads over Emily's dating life, friends, etc., because Emily has spent time with unsafe people in the past. Sarah often reacts in anger when she learns that Emily has a social life, and because of this, Emily is not open with her mother about friends and dating.

While Emily has displayed risky behaviors in the past, since she began her work in the Wraparound process and was assigned a youth partner her judgment has significantly improved. She is working on her identified goals of getting her GED and finding a job, and she has demonstrated use of her coping skills. While Sarah acknowledges this, she is still understandably apprehensive and does not want Emily to engage in social activities.

Emily approached her youth partner about accessing birth control from Planned Parenthood. Emily knew she could already access birth control on her own and without parental consent, but she wanted her youth partner to join her as a supportive young adult. The youth partner agreed, and Emily asked that the youth partner not share this information with her mother or any other Wraparound team members. The youth partner agreed and helped Emily explore the consequences of her mother finding out that she had

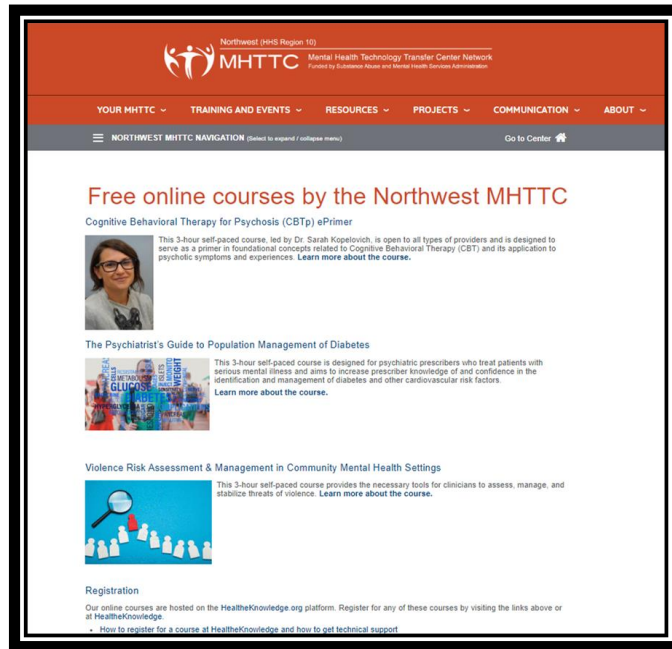
obtained birth control. Emily still advocated that she did not want her mother or other team members to know.

In the meantime, Sarah discovered Emily's birth control and decided she wanted to discuss this at the next Wraparound team meeting. Sarah was very upset and felt that the youth partner should have denied Emily's request for support and reported the attempt to her team. During the meeting, the youth partner explained their role, that Emily could access birth control regardless of their support, that this was not a matter related to the Wraparound process, and that they would not share information Emily asked to be kept confidential (unless there was a safety concern). The family partner normalized Sarah's feelings and provided some perspective from her own experience while validating the youth partner's explanation of their role.

1. *What were some successful strategies used by the youth and family partner?*
2. *What could they have done better and/or differently?*
3. *What challenges did they face?*

About the Northwest MHTTC

Online Courses



Northwest (HHS Region 10) MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

YOUR MHTTC TRAINING AND EVENTS RESOURCES PROJECTS COMMUNICATION ABOUT

NORTHWEST MHTTC NAVIGATION (Select to expand / collapse menu) Go to Center

Free online courses by the Northwest MHTTC

Cognitive Behavioral Therapy for Psychosis (CBTp) ePrimer
This 3-hour self-paced course, led by Dr. Sarah Kopelowich, is open to all types of providers and is designed to serve as a primer in foundational concepts related to Cognitive Behavioral Therapy (CBT) and its application to psychotic symptoms and experiences. [Learn more about the course.](#)

The Psychiatrist's Guide to Population Management of Diabetes
This 3-hour self-paced course is designed for psychiatric prescribers who treat patients with serious mental illness and aims to increase prescriber knowledge of and confidence in the identification and management of diabetes and other cardiovascular risk factors. [Learn more about the course.](#)

Violence Risk Assessment & Management in Community Mental Health Settings
This 3-hour self-paced course provides the necessary tools for clinicians to assess, manage, and stabilize threats of violence. [Learn more about the course.](#)

Registration
Our online courses are hosted on the HealthKnowledge.org platform. Register for any of these courses by visiting the links above or at HealthKnowledge.
• [How to register for a course at HealthKnowledge and how to get technical support](#)

Website with Events, Products & News



NEWS

Recovery LIVE! Supporting the Resilience of Black Men: Culturally Affirming and...

UPCOMING EVENTS

JUN 09 DBT STEPS-A Online Lesson 10: Distress Tolerance - Radical Acceptance
Click here to tune into the DBT STEPS-A YouTube Channel every Tuesday and Thursday morning at 10am

JUN 11 DBT STEPS-A: Summary Q&A for Students - Putting It All Together & Preparing for Summer
Click here to tune into the DBT STEPS-A YouTube Channel every Tuesday and Thursday morning at 10am

JUN 11 Resources for Supporting the Mental Health and Well-being of Children and Families During COVID-19
Resources for Supporting the Mental Health and Well-being of Children and Families During COVID-19

[View All](#)

PRODUCTS

Educator Wellness Webinar #4: Cultivating a Practice of Gratitude and Appreciation in Your School Community
The Northwest Mental Health Technology Transfer Center and the Northwest PBIS Network are collaborating to bring you a FREE, 4-part webinar

Ambiguous Loss: Grieving in the Time of COVID-19, Followed by Live Q&A Session
About this Resource: Life, as we knew it just a few weeks ago, has been completely turned upside down. That feeling you are feeling but can't

SMART Center 2020 Virtual Speaker Series - Dan Losen, JD, MEd
The school mental health supplement to the Northwest MHTTC is excited to co-sponsor the UW SMART Center's 2020 Virtual Speaker Series.

[View All](#)

Live Training



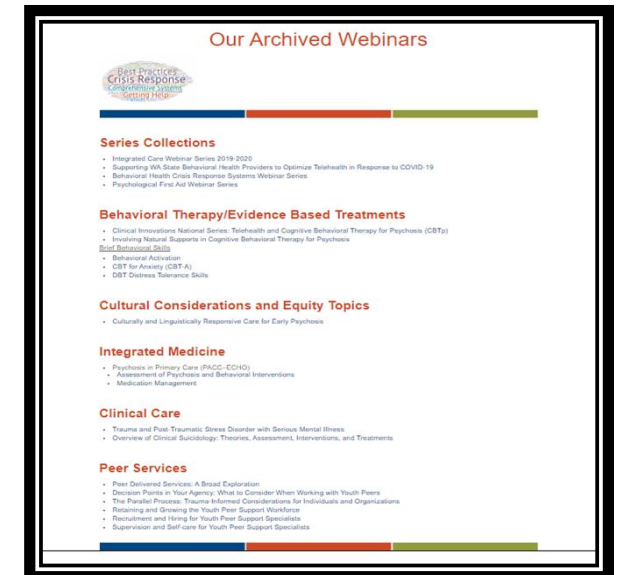
Psychological First Aid for Service Providers

1:00pm - May 19, 2020 | Timezone: US/Pacific
Hosted By: Northwest MHTTC

Registration Deadline: May 18, 2020

[REGISTER](#) [Need more information? Contact us at nmhmttc@uw.edu](#)

Archived Webinars



Our Archived Webinars

Series Collections

- Integrated Care Webinar Series 2019-2020
- Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19
- Behavioral Health Crisis Response Systems Webinar Series
- Psychological First Aid Webinar Series

Behavioral Therapy/Evidence Based Treatments

- Clinical Innovations National Series: Telehealth and Cognitive Behavioral Therapy for Psychosis (CBTp)
- Involving Natural Supports in Cognitive Behavioral Therapy for Psychosis
- Basic Behavioral Skills
- Behavioral Activation
- CBT for Anxiety (CBT-A)
- DBT Distress Tolerance Skills

Cultural Considerations and Equity Topics

- Culturally and Linguistically Responsive Care for Early Psychosis

Integrated Medicine

- Psychosis in Primary Care (PACC-EDHO)
- Assessment of Psychosis and Behavioral Interventions
- Medication Management

Clinical Care

- Trauma and Post-Traumatic Stress Disorder with Serious Mental Illness
- Overview of Clinical Sociology: Theories, Assessment, Interventions, and Treatments

Peer Services

- Peer Delivered Services: A Broad Exploration
- Decision Points in Your Agency: What to Consider When Working with Youth Peers
- The PeerHub Project: Trauma Informed Considerations for Individuals and Organizations
- Retaining and Growing the Youth Peer Support Workforce
- Recruitment and Hiring for Youth Peer Support Specialists
- Supervision and Self-care for Youth Peer Support Specialists

Research/Practice Briefs



Integrated Care for Older Adults with Serious Mental Illness and Medical Comorbidity: Evidence-Based Models and Future Research Directions

Collaborating TTC: Northwest MHTTC
Publication Date: May 29, 2019
Developed By: Northwest MHTTC

[DOWNLOAD](#)

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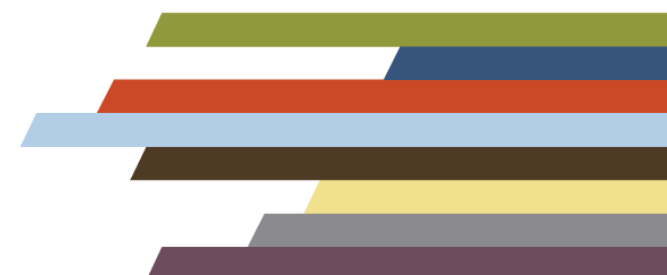
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After today's session, please complete the evaluation survey

- Will be shared in the chat box
- Helps our team plan future sessions as well as evaluate today's session

➤ *There will NOT be certificates or CEUs offered for today's session*

www.mhttcnetwork.org/northwest



Your Feedback is Important:

Post-event surveys are *critical* to our work!

- Please complete the confidential evaluation by following the link that will be emailed to you.
- Evaluation data is necessary for continued funding to offer programs

Your feedback helps us to improve and develop future programming.

We greatly appreciate your feedback!

Please complete the survey below.

Thank you!

Page 1 of 3

Participants - Please Write Your Unique Personal Code Here as Follows:

1) First Letter of Mother's First Name
2) First Letter of Mother's Maiden Name
3) First Digit of Social Security Number
4) Last Digit of Social Security Number

* must provide value

Please select the date of the meeting you attended.

* must provide value

What U.S. state or territory do you live in?

* must provide value

Burden Statement: This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of the Technology Transfer Centers (TTC) Network Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the TTC Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0383. Public reporting burden for this collection of information is estimated to average less than 10 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15 E57B, Rockville, MD 20857.

What is your gender?

☐ Female
☐ Male
☐ Transgender
☐ None of these

reset

What is your race? (Select one or more):

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White

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Resources & Research Updates



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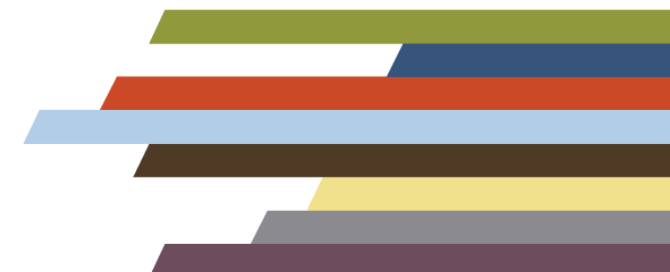
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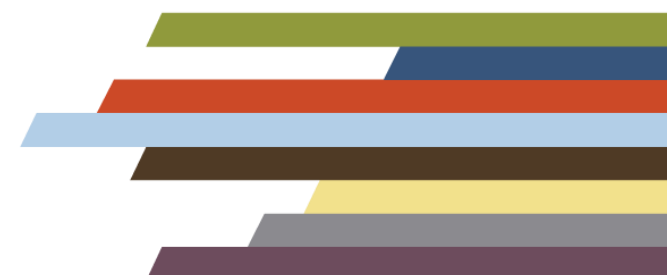
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Support and Disclaimer

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Thank You!



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