Innovations in Youth Mental Health: Panel 1
June 15, 2022
11:00am PT / 12:00pm MT / 1:00pm CT / 2:00pm ET

Welcome! We will get started momentarily.

Please let us know who you are and where you are from in the chat box (click the chat icon at the bottom of your screen).
Housekeeping

• We want to hear from you! Share your questions, comments and “ah-ha’s” via the chat box.

• A recording and slides will be available within 24 hours - We’ll email you.
Welcome
Our Time Today

• Welcome

• Panelist Presentations
  • Reading & Rhythm Changes Lives
  • The Power of Youth Emotional CPR
  • Culturally Relevant Interventions for Mental Health Providers Serving Hispanic and Latino Youths

• Audience Q&A/Moderated Discussion
Steven Angel

• Steven Angel is President, founder, and creator of programs of the Drumming for Your Life Institute (DFYL), a non-profit organization based in Los Angeles.

• Program Name - Reading & Rhythm Changes Lives
The Literacy Problem is Huge

Reading and Rhythm is positively impacting reading skills through rhythm, building fluency, comprehension and confidence.

67% of 4th graders cannot read at basic level

85% of juveniles are considered functioning illiterate
10% of high school graduates **cannot read**

21% of US adults read **below the 5th grade level**
“THE DOUBTFUL INTERNAL VOICE”
PSYCHOLOGICAL COMPONENT THAT IMPEDES READING ABILITY

- When a student reads several words or a sentence.
- Student will read a passage and see a word coming up they don't know and repeat the word or words before it.
- When students repeat a word they said correctly, stumble over a word, or mispronounce a word.
- When students do not read at grade level it attaches a stigma of “cannot read” to the student.
HOW IT WORKS: PROGRAM FEATURES

- PULSE BEAT
- READING & RHYTHM BEAT
- 7 READING & RHYTHM RULES
- NON-LINEAR COMPREHENSION
- SEE IT, SAY IT, PLAY IT
- TECHNIQUES FOR VOCABULARY AND SPELLING
1ST QUARTER TLA TEST SCORE RESULTS

**Adult Second Language Learners**

ALMA Sites

21 Participants were pre and post tested

Fluency Average Increase: 71%

Comprehension Average Increase: 124%

**K-6 Students**

St. Odilia School

19 Participants were pre and post tested

Fluency Average Increase: 64%

Comprehension Average Increase: 123%

**8-12 Reading Level – Young Adults & Adults with severe mental health**

Multiple Sites

13 Participants were pre and post tested

Fluency Average Increase: 57%

Comprehension Average Increase: 88%
Reading & Rhythm Test Scores:
Central IEP-Rm 143 (6 weeks - twice a week)
High School testing 10/25/21 - 12/06/21

Aimsweb Fluency testing - reading scores - Fall Measurement

<table>
<thead>
<tr>
<th>Student</th>
<th>Pre Test</th>
<th>1%ile</th>
<th>Post Test</th>
<th>45%ile</th>
<th>Increase</th>
<th>%ile Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles</td>
<td>78</td>
<td>1%ile</td>
<td>141</td>
<td>45%ile</td>
<td>81%</td>
<td>44%</td>
</tr>
<tr>
<td>Stanley</td>
<td>51</td>
<td>1%ile</td>
<td>118</td>
<td>22%ile</td>
<td>131%</td>
<td>21%</td>
</tr>
<tr>
<td>Andrew</td>
<td>101</td>
<td>11%ile</td>
<td>170</td>
<td>78%ile</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Brandec</td>
<td>158</td>
<td>62%ile</td>
<td>210</td>
<td>99%ile</td>
<td>33%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Comprehension Results

<table>
<thead>
<tr>
<th>Student</th>
<th>Pre Test</th>
<th>1%ile</th>
<th>Post Test</th>
<th>44%ile</th>
<th>Increase</th>
<th>%ile Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles</td>
<td>19</td>
<td>28%ile</td>
<td>40</td>
<td>94%ile</td>
<td>110%</td>
<td>66%</td>
</tr>
<tr>
<td>Stanley</td>
<td>6</td>
<td>1%ile</td>
<td>26</td>
<td>54%ile</td>
<td>333%</td>
<td>53%</td>
</tr>
<tr>
<td>Andrew</td>
<td>15</td>
<td>16%ile</td>
<td>34</td>
<td>81%ile</td>
<td>127%</td>
<td>65%</td>
</tr>
<tr>
<td>Brandec</td>
<td>25</td>
<td>50%ile</td>
<td>57</td>
<td>99%ile</td>
<td>128%</td>
<td>44%</td>
</tr>
</tbody>
</table>
CONTACT INFO:

Steven Angel
562-904-6775
stevenangel@dfyl.org
Our Panelists

Oryx Cohen, MPA

- Oryx Cohen is the Chief Executive Officer of the National Empowerment Center. He serves as President of the Board for the Massachusetts Transformation Center and We R Hope, and is a master Emotional CPR trainer.
Our Panelists

Miranda Todt

- Miranda is the Board Secretary for We R H.O.P.E. and an Emotional CPR Trainer. She co-wrote the Youth Emotional CPR (eCPR) curriculum and has taught eCPR to youth around the world.
Emotional CPR by and for Youth

Miranda Todt, miranda@werhope.org
Oryx Cohen, oryxcohen@gmail.com
Emotional CPR: What, Why

Just as a person’s physical heart needs attention in a cardiac crisis, a person’s emotional heart needs attention in an emotional crisis.

**eCPR** is a form of *heart-to-heart connection* for emotional resuscitation.
Three phases of the practice of eCPR

C = **Connect** with Compassion and Concern to **open up** Communication, especially heart-to-heart

P = **emPower** to experience Passion and Purpose

R = **Revitalize** increased energy, new life, creativity, hope, interest in people
Intentions of eCPR

1. **Connect:** I will connect through feelings first, respecting you as equally human, fully listening with my eyes, ears, heart, and respect.

2. **Connect:** I will hold space for my first feelings, breathing into a deeper space of resonance, becoming aware of my broader feelings/thoughts.

3. **Connect:** I will share my broader feelings/thoughts and stay with you.
“Ting”
Chinese character for the verb “to listen”
Intentions of eCPR (cont.)

4. emPower: I will BE WITH you without fixing, judging, or advising you.

5. emPower: I am not sure what is best for you; together we explore the unknown.

6. emPower: Together, we release the power to heal that lies within us, moving towards our wellness.

7. Revitalize: We authentically create new life, new Voice, and new hope in the present moment, which is revitalizing.
Development of Youth eCPR

- Involvement of young people (ages 17-26) in curriculum development process
- Collaborative effort by advisory board made up of youth and individuals who work with youth
- Development of curriculum and journal
Adapting Emotional CPR for Youth

- Led by young people
- Different structure (5 days vs. 3 days, 2.5 hours vs. 4 hours)
- More videos/multimedia
- Music, movement, and dance
- More interactive exercises
- Simplified language
- Addition of journal
Sample Journal Pages

This journal belongs to:

Journaling Prompt: Introduction

What is something interesting about yourself that you would like to share with the group?

Rose, Thorn, Bud...

Rose: What is a highlight, a success or something positive that has happened?

Thorn: What is a challenge you experienced or something you can use more support with?

Bud: What is a new idea or something you are looking forward to knowing and understanding more?
Video about Empathy
Color Wheel Exercise
The Spectrum of Youth Engagement

➢ **Youth Guided:** Youth and adult partners are aware and engaged as they explore the ideas and skills of youth leadership and begin to value youth experience as integral to the decision-making process.

➢ **Youth Directed:** Youth begin to make recommendations and fill steady, meaningful roles in decision-making bodies. Youth and adults collaborate to create and prioritize goals and develop strategies for positive change.

➢ **Youth Driven:** Youth have self-awareness and skills to initiate change, as well as the intrinsic motivation and sense of purpose to follow through. Youth have a mutually respectful relationship with adults and other youth in the community as they partner for the change desired by youth.
Youth eCPR: Youth Directed & Youth Driven

- Youth filled meaningful decision-making roles on advisory board
- “Nothing About Us Without Us”
- December Youth eCPR Training - led entirely by youth; highest age of trainer was 26
<table>
<thead>
<tr>
<th>Style #1</th>
<th>Style #2</th>
<th>Style #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The adult is in control with no intention of youth involvement.</td>
<td>The adult is control and allows youth involvement</td>
<td>There is a youth/adult partnership (shared control)</td>
</tr>
<tr>
<td><strong>The Objective</strong></td>
<td><strong>The Objective</strong></td>
<td><strong>The Objective</strong></td>
</tr>
<tr>
<td><strong>The Byproduct</strong></td>
<td><strong>The Byproduct</strong></td>
<td><strong>The Byproduct</strong></td>
</tr>
<tr>
<td>Conformity of young people and acceptance of the program as it is</td>
<td>Increased organizational effectiveness</td>
<td>Personal growth of young people and adults</td>
</tr>
</tbody>
</table>
Roger Hart’s Ladder of Young People’s Participation

1. Young people are manipulated*
2. Young people are decoration*
3. Young people tokenized*
4. Young people assigned and informed
5. Young people consulted and informed
6. Adult-initiated, shared decisions with young people
7. Young people lead & initiate action
8. Young people & adults share decision-making

* Note: Hart explains that the last three rungs are non-participation.
Questions?
Our Panelists

Angel Casillas-Carmona, M.H.S.

- Angel Casillos-Carmona currently stands as Project Manager for the National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC), subsidized by SAMHSA, emphasizing the Hispanic and Latino populations in the United States and its territories.
Culturally relevant interventions for mental health providers serving Hispanic and Latino youths

Angel Casillas, MHS
Christine Miranda Díaz, PhD
Associate Project Director
Acknowledgment
Presented in 2022 by the National Hispanic and Latino MHTTC

This presentation was prepared for the National Hispanic and Latino MHTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from National Hispanic and Latino MHTTC. For more information on obtaining copies of this publication, call 787-798-3001.

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 6H79SM081788 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022
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**

Objectives

• Discuss the mission, purpose, and scope of the National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC) School-Based Mental Health Supplement.
Why is it hard about being a teen right now?

What is hard about being a teen right now?
Identification of the Need

• The MHTTC Network conducted a needs assessment with about 2,500 key stakeholders, mental health organizations, and practitioners across US states and territories

• 80% females, 68% White, 54% Behavioral Health
### Identification of the Need

<table>
<thead>
<tr>
<th>Top 5 service needs identified</th>
<th>Traumatic/stressful event (66%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depression (31%)</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder (30%)</td>
</tr>
<tr>
<td></td>
<td>Anxiety (29%)</td>
</tr>
<tr>
<td></td>
<td>Racism/discrimination (26%)</td>
</tr>
</tbody>
</table>
Problem to Solve

Top barriers in service provision identified:

- Stigma about mental health (40%)
- Language (33%)
- Lack of health insurance (29%)
- Lack of transportation (20%)
- Difficulties understanding culture (20%)
Problem to solve

Hispanic and Latino Children and Youth May Experience

• Anxiety symptoms
• Depressive symptoms
• Post-traumatic stress symptoms
• Higher externalizing behaviors

(Chavez-Dueñas, Adames, Perez Chavez, & Salas 2019)
Problem to solve

Depending on their acculturation level and immigrant status, Hispanic and Latino children and youths may also face:

- Limited English proficiency
- Legal status issues
- Family separation due to immigration
- Issues of loss and trauma due to the immigration process
- Loss of status in the community and loss of self-esteem due to undocumented immigrant status
What does mental health mean to you?
Overview of program

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Our work focuses on mental health and school-based mental health directed to Hispanic and Latino children and youths.
Goal

Promote the dissemination and implementation of culturally responsive practices through the development of educational products and experiences aimed at expanding knowledge and skills among providers serving the mental health needs of Hispanic and Latinx communities and individuals.

Help reduce health disparities and access to care among Hispanic and Latinx individuals.
Overview of program:

NEEDS ASSESSMENTS  PRODUCTS  TRAININGS  TECHNICAL ASSISTANCE  SYMPOSIUM & CONFERENCES
Results 3.5 years of implementation

Number of events

Mental Health and Wellbeing
- 123
- 83
= 206

School Mental Health

Number of participants reached

Mental Health and Wellbeing
- 5,298
- 3,821
= 9,119

School Mental Health
Results 3.5 years of implementation

• 41 Factsheets and Booklets and
• 1 Book
TIPS WHEN WORKING WITH UNACCOMPANIED MINORS FROM GUATEMALA, HONDURAS, AND EL SALVADOR

Guatemala is part of the Northern Triangle (NT) region in Central America, along with Honduras and El Salvador. In 2015, El Salvador ranked 7th, Guatemala ranked 10th, and El Salvador ranked 13th among source countries of U.S. immigrants.

Facts about the Guatemalan population:
- About 1.4 million (accounting 2% of U.S. Hispanics and Latinos are of Guatemalan origin.
- Guatemalan children make up 44% of all unaccompanied minors arriving in the United States.
- Spanish is the official language of Guatemala, but only 60% of the population communicates primarily in this language.
- There are 23 officially recognized Amerindian languages, including K’iche, Q’eqchi, Q’eqchi, canoe, Garifuna, and Mixe.
- About 80% of Guatemalan practice some form of Christianity, particularly Roman Catholicism, and 15% are atheists or agnostics.
- Around 41% of Guatemalan has Maya roots, and a smaller small percentage with non-Mayan indigenous and African origin.
- Mayas use their traditional medicine as a primary care.
- Mayas have strong support systems in their family.
- Some Mayas may be open to a decent treatment experience involving spirituality and physical health treatments.
- If a positive rapport is developed, Mayas are more likely to trust a professional and follow recommendations.

Northern Triangle Unaccompanied Children and Families Seeking Asylum: Traumatic Effects on Children’s Attachment and Reunification

Unaccompanied minors from Guatemala, Honduras, and El Salvador make up 44%, 29%, and 18%, respectively, of all unaccompanied minors entering the United States. This population is at significant risk for psychological distress, including depression, anxiety, and post-traumatic stress, and is less likely to access culturally responsive mental health services, due to language barriers or being unaccompanied by a parent or other adult. This can lead to negative outcomes, such as negative interactions at school and with authorities, increased disconnection from family and society, and exposure to the criminal justice system.

It is well documented that many children seeking safety in the US have experienced trauma related to war or persecution. These traumatic events may occur while children are in their countries of origin (e.g., wars and violence), during displacement from their countries of origin (e.g., torture, assault, deprivation), or in the reunification process in the US (e.g., detention centers and detention, which have an impact on mental and physical health long after they have occurred. Furthermore, such experiences have an impact on the child’s attachment style as well as emotional well-being.

The interaction of trauma with attachment and the modifications processes in children may result in:
- PTSD or PTEF symptoms
- Fear of being returned to home country
- Nightmares of or memories of safety
- Rejection
- Disregard of child’s distress response
- Symptoms, behaviors, and biological medications
- Increased irritability/reticence
- Decreased hope, and expectations for future
- Difficulty with self-esteem regulation
- Functional impairments in key psychological, social, and academic areas
Responding to COVID-19
Latino Indigenous Populations

7 Tips to Engage in Mental Health Treatment: The Guatemalan Maya Families Living in the United States

- Approximately, 80,000 Mayas from Guatemala have migrated to the United States of America since 2000 to 2017.
- About 80% of the population in Guatemala is of Indian origin. The majority of indigenous people in Guatemala are the K’iche (41%), Mam (24%), Chuj (6%), and such.
- There are 35 officially recognized indigenous languages, including K’iche, Mam, Q’eqchi, Tzeltal, and many others.
- Many Mayan families rely on their traditional medicine as primary care. Before they go to any western medical or psychosocial treatment, they may visit a local healer in their community.

Three Facts of the Guatemalan Maya Families Living in the United States:

1. A person born in Guatemala and who later moved to the United States may still not identify with the terms Latino or Hispanic. They feel more comfortable with their Maya identity and may prefer others who acknowledge their Maya traditions and beliefs.
2. The vast majority of Mayas are Christian (Catholic). However, they also practice traditional spirituality and use their traditional medicine as primary care. Before they go to any western medical or psychosocial treatment, they may visit a local healer in their community.
3. It is recommended to engage current and past healers and the role of spiritual healers.

TIPS TO INCREASE ENGAGEMENT WITH GUATEMALAN MAYA FAMILIES:

1. Mental Health Technology Transfer Center Network
2. Latino Indigenous Populations
3. Engaging Mexican Indigenous Families, Children, and Youths in Mental Health Treatment

Engaging Mexican Indigenous Families, Children, and Youths in Mental Health Treatment

The estimated number of Mexican Indigenous families living in the United States is estimated to be around 3 million. These families face various challenges in accessing mental health services. To engage them effectively, the following strategies can be employed:

1. Understanding the Cultural Context: Mexican Indigenous families have unique cultural backgrounds that influence their mental health beliefs and practices. Acknowledging and respecting these cultural differences is crucial.
2. Language Barriers: Many Mexican Indigenous families may not speak English fluently. Providing services in their native language can significantly improve engagement.
3. Seeking Community Leaders: Engaging with community leaders and organizations that represent Mexican Indigenous families can help in connecting them with mental health services.
4. Cultural Sensitivity Training: Mental health professionals should receive cultural sensitivity training to better understand and address the needs of Mexican Indigenous families.
5. Access to Services: Ensuring that mental health services are accessible and affordable is essential. This may involve partnering with organizations that provide culturally appropriate services.

What You Need to Know When Treating Mexican Indigenous Populations Living in the United States:

- Language barriers, poverty, and lack of employment and health insurance increase mental health disparities.
- Lack of Spanish-speaking and culturally responsive counselors or therapists and structural barriers inside the use of mental health services among these populations.
- Social isolation and family organizations, a common event for all family members who may experience isolation and helplessness.

Indigenous Populations from the Northern Triangle

- Central America is a multilateral, multicultural, and multi-ethnic region.
- The Northern Triangle (NT) in the region of Central America is comprised by Guatemala, Honduras, and El Salvador. This region has a population of close to 25 million.
- The NT is the most impoverished region in the Western Hemisphere. The leading causes for massive migration from the region are violence, government corruption, and food insecurity. The region tops the list of the world’s largest refugee countries outside a war zone.
- In the region, violence is more related to gangs. Maryam Sarmast and Mila (HC) have courted over issues and territorial areas where they use violence to assert their dominance and control.
- The region has the highest homicide rates in Latin America.
- Guatemala represents more significant numbers on migration followed by Nicaragua and El Salvador.

Tips to Engage in Mental Health Treatment: The Indigenous Populations from the Northern Triangle

To engage Mexican Indigenous Families, Children, and Youths in Mental Health Treatment, it is important to:

1. Understand the cultural context of the Northern Triangle region.
2. Address the language barriers to improve engagement.
3. Identify and work with community leaders who can help connect families to mental health services.
4. Provide cultural sensitivity training for mental health professionals.
5. Ensure that services are accessible and affordable.

Other resources and support for engagement with Indigenous Populations:

- Mental Health Technology Transfer Center Network
- Latino Indigenous Populations
- Engaging Mexican Indigenous Families, Children, and Youths in Mental Health Treatment

For more information, visit the Substance Abuse and Mental Health Services Administration (SAMHSA) website.
La CLAve (The Clue or Key) A Psychoeducational Tool to Reduce Treatment Delay in Latinx with First Episode Psychosis

Many Latinxs with serious mental illness (SMI) and their family members fail to recognize the signs of a first episode of psychosis symptoms. In general, they have poor psychosis literacy which may lead to longer delays in treatment and longer Duration of Untreated Psychosis (DUP).

La CLAve was informed by conceptual models of health literacy. La CLAve is a tool in Spanish that represents the symptoms of psychosis.2

C. False beliefs or delusions (Creencias falsas)
   I. Disordered speech or thought disorder (Disturbios del habla o pensamiento)
   II. Hearing voices or voices that others do not hear (Escuchar voces que no escucha)

La CLAve uses plain language to guide individuals and caregivers to recognize the three domains of psychosis literacy (i.e., knowledge of psychosis, attributions to mental illness, and help-seeking behaviors) La CLAve uses popular Latin American music, videos, art, or all.

Suicide Attempts and Culturally Responsive Approaches for Latinxs

Suicide is a major public health concern as it is among the leading causes of death in the United States. Depth by suicide and waste attempts need to be understood with the context of the person’s culture and sociocultural, social, and cultural characteristics, values, and beliefs that can create risk for suicide or provide protective factors.

Latinxs, in general, die by suicide at rates similar to other minority populations. Yet for Latinxs (born 14 is about 18 years of age) the rates of suicide attempts have been higher than non-Hispanic White teen females and African American or Black teen males. From 1991 up to 2015, Latinxs experienced other adolescent girls in two rates of suicide attempts.

Variables to consider include psychosocial factors, cognitive processes, affective processes, and advance happiness. Suicide attempts and suicide rates in Latinxs populations is important to consider:

- Acculturation levels
- Academic stress
- Trauma experiences including immigration process
- Cultural values

Culture as a Protective Factor

Familism: Represents the value of close family interaction and emotions. Affection, loyalty, unity, and other types of emotional attachments are part of what adds to the protective factors for Hispanic suicide.

Spirituality and Religion: Religious beliefs that discourage suicide or one’s personal beliefs about the value of living are protective factors.
Specialized Topics

GENDER VIOLENCE AMONG LATINAS: KEY CONCEPTS AND CULTURAL CONSIDERATIONS

TRAUMA-INFORMED CARE MODEL FOR IMMIGRANT HISPANIC AND LATINO CLIENTS

STRESS MANAGEMENT DURING A QUARANTINE FOR MENTAL HEALTH PROVIDERS SERVING LATINO CLIENTS
Mental Health Technology Transfer Center Network

¿Quiénes somos y de dónde venimos?

A Historical Context to Inform Mental Health Services with Latinx Populations

DOWNLOAD BOOK
Are there any ways we can help reduce stigma?
NHL MHTTC webpage:
https://mhttcnetwork.org/hispaniclatino

NHL MHTTC YouTube Channel:
https://www.youtube.com/c/HiLaMHTTC
Thank you!
¡Gracias!

Don’t forget to complete the evaluation
What is the most important consideration to meaningfully engage youth when designing, developing, and implementing new programs to support youth?
Further explore key takeaways / lessons learned related to replicating programs?
Q&A

Please use the chat box or the “raise hand” feature to ask questions.
Contact

Holly Salazar,  CBHL CEO

hsalazar@leaders4health.org
www.leaders4health.org