



Optimizing Pediatric and Adolescent Behavioral Health in the Integrated Health Settings

Rhonda Waller, Ph.D., Facilitator

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Tuesday, February 22, 2022

Vision: Healthy Communities, Healthy People





**Session 3: Community based
behavioral health interventions for
pediatric and adolescent
special populations: Best practices
and programs that work!**

Welcome!

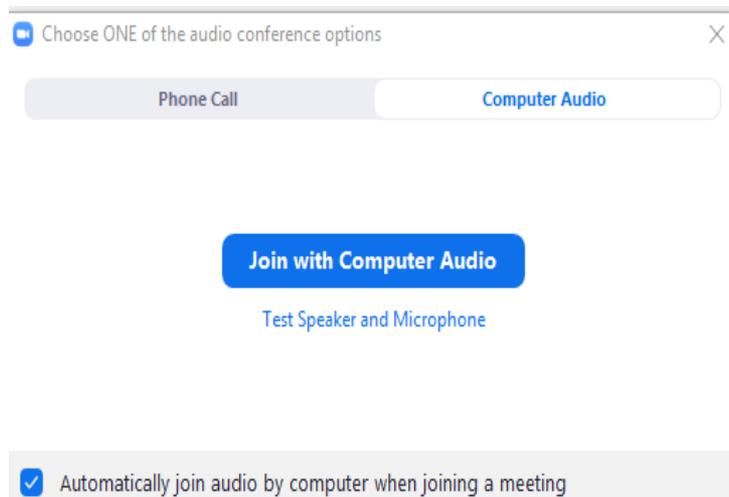
Vision: Healthy Communities, Healthy People



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- Click **Join with Computer Audio**.



Choose ONE of the audio conference options

Phone Call **Computer Audio**

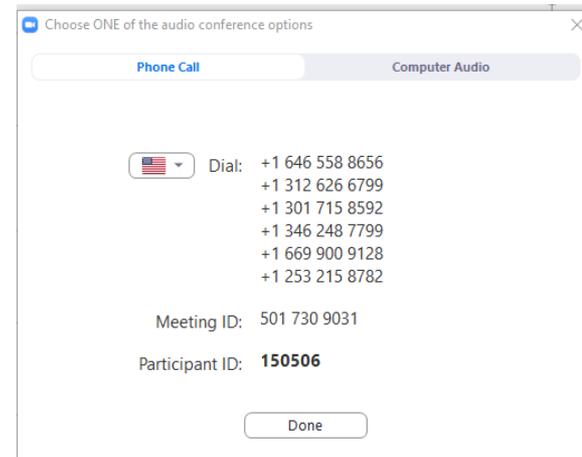
Join with Computer Audio

Test Speaker and Microphone

Automatically join audio by computer when joining a meeting

By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



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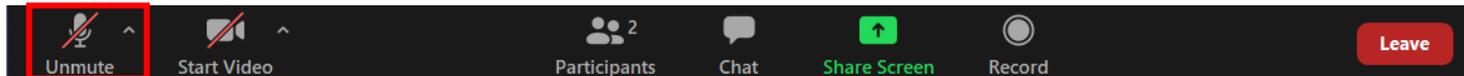
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Participant ID: **150506**

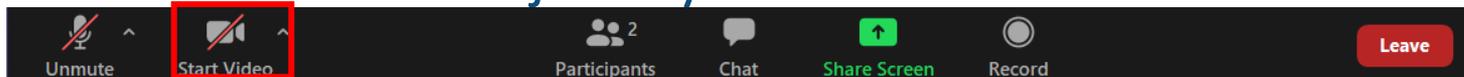
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Zoom Participation

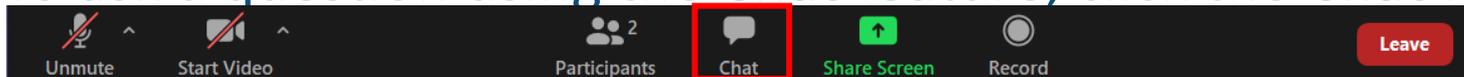
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon



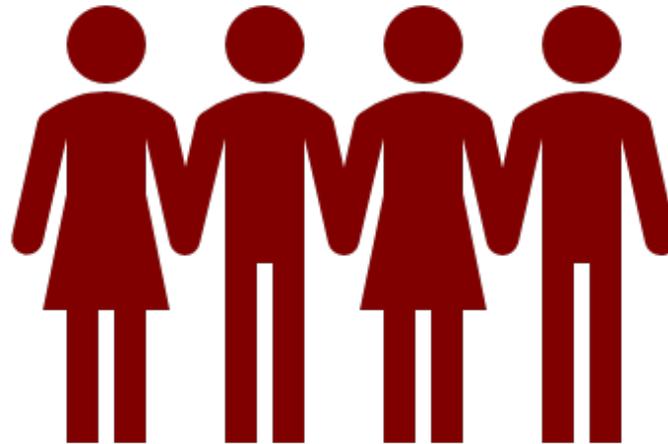
Agenda

- Check-In & Attendance
- Speaker Introduction
- Presentation
- Participant Q&A
- Session Wrap-Up & Next Steps



Check-In & Attendance

Please tell us your name,
title, organization, and the
“thorn” you have identified
for your action plan.



Speaker Introduction



Julian Owens, PhD



Community-Based Behavioral Health Interventions

for pediatric and adolescent populations

Julian D. Owens, PhD, MPH

Managing Partner

LIFE 20/20

February 22, 2022

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Outline

- I. Engagement: Where do we start?
 - a. Social constructions of personhood
 - b. Engaging “special” and “vulnerable” populations

- II. COVID-19: A Shifting Paradigm
 - a. Implications for digital literacy and “virtual care”
 - b. Mental health matters!



Outline

- III. Intersectionality Theory: what is it and why it matter?
 - a. [Adverse] Childhood Experiences: ACE and why this matters?
 - b. Trauma: Generational trauma why it matters?

- IV. What do we know about....
 - a. Resilience Theory
 - b. Music, Media, and Mental Health
 - c.



Outline

- V. COVID-19 and Coping in Times Like these
 - a. Connecting the Dots for the *iGeneration*
 - b. History matters!

- VI. Dismantling the Myth of White Supremacy
 - a. Engagement via social and emotional wellness
 - b. Building competencies

- VII. Media Matters!
 - a. Who pays the costs of “keeping it real”?
 - b. Using the power and potential of music and media, judiciously



Engagement: Intersectionality and Social Justice



Intersectionality Theory

- Socially constructed realities of personhood and identity

History, Trauma & Social Justice:

- Race matters!
- Diversity thoughts and perspectives matters!



Intersectionality Theory

Five Socially Constructed “realities”

1. Race & Racism
2. Class & Classism
3. Gender & Sexism
4. Sexual Orientation & Homophobia
5. Disability & Ableism



Intersectionality Theory

Provides bridge to discuss:

- Gives us a language to discuss “isms”.
- Systems [i.e., education, financial, healthcare, judicial, religion]
- Culture, cultural norms
- Conceptions about ideals [i.e., diversity, equity, inclusion, and access]
- Helps unpack how these “isms” function historically and currently.



Small Group Discussion #1

1. Go to Google Scholars on your device or laptop.
2. Find and bookmark two articles:
 - Intersectionality theory applied to whiteness and middle-classness.
 - The social construction of whiteness: racism by intent, racism by consequence
3. Review these articles at your leisure to assess how this research applies to your practice.

NOTE: You may find Google Scholar by going to Google and typing “google scholar” in the search bar.

A couple of key definitions to note:

- **Whiteness**: structures built into and observed in a society that produce white privilege, the examination of what whiteness is when analyzed as a race, a culture, and a source of systemic racism, and the exploration of other social phenomena generated by the societal compositions, perceptions and group behaviors of white people.
- **Social Class**: Theoretically stratified, fluid and merit-based categories based on wealth, income, educational attainment, occupation, and social networks. Examples include the:
1) Working Class; 2) Middle Class; and 3) Upper Class.



Small Group Discussion #1

Q1: In what ways may the social construction of race and class [i.e., “whiteness” and “middle classism”] be operating in your organization?

Q2: In what ways may these social constructions influence: a) your views about your organization, your unit within the organization, how you manage your unit; or how you provide service your clients?

Q3: Would you or your staff benefit from additional training or technical assistance on implementing a curriculum-based intervention to facilitate greater engagement?

Q4: Do you believe using it would be helpful to have culturally relevant discussions about the messages in music and media as related to race, class, gender, and orientation?

Q5: Are you aware that this training and technical assistance is available to you “for free” as part of your organization’s participation in this program?



Adverse Childhood Experiences:

The Cycle of Childhood Failure

Adverse Outcomes [partial list]

- Low Self-Esteem
- Worthlessness
- Addiction
- Depression
- Suicide/Homicide

Adverse Childhood Experiences:

The Cycle of Childhood Failure

Adverse Childhood Experiences

Study Categories

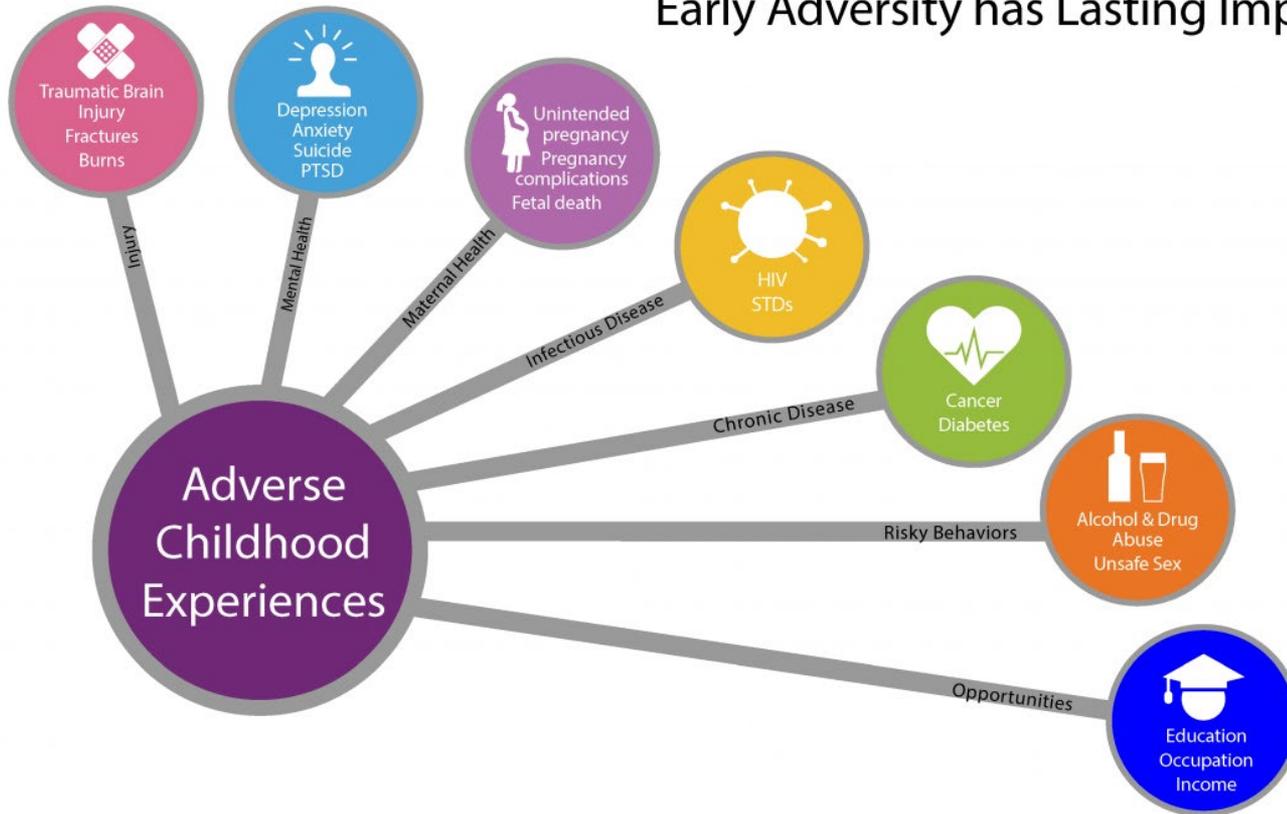
1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Physical Neglect
5. Emotional Neglect
6. Mother Treated Violently
7. Household Substance Abuse
8. Household Mental Illness
9. Parental Separation or Divorce
10. Incarcerated Household Member



Childhood Trauma

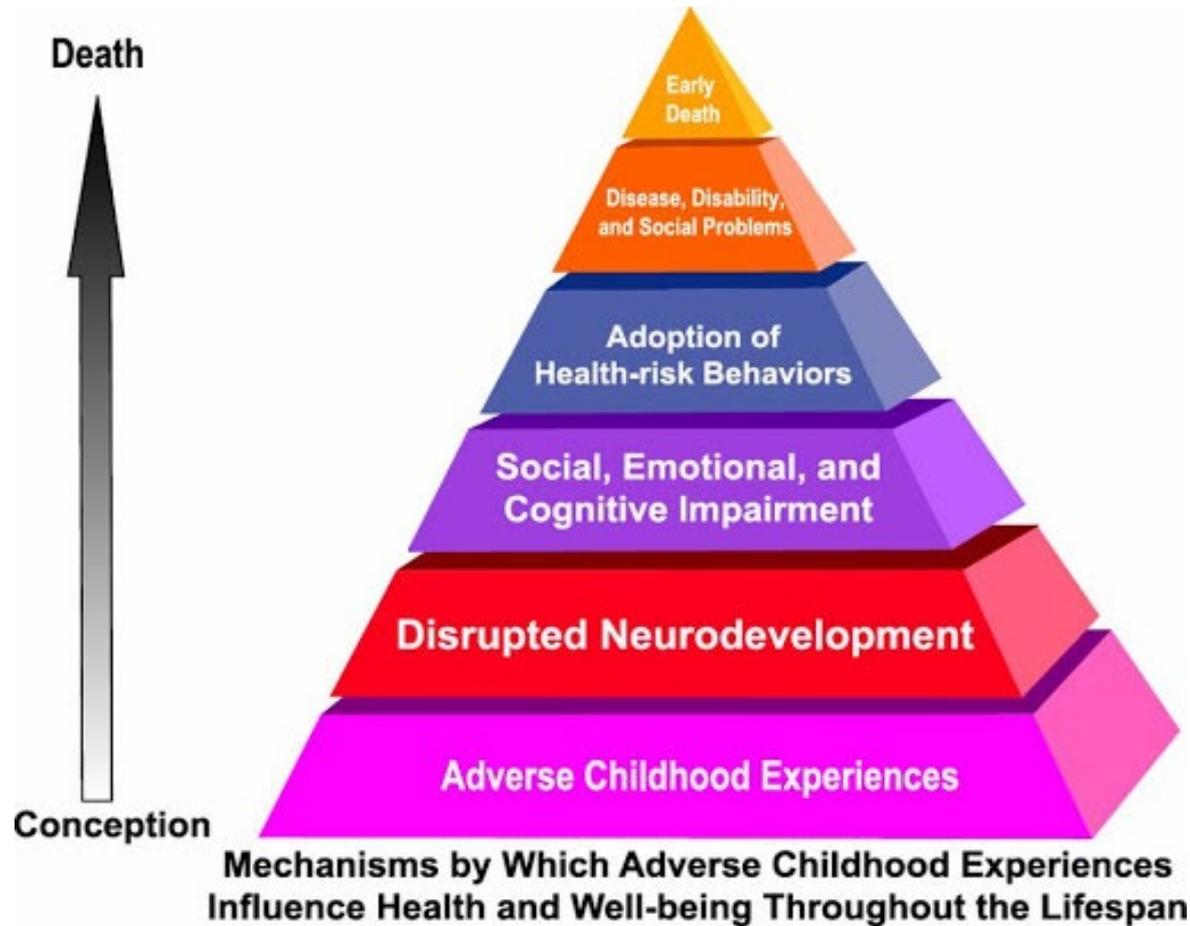
It's Lasting Impacts

Early Adversity has Lasting Impacts



Adverse Childhood Experiences:

The Cycle of Childhood Failure



Resilience Theory

Main take away

Resilience Theory:

- It's not the nature of adversity that is most important.
- Rather, its how we deal with it.
- But...



Engagement: Why does resilience matter?

Resilience Factors



Resilience Theory

A Traditional View

- **Control**
- **Confidence**
- **Connection**
- **Competence**
- **Character**
- **Contribution**
- **Coping**



Small Group Discussion Q2

Rethinking Resilience

Rethinking resilience enables professionals both to acknowledge:

1. The cultural strengths of African Americans, such as family values, family cohesion, kinship support, religion and spirituality, and
2. Optimistic perspectives, while also explicitly identifying how broader oppressive systems impede healthy social and emotional healthy functioning and wellbeing.

Q1: How much of 1st order resilience theory is embedded into your practices as a manager or behavioral health therapist?

Q2: How much of 2nd order resilience theory are you willing to embed into your practices as a manager or behavioral health therapist?

Q3: In what ways can you share that your organization is ready to embark upon the work necessary to address 1st or 2nd order resilience theory?



Social and Emotional Wellness

Competencies

1. Self-awareness

The ability to know your strengths and limitations, with a well-grounded sense of **confidence, optimism,** and a “**growth mindset.**”

2. Self-management

The ability to **effectively manage stress, control impulses, and motivate yourself to** set and achieve goals.

3. Social awareness

The ability to **understand the perspectives of others** and **empathize** with them, including those from diverse backgrounds and cultures.

4. Relationship skills

The ability to **communicate clearly,** listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and **seek and offer help when needed.**

5. Responsible decision making

The ability to **make constructive choices** about personal behavior and social interactions based on ethical standards, safety, and social norms.



Where do we go from here?



Reflecting on Life Lessons Learned



COVID-19 and Coping in Times Like

A Paradigm Shift



Education for the iGeneration

What the research says

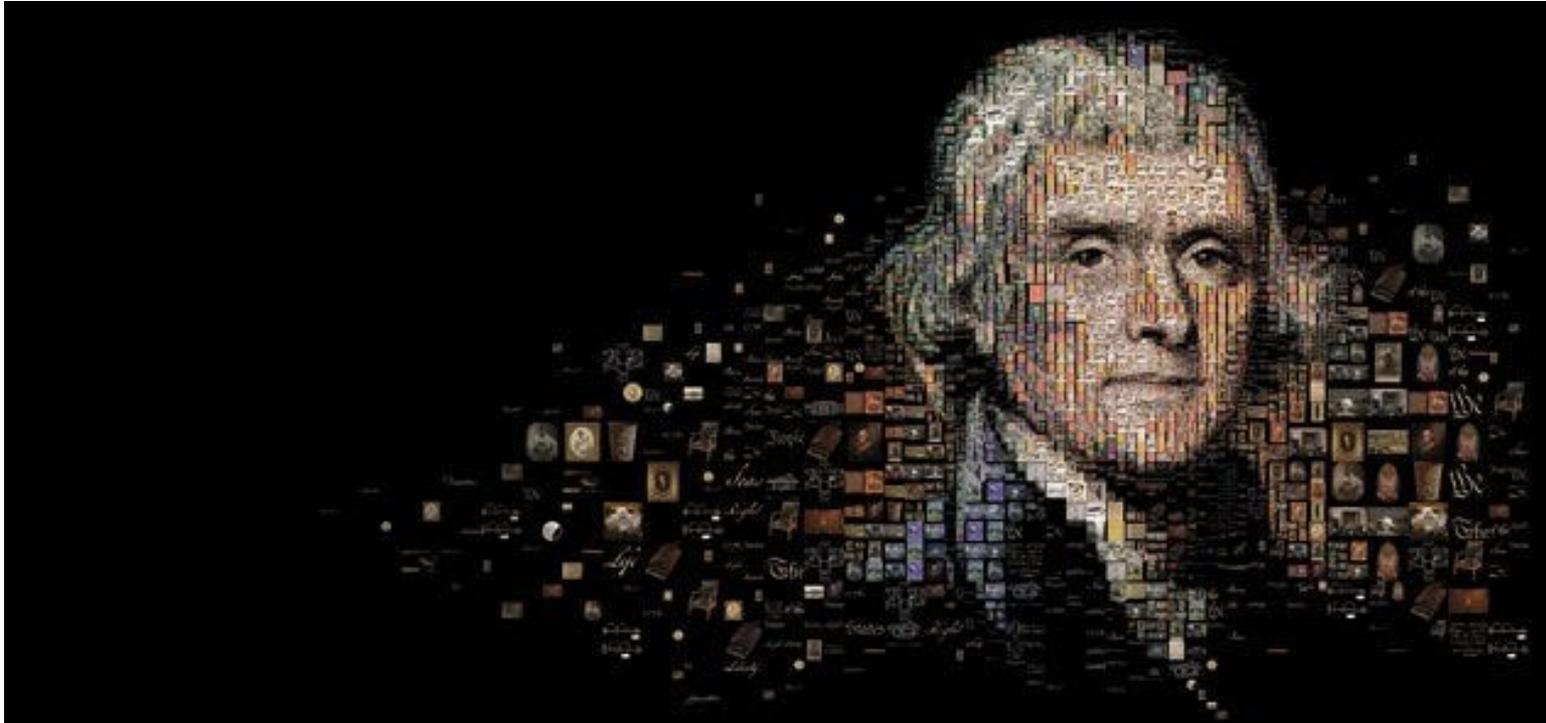
- Persistence
- Self-Control
- Curiosity
- Consciousness
- Grit
- Self-Confidence



- Non-Cognitive Skills
- Personality Traits
- Character Strengths

History Matters!

A Shared Past, A Shared Future



His-story: Our Painful Past



Our Story: A Shared Promising Future



Why must we declare black lives matter?



Media Matters!

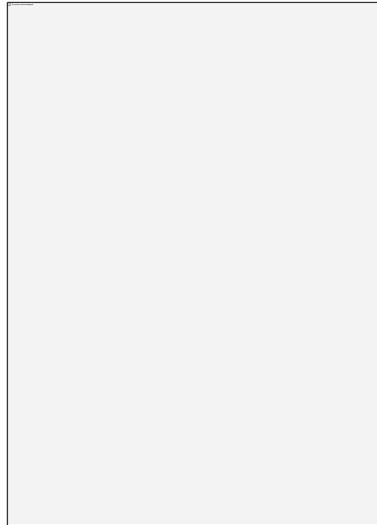
Culture and Context



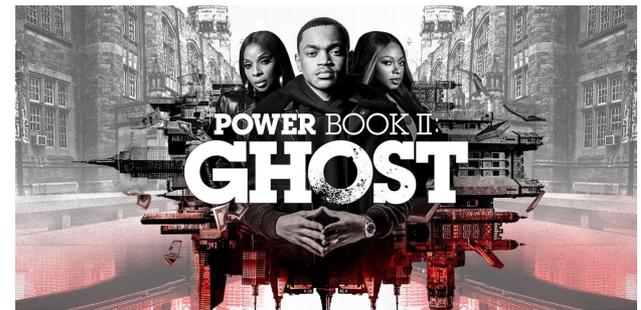
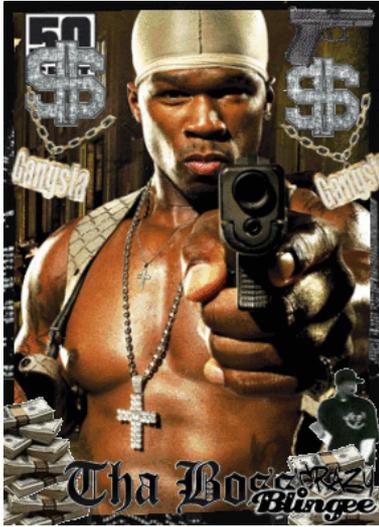
Media Stereotypes and the INIME



Media Stereotypes and the INIME



Media Stereotypes and the INIME



Who pays the cost of “keeping it real”?



Directed Inwardly:

- Often manifested emotionally as fear, anxiety, sadness, self-doubt.
- May manifest as self-destructive tendencies.

Directed Outwardly:

- Often manifested behaviorally as fighting, acting up in class, and eventually breaking the law in a variety of ways.
- Early and unplanned parenthood
- Low infant birth weight
- Greater financial and employment challenges



Small Group Discussion Q3

Today, we live with the moniker “black lives matter!” in mainstream media. Some people believe that to declare black lives matters is implying that only black lives matter, and they suggest that declaring “black lives matter” is someone implying that not all lives. We know there was a time in American history that black lives were not valued or did not warrant equal protection under the laws of United States when compared to a white person’s life.

Regrettably, some black people have internalized the message that black lives do not matter, if only on a subconscious level, based on a deeper dive into the myth of white superiority and black inferiority.

As a health care provider, do you believe that all human lives are equally valued?

Q1: Do you think Is it important to explicitly declare “black lives matter” when interacting your clients?

Q2: If so, should this apply to all of your clients or just some of them?

Q3: Should this practice apply to all “minority” clients, or just some of them?

Please explain your rationale.



Connecting the Dots

**WE MUST
DISMANTLE
WHITE
SUPREMACY**



Brainwash

Deconstructing the Myth of Black Inferiority

Reconstruction: *From the Inside Out*

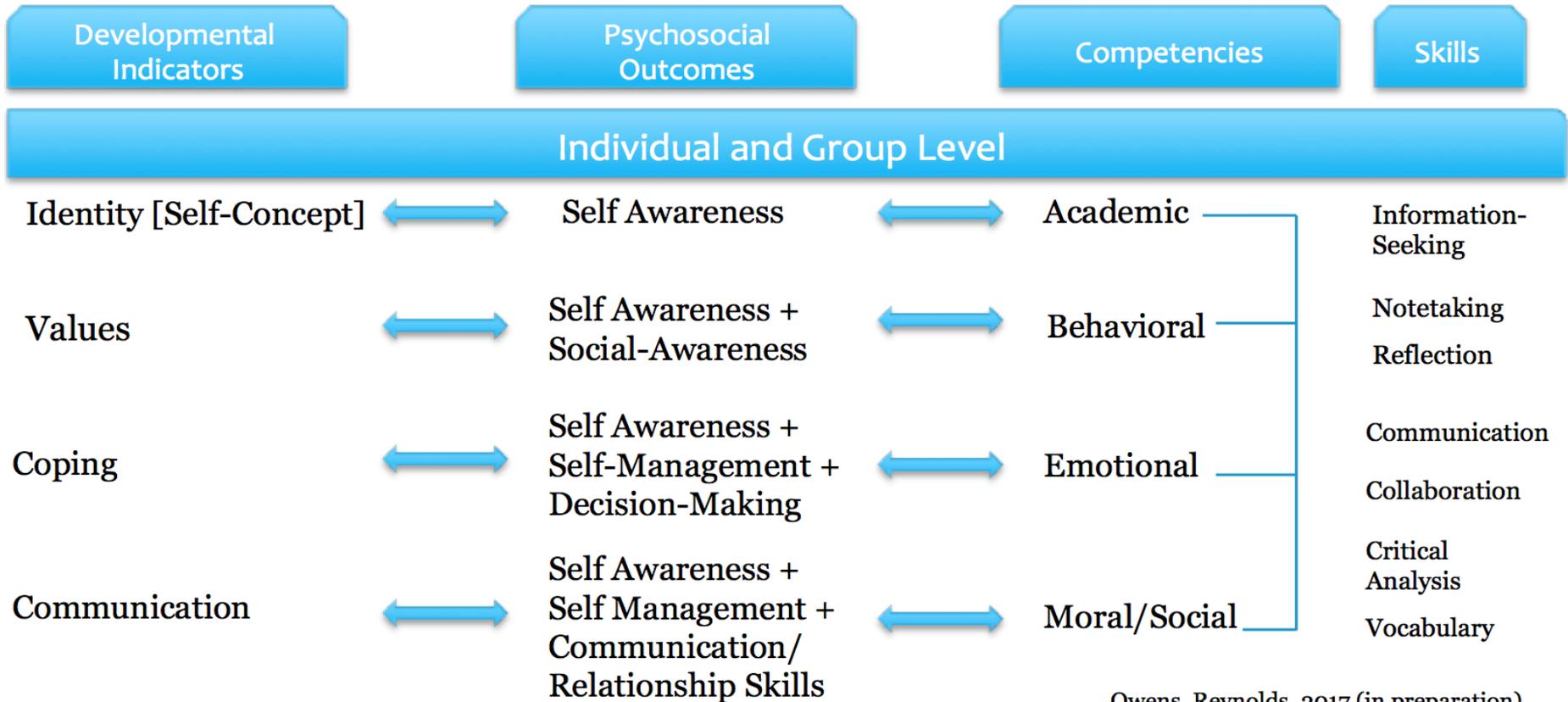
- ✓ Identity/Self Concept
- ✓ Values
- ✓ Coping
- ✓ Communication

Owens, 2019



Connecting the Dots

A Conceptual Framework



Owens, Reynolds, 2017 (in preparation)



Connecting the Dots for the iGeneration



R.E.A.L Skills

A virtual town hall series for Educators, Youth Service Providers, and Community Leaders.

R (Resilient)	E (Enterprising)	A (Adaptable)	L (Leaders)
<ul style="list-style-type: none">• Able to detect the cause of problem(s)• Knows how to handle emotions• Able to stay focused and calm• Realistic yet optimistic• Trust (confidence in worth and competence)• Empathetic• Self-motivated• Able to move from "why" to "how"	<ul style="list-style-type: none">• Motivated, committed, energetic, and has the capacity for hard work• Creative tendencies• Calculated risk-taker• Internal locus of control	<ul style="list-style-type: none">• Willing to experiment• Unafraid to fail• Resourceful• Able to see the big picture• Engaged in positive self-talk• Curious• Present/engaged	<ul style="list-style-type: none">• Integrity• Ability to delegate• Able to communicate (in a variety of ways)• Self-aware• Shows gratitude• Has learning agility• Able to influence• Shows empathy• Courageous• Treats people with respect

Connecting the Dots for the iGeneration



MusicEnergy Life Literacy Curriculum

- MusicEnergy: Songwriting with Young PeopleTM
- MusicEnergy: Messages in MusicTM
- MusicEnergy: Reducing Dis-ease in AmericaTM



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Participant Q&A



Wrap-Up & Next Steps

- **Work on Action Plan**
- Office Hours Immediately Following the session
- Remember, Wednesday Office Hours for this CoP (4:00 – 5:00 p.m. ET)



Source: iStock by Getty Images

Additional BH TA Offerings for Health Centers

- General online learning opportunities including **Webinars**
- Increasingly tailored TA including **Communities of Practice (CoPs), Virtual Office Hours, and Roundtable Discussions on Social Determinants of Health (SDoH)**
- **Intensive TA for practice transformation** including **One-to-One Coaching and Virtual Site Visits**



BPHC-BH TA Portal and T/TA Offerings

<https://bphc-ta.jbsinternational.com/>

- Make a TA request online!
- Access the Learning Management System (LMS) modules on “Motivational Interviewing”
- Learn more about BH TA options
 - One-on-One Coaching
 - E-Learning Webinars
 - Intensive TA for Practice Change
 - Join a Community of Practice (CoP)
 - (New!) SDoH Group Virtual TA Roundtable
 - (New!) Virtual Peer-Learning Office Hours

The screenshot shows the homepage of the BPHC-BH TA Resource Portal. The header features the BPHC-BH TA logo and navigation links for Event Calendar, About Us, and Contact Us. A secondary navigation bar includes Home, Technical Assistance Resources, Request Technical Assistance, and Learning Management System. The main content area is divided into three sections: a welcome message, a list of BH TA options, and upcoming events.

Welcome to the BPHC-BH TA Resource Portal!

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

This portal allows HRSA-funded health centers to request TA and obtain updates on available events such as webinars. Stay tuned for the learning management system and the opportunity to earn continuing education credits.

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Peer-Learning Office Hours

Upcoming Events

Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting
December 15, 2021



Upcoming TA Opportunities! (cont.)

Social Determinants of Health Virtual Roundtables

- **Topic:** "Addressing Health Disparities in the Behavioral Health in the Primary Care Setting"
- **Date:** Thursday, February 24, 2022, from 2:00-3:30 p.m. EST
- **Presenters:** Aldrenna Williams, DrPH, Natalie Slaughter, MS
- **Register Now:**
<https://us06web.zoom.us/meeting/register/tZMlcOyrrT8tGNRzcyYJeUk-vZ5-WaGUWC6n>

Registration links for webinars can also be found on the BH TA Portal <https://bphc-ta.jbsinternational.com/>

Earn 1 CE credits for participating in this Roundtable



CoP Satisfaction Assessment

- Please complete the Health Center Technical Assistance Satisfaction Assessment for today's session
- If you plan to obtain CE credits for your time in this CoP, the satisfaction assessment is required.
- There are two ways navigate to the assessment:
 - Follow the link provided in the chat here.
 - You will be emailed a link from us via Alchemer, our survey platform.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 9 CEs for participation in all 6 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

CoP Agenda



Session 1 (January 25): Orientation

Session 2 (February 8): Screening for social determinants of health in pediatric and adolescent care

Session 3 (February 22): Community based behavioral health interventions for pediatric and adolescent special populations: Best practices and programs that work!

Session 4 (March 8): Using screening, brief intervention, and referral to treatment (SBIRT) as a standard of care to identify integrative behavioral health opportunities in adolescent care

Session 5 (March 22): Racial and ethnic disparities in access to pediatric and adolescent behavioral healthcare

Session 6 (April 5): The COVID pandemic: Addressing uncertainty, depression, and grief in pediatric and adolescent patients

Session 7 (April 19): Building effective collaborative community partnerships to support the behavioral health of youth and their families

Session 8 (May 3): Participant Sharing

Source: iStock



Contact Us!

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