

Mentored
Internship
Program



Improving Mental Health: Best Practices in Behavioral Health with Children, Youth, and Families

Presented by:
Michelle Ly, LMFT



Indigenous Land Acknowledgement

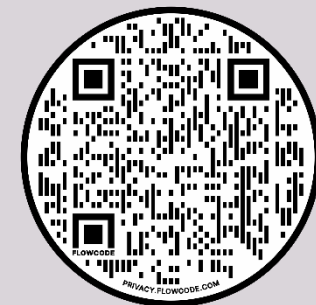
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at [Native Land California](#).

Option 3: Access Native Land website via QR code





Advocates for Human Potential, Inc. (AHP) MIP Team



Kathleen West
Project Director



Tammy Bernstein
Deputy Director



Kate Cox
Operations Manager



Kayla Halsey
*BHWD Data and
Analyses Manager*



Caitlin Storm
*Quality Assurance
Coordinator*



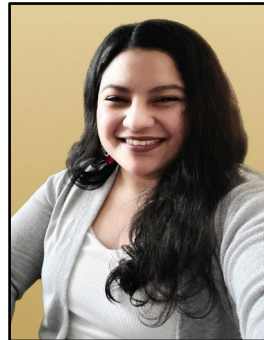
Tiffany Malone
Lead Grantee Coach



Christian Citlali
Grantee Coach



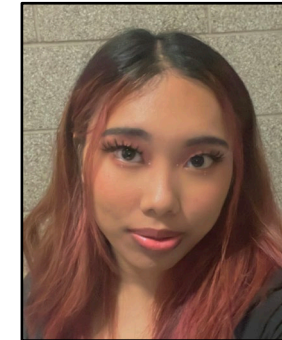
Xiomara Romero
Grantee Coach



Aida Natalie Castro
Grantee Coach



Amanda Flores
Grantee Coach



Vic Walker
Operations Specialist



Krislyn LaCroix
Operations Specialist

Evidence-Based Programs and Best Practices

- There are a lot of great evidence-based programs and services that are examples of best practices for children, youth, and family behavioral health. Behind these programs and services are funding sources and initiatives that drive the vision of what are considered best practices.
- The purpose of this presentation is to remove the limitation of funding and accessibility and help you work with what is available: you, your team, and your knowledge.
- Today is an invitation for you to critically look inward and understand the various forms of oppression and marginalization that your clients may face. This awareness will help to cultivate a culturally safe place where clients are seen and understood, therefore increasing engagement in your services and resulting in positive outcomes.



Michelle Ly, LMFT

Our Learning Objectives

Participants will be able to:

1

Recognize how systems impact families and adapt approaches to be inclusive of the intersection of identities.

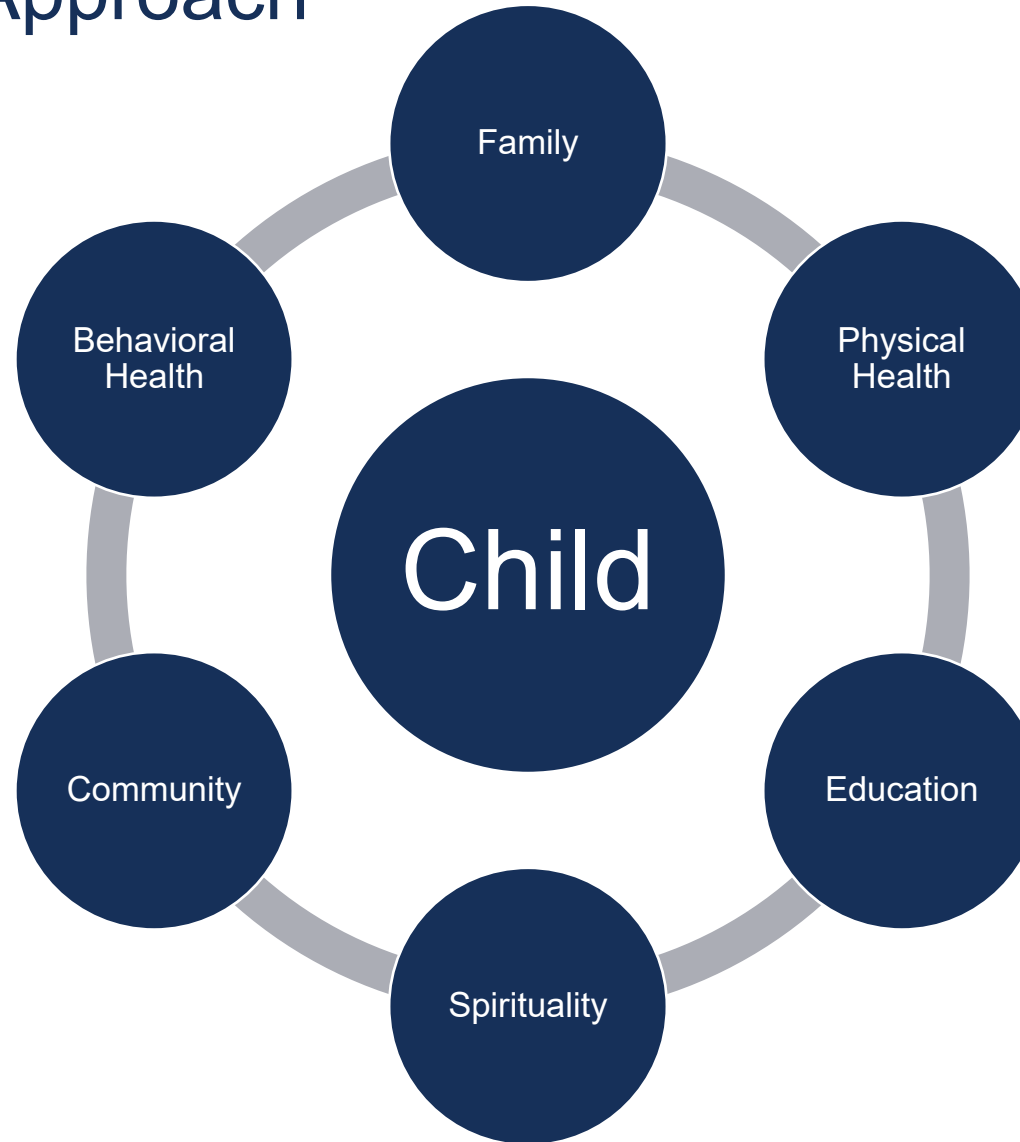
2

Identify developmentally and culturally appropriate services that are youth and family oriented.

3

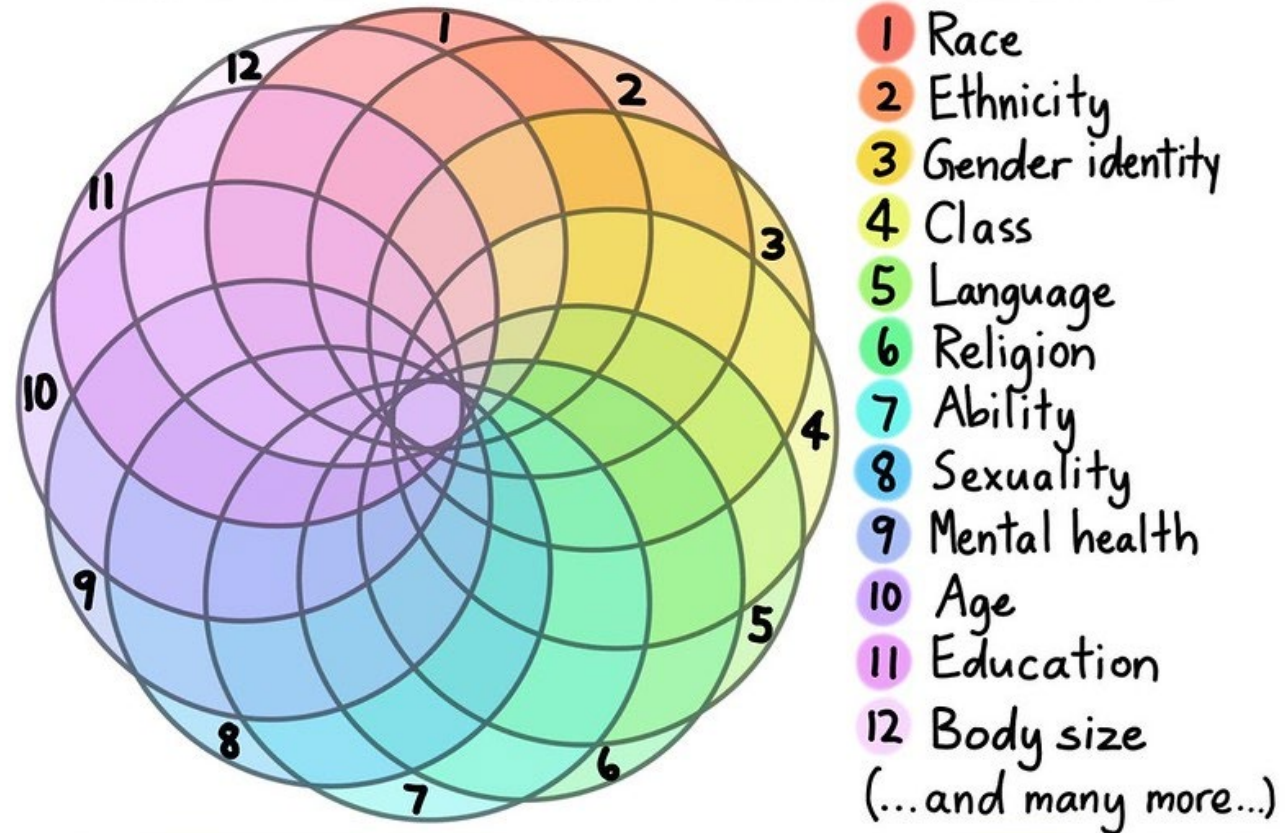
Discuss best practices that are most effective when working with children, youth, and families.

Whole-Person Approach



Intersectionality

INTERSECTIONALITY



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

– Kimberlé Crenshaw –

@sylvia duckworth

Note. From [Intersectionality \[Infographic\]](#) by sylvia duckworth, 2020, Flickr

Understanding Intersectionality

Intersectionality Questions

The part of my identity that I am most aware of on a daily basis is_____.

The part of my identity that I am the least aware of on a daily basis is_____.

The part of my identity that was most emphasized or important in my family growing up was _____.

The part of my identity that I wish I knew more about is _____.

Understanding Intersectionality cont.

Intersectionality Questions

The part of my identity that provides me the most privilege is _____.

The part of my identity that I believe is the most misunderstood by others is _____.

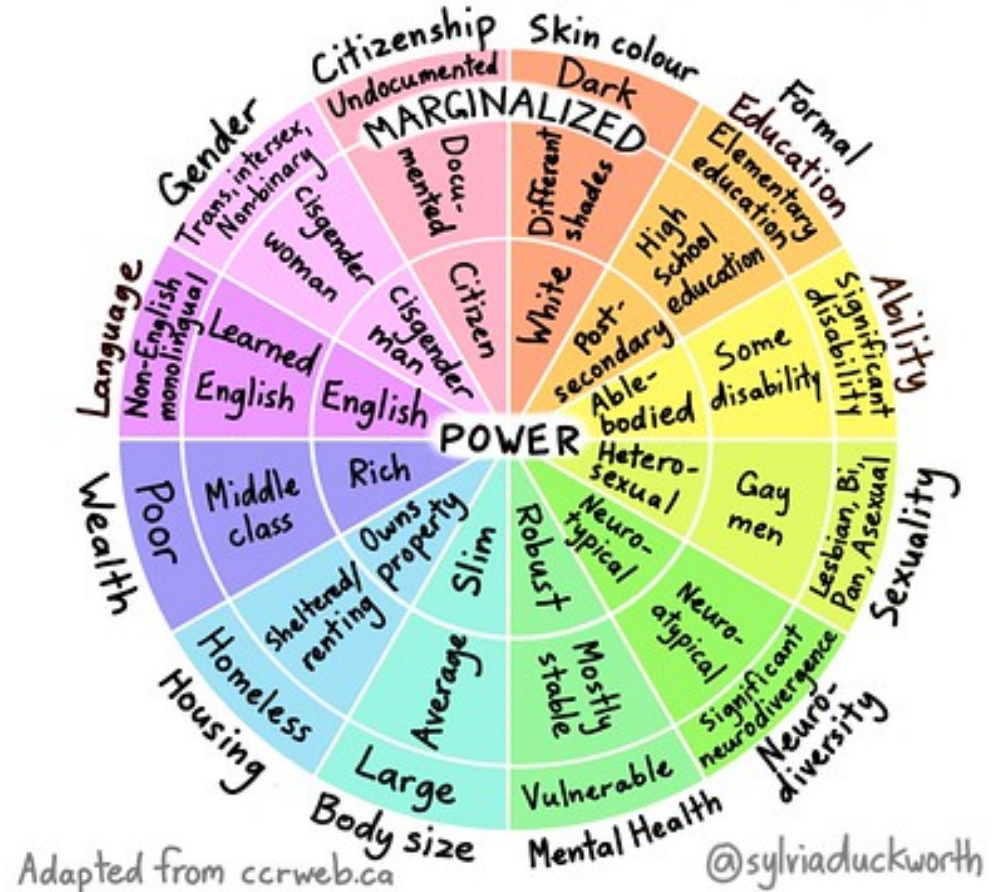
The part of my identity that I feel is difficult to discuss with others who identify differently is _____.

The part of my identity that makes me feel discriminated against is _____.

Social Location

- “An individual’s social location is defined as the combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location. This makes social location particular to an individual; that is, social location is not always the same for any two individuals.” (National Council on Family Relations)
- The position is determined by our intersectionality. Intersectionality then feeds social location, which determines the power and privilege an individual is afforded based on their relative position in society and history.

WHEEL OF POWER/PRIVILEGE



Mock, M.R. (2008).

NCFR (n.d.).

Note. From *Intersectionality* [Infographic] by sylviaaduckworth, 2020, Flickr

(<https://www.flickr.com/photos/sylviaaduckworth/50245846893/in/photostream/>)

INTERSECTIONALITY & MENTAL HEALTH

GayMenGoingDeeper.com



OWIN PIERSON



CALAN BRECKON

What It's Like To Experience A Disability

**MY LIFE IS
LIKE EASY
AND HARD
TOGETHER.**

WHAT IT'S LIKE



Figure 1.8 Latinx LGBTQ Student Well-Being and Multiple Forms of Victimization, Based on Sexual Orientation and Race/Ethnicity

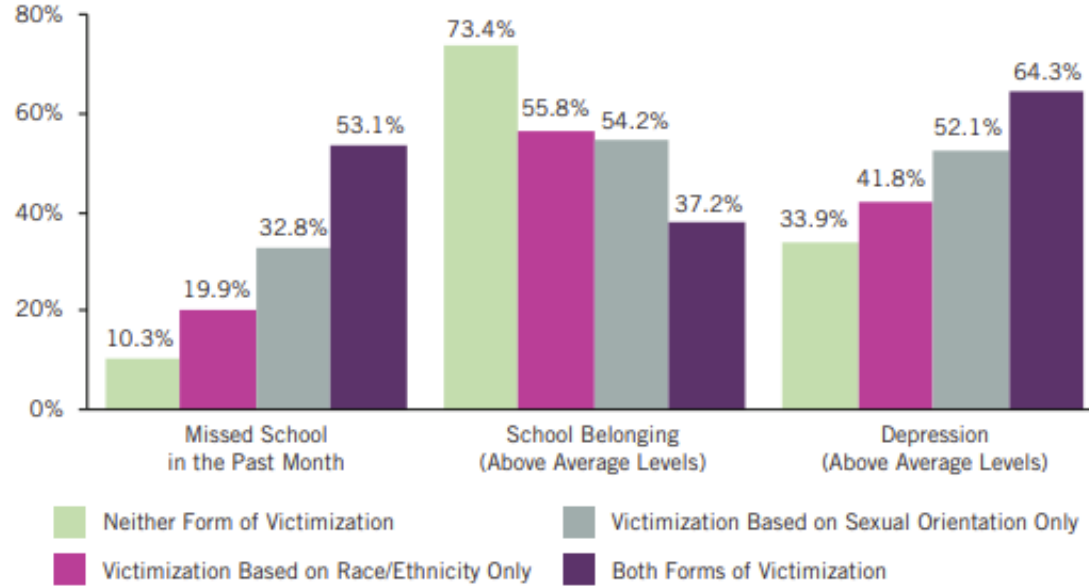


Figure 1.8 Black LGBTQ Student Well-Being and Multiple Forms of Victimization, Based on Sexual Orientation and Race/Ethnicity

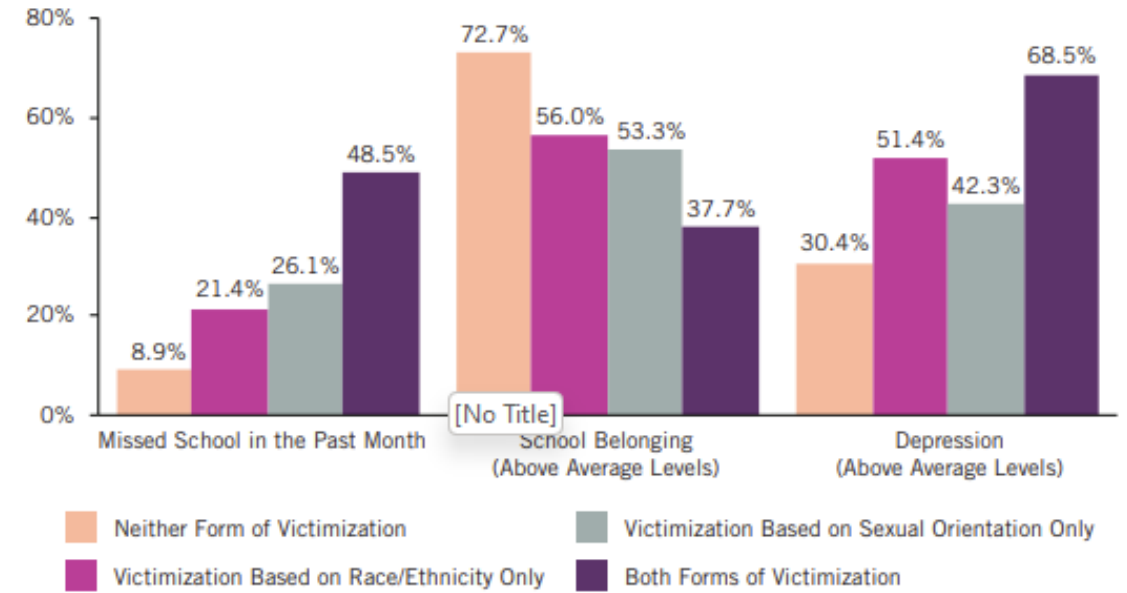


Figure 1.8 AAPI LGBTQ Student Well-Being and Multiple Forms of Victimization Based on Sexual Orientation and Race/Ethnicity

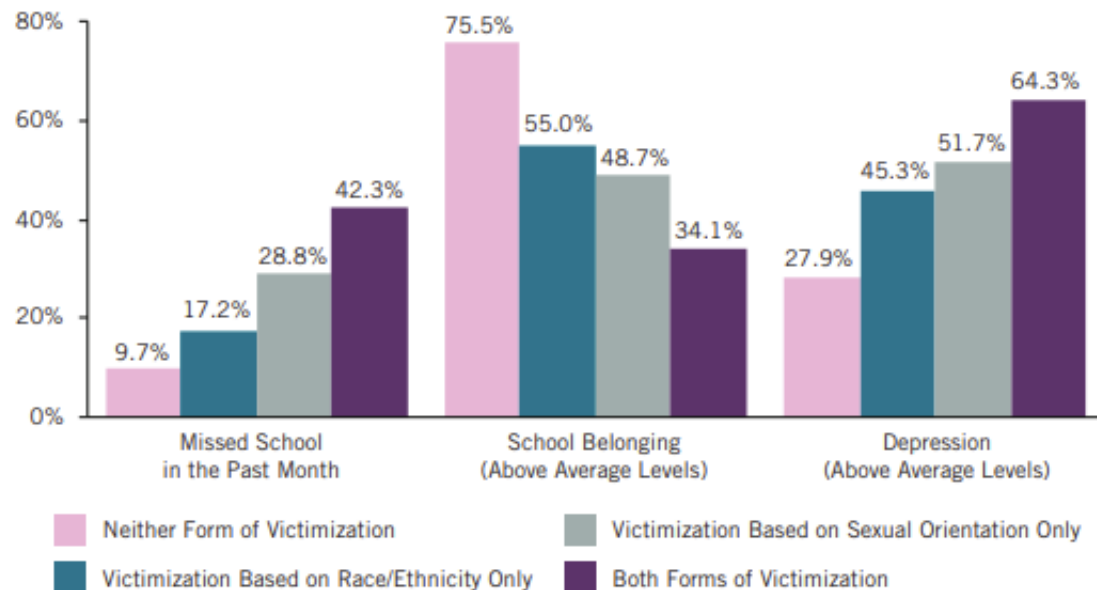
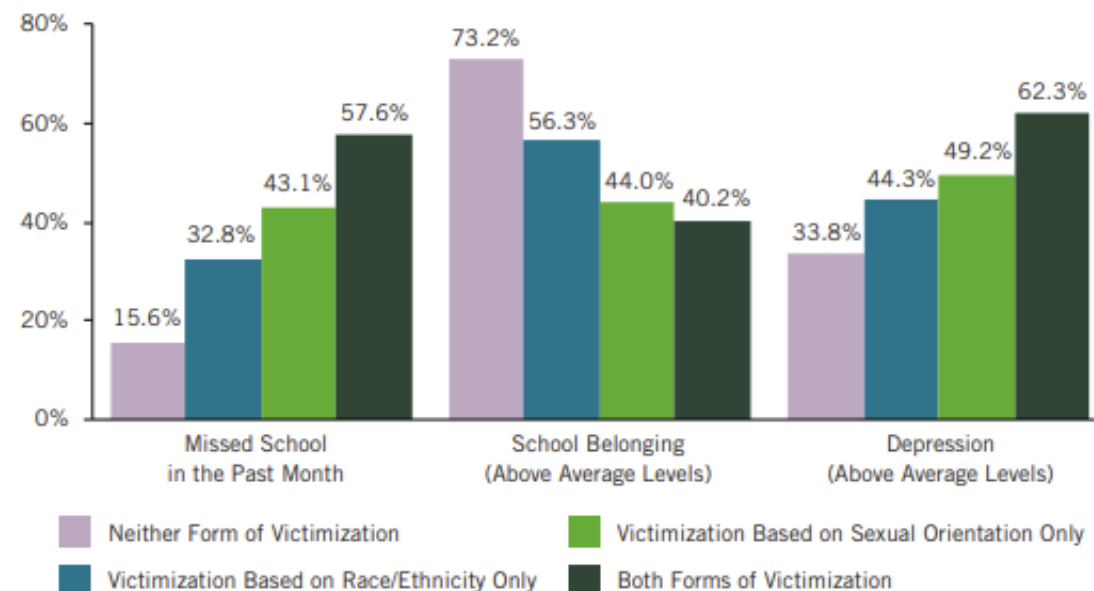


Figure 1.8 Native and Indigenous LGBTQ Student Well-Being and Multiple Forms of Victimization, Based on Sexual Orientation and Race/Ethnicity



GLSEN. (n.d.).

“Super important! For a service to be good, the young person **MUST** be able to feel as if they can express every and any aspect of their identity.”

—Mac, Young Person from Orgyen Fact Sheet on Intersectionality

Mental Health Stats

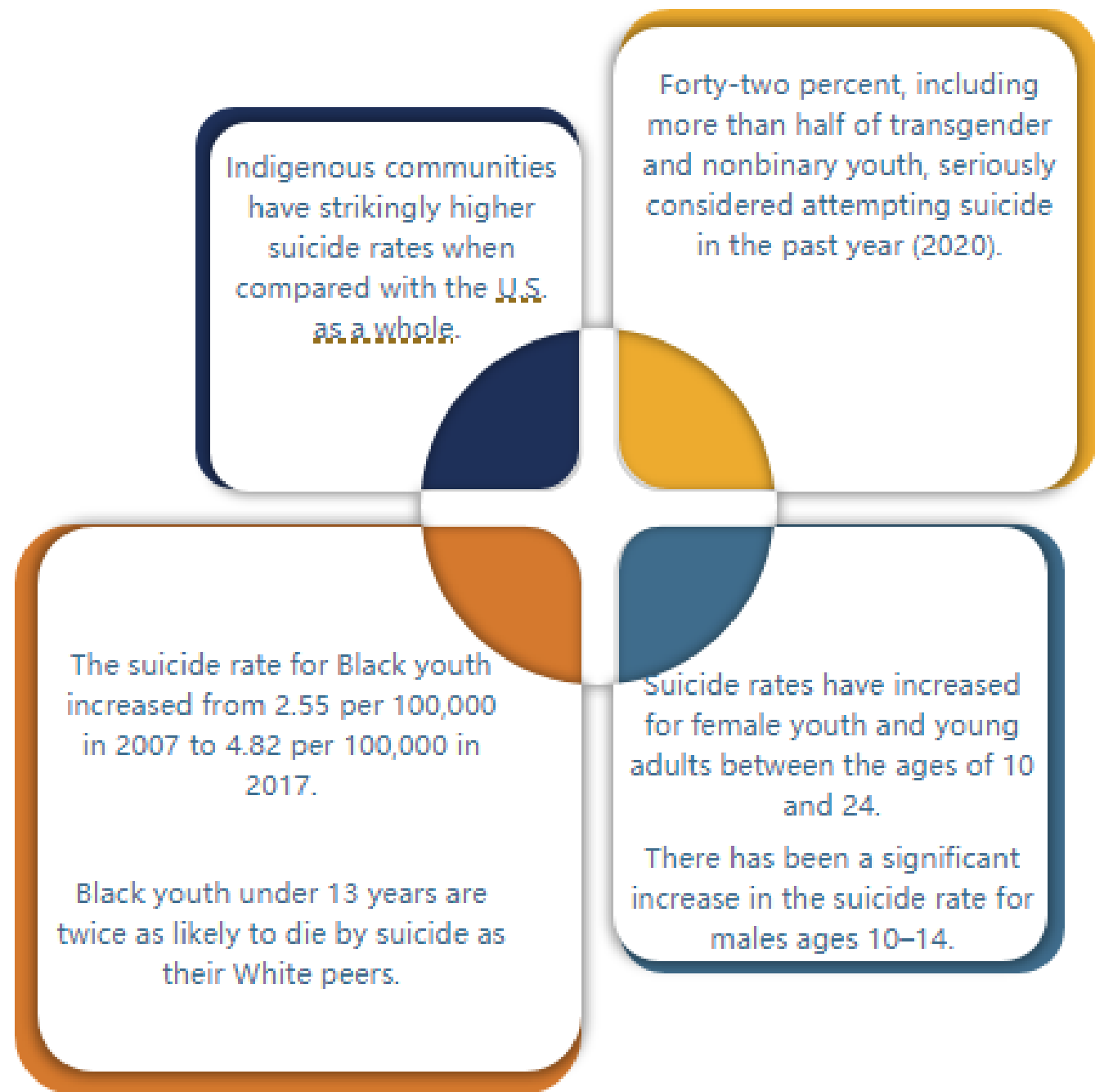
Approximately 1 out of every 11 children ages 3–17 has diagnoses of attention-deficit/hyperactivity disorder and anxiety.

In 2019, 40 percent of Hispanic high school students reported experiencing persistent feelings of sadness or hopelessness during the past year.

Twenty percent of youth ages 12–17 have experienced major depressive disorder (MDD). From 2009–2019, the number of high school students reporting persistent feelings of sadness or hopelessness increased to 1 in 3, a 40 percent increase from 2009.

Young people have experienced disproportionately worse mental health outcomes since the start of the COVID-19 pandemic, with 74 percent reporting that their mental health has worsened during this period.

Suicide Stats



Acute Psychiatric Care Stats

Emergency department (ED) psychiatric visits for youths ages 6–24, are increasing across the U.S.; the biggest increases are occurring among Black and Hispanic youth, even after adjusting for insurance status.

Students with disabilities represented 12 percent of students overall. Fifty-eight percent were placed in seclusion or confinement and 75 percent were physically restrained.

From 2007 to 2016, the utilization rates of pediatric psychiatric ED increased for youths ages 5–17. During the COVID-19 pandemic, these rates increased even further

A recent study found that even when Black youth access care in the ED, they are more likely to be physically restrained. In a sample of over 551,000 visits of patients ages 0–16, in which physical restraints were used, Black youth were 1.8 times more likely to receive a physical restraint than White youths. Boys were more likely than girls to be restrained.

Engagement and Assessment

What You See in the Room

1

Provider

2

Client
and/or
Family

What You Don't See in the Room

Family

- Intersectionality
- Trauma

School

- Staff Identities and Biases
- Policies and Procedures
- Belonging

Community

- Belonging
- Access
- Safety

Intersectionality

- Social Categorization
- Culture

Trauma

- Acute
- Complex
- Dynamic

Dear Child - When Black Parents Have To Give "The Talk"



School of Thought

Mentors/Supervisors

Structural/Organization

Community

Family

Intersectionality

Questions to Ask Yourself to Account for Your Position of Power

- On what dimensions of identity do I differ from the client(s) as indicated by the demographics collected?
- How might I unintentionally oppress the client(s) if I'm not careful?
- How might I unintentionally reinforce problematic power dynamics within the system if I'm not careful?
- What aspects of oppression are involved in the conceptualization of the presenting problem?
- What contextual factors going on in society at large need to be addressed based on my and the client's intersectionality?



Self-Reflection Questions

- How much knowledge/experience do I have with each aspect of the client's identity that differs from my own?
- What common stereotypes exist about the client's identity that could unconsciously influence my work with them?
- How comfortable/uncomfortable am I with addressing these aspects of intersectionality I have identified?



Questions to Ask About Your Team

- What existing strengths does the team hold in relation to valuing cultural diversity and inclusion?
- What are the specific challenges facing the team in relation to valuing cultural diversity and inclusion?
- How can you develop and maintain a team culture that values cultural diversity and inclusion, despite limited organizational support?

Defining the Problem

| Autism symptoms or indicators | What parents from major Asian Cultures may perceive |
|--|---|
| Lack of interest in other children | Japanese families may view this behavior as modesty or shyness (Soto et al., 2015) |
| Nodding, headshaking, pointing, imitation, and chit-chat behaviors | Taiwanese families may view these behaviors as being interactive and not communicative (on the Social Communication Questionnaire) (Soto et al., 2015) |
| Repetition and sameness in speech patterns | Repetition and sameness are part of the Chinese language. Taiwanese families (and families who speak Chinese) may view these behaviors as communicative (Soto et al., 2015) |
| Hypersensitivity to noise | Korean families may attribute this to having good hearing, being easy to wake, or liking the music (Seung et al., 2015) |
| Having unusual finger movement near his/her/their face | Korean families may view this as a culturally appropriate and playful behavior (Seung et al., 2015) |

Dieu, M., et. al. (2022).

Treatment



Breakout Rooms



Ed Partner: Look at the services and programs your institution provides through an intersectional lens. Do these services and programs enhance the overall mental well-being of all students?



Behavior Health Organizations: What power structures within your service/practice can create a barrier to providing a culturally safe environment for families?



Mentors: How would you teach utilizing an intersectional lens centered around culture, history, knowledge, and experiences to your mentees when working with children and families?



Interns: Call to Action! Looking through an intersectional lens, what are some systematic inequities that can impact a family's experiences when accessing BH services?

Breakout Room Report-Out

Take 20-30 minutes to share important takeaways from each breakout room.

Q & A

Michelle Ly, LMFT

[Michelle Ly, LMFT Email](#)

(619) 202-1426

[Collaborative Connections Website](#)



Upcoming Events and Important Reminders

| June MIP Events: | Date | Time |
|--|-------------|-------------|
| Webinar—A Holistic Approach to LGBTQ+ Services | 6/06/23 | 12–1 p.m. |
| Webinar Series: Continuing the Conversation—LGBTQ+ | 6/08/23 | 1–2 p.m. |
| Mentor Open Office Hour | 6/15/23 | 12–1 p.m. |
| Intern Open Office Hour | 6/15/23 | 2-3 p.m. |

| July MIP Events: | Date | Time |
|--|-------------|-----------------|
| Webinar—Navigating Microaggressions in the Workplace | 7/11/23 | 12–1 p.m. |
| Webinar Series: Continuing the Conversation— Microaggressions | 7/13/23 | 1–2 p.m. |
| Admin Coaching Calls | 7/18–7/19 | Region based |
| Mentor Open Office Hour | 7/27/23 | 12–1 p.m. |
| Intern Open Office Hour | 7/27/23 | 2-3 p.m. |

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