TRAINING RESOURCE GUIDE

Supporting Students With
BEHAVIORAL HEALTH CHALLENGES

A Conference for Southern Region Community Colleges

April 17th – April 18th, 2012

Live Well, San Diego!

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

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TRAINING RESOURCE GUIDE

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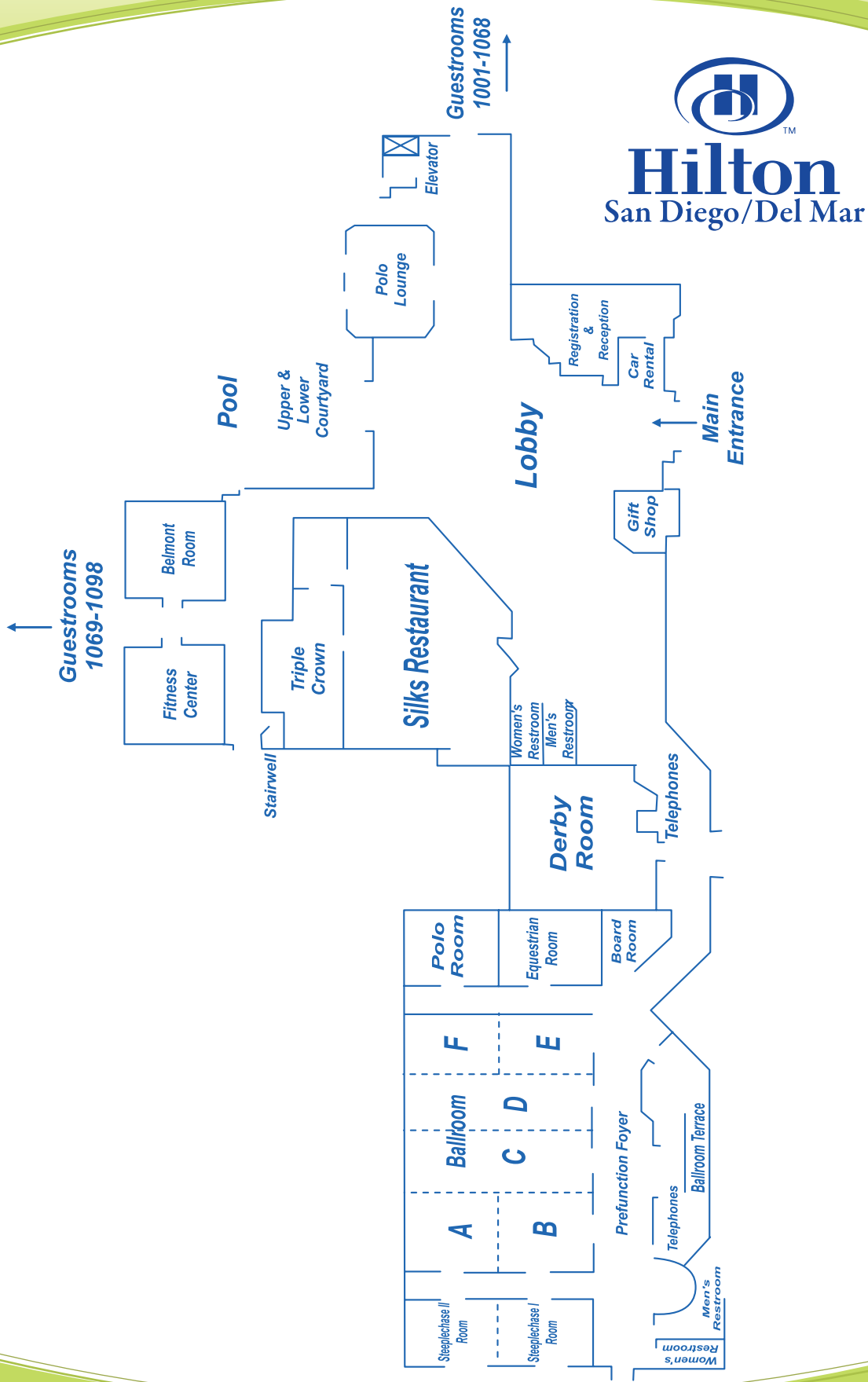
Hilton
San Diego/Del Mar
Guestrooms 1001-1068
Elevator
Polo Lounge
Upper & Lower Courtyard
Pool
Lobby
Registration & Reception
Car Rental
Main Entrance
Guestrooms 1069-1098
Belmont Room
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Prefunction Foyer
Telephones
Ballroom Terrace
Men's Restroom
Women's Restroom
Steeplechase II Room
Steeplechase I Room

Local Dining

Hilton San Diego/Del Mar

RESTAURANT	PHONE	CUISINE TYPE	PRICE	MEALS	DIRECTIONS
Beach Grass Café	(858) 509-0632	American	$$+	B/L/D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, on Left
The Brigantine	(858) 481-1166	American	$$	L/D	Right out of lot, Left on Via de la Valle, on Left at Hwy 101
Jimmy O's	(858) 350-3735	American/Sports Bar	$$	D	Left out of lot, 1.5 mi ahead, Right on 15th St, on Left
Stratford Court Café	(858) 792-7433	Café/Health Food	$$	B/L/D	Left out of lot, 1.5 mi ahead, Right on 15th St, Left on Stratford Ct.
The Market	(858) 523-0007	California Modern	$$$$	D	Right out of lot, Right on Via de la Valle, just past San Andres on left
Pick Up Stix	(858) 259-7849	Chinese	$	L/D	Right out of lot, Right on Via de la Valle, left into Flower Hill Mall
Rendezvous	(858) 755-2669	Chinese Fushion	$$$	L/D	Left out of lot, 1.5 mi ahead on Left in Plaza
Pacifica Breeze	(858) 501-9147	Contemporary	$$	B/L/D	Left out of lot, 1.5 mi ahead on Left in Plaza
Blanca	(858) 792-0072	Contemporary Upscale	$$$$	D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, on Left
Pamplemousse	(858) 792-9090	French	$$$$	L(FRI)/D	Right out of lot, Left on Via de la Valle, just past Red Tracton's,
Milton's Delicatessen	(858) 792-2225	French Deli	$	B/L/D	Right out of lot, Right on Via de la Valle, left into Flower Hill Mall
Il Fornaio	(858) 755-8876	Italian	$$	L/D	Left out of lot, 1.5 mi ahead on Left in Plaza
Nobu	(858) 755-7787	Japanese	$$$	L/D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, 2 mi ahead on Right
En Fuego Cantina	(858) 792-6551	Mexican	$$	L/D	Left out of lot, 2 mi ahead passed 15th St, on Right
Fidel's Little Mexico	(858) 755-5292	Mexican	$$	L/D	Right out of lot, Right on Valley Ave., on Left at Genevieve St
Sbicca	(858) 481-1001	Mexican/New American	$$$	L/D	Left out of lot, 1.5 mi ahead, Right on 15th St, on Left
Ki's	(760) 436-5236	Organic	$$	B/L/D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, 4 mi ahead on Right
Bongiornos	(858) 755-2646	Pizza	$	L/D	Right out the lot, Continue on Stevens 1.5 mi, on Right in small shopping center
Pizza Port	(858) 481-7332	Pizza/Brewery	$$	L/D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, U turn at Estrella St, on Right
California Pizza Kitchen	(858) 793-0099	Pizza/Salads	$$	L/D	Right out of lot, Left on Via de la Valle, Right on Hwy 101, on Left
Pacifica Del Mar	(858) 792-0476	Seafood	$$$	L/D	Left out of lot, 1.5 mi ahead on Left in Plaza
The Chart House	(760) 436-4044	Seafood/Steak	$$$	D/L	Right out the lot, Left on Via De La Valle, Right on Hwy 101, 3 mi on Left
Jake's	(858) 755-2002	Seafood/Steak	$$$	L/D	Left out of lot, 1.5 mi ahead, Right on 15th St, Right on Coast - BEACH
Poseidon Restaurant	(858) 755-9345	Seafood/Steak	$$$	L/D	Left out of lot, 1.5 mi ahead, Right on 15th St, Right on Coast - BEACH
Paradise Grille	(858) 350-0808	Seafood/Steak/Burgers	$$$	BR/L/D	Right out of lot, Right on Via de la Valle, Left at Flower Hill Mall
Souplantation	(858) 481-3225	Soup & Salad Bar	$	L/D	I-5 S, Exit Carmel Valley left, Left at El Camino Real, Right at Valley Centre
Epazote Steakhouse	(858) 259-9966	Steak	$$$	BR/L/D	Left out of lot, 1.5 mi ahead, Left in Plaza
Ruth Chris	(858) 755-1454	Steak	$$	L(FRI)/D	Right out of lot, I-5 S, Exit Carmel Valley Rd, Left, Right on El Camino Real
Red Tracton's	(858) 755-6600	Steak Seafood/Piano Bar	$$$$	L/D	Right out of lot, left on Via de la Valle restaurant is Right
Bully's	(858) 755-1660	Steak/Prime Rib	$$	L/D	Left out of lot, 2 mi ahead pass 15th St., on Right - serving until 11:00 pm
Taste of Thai	(858) 793-9695	Thai	$$	L/D	Right out of lot, Right on Via de la Valle, 1/2 mi on Left
Le Bambou	(858) 259-8138	Vietnamese	$$	L/D	Right out of lot, I-5 S, Exit Del Mar Hts Rd, Right on Del Mar Hts, Right into Plaza

Local Services

Hilton San Diego/Del Mar

SERVICE	PHONE	ADDRESS	DIRECTIONS
Mobile Waiter	(858) 792-1000		Local food delivery.
GROCERY/DRUG/LIQUOR			
Albertson's Grocery	(858) 259-9303	2707 Via De La Valle	Right out of lot, right on Via de la Valle, 1/3 mile on right.
Long's Drugs	(858) 259-5141	305 S Highway 101	Right out of lot, left on Via de la Valle, right on Highway 101, 1/2 mile on left.
Harvest Ranch Market (liquor)	(858) 847-0555	1555 Camino Del Mar	Left out of lot, 1.5 miles ahead on left in Plaza.
DEPARTMENT STORES			
Wal-Mart	(858) 268-7840	4840 Shawline Street	Right out of lot, right on Via de la Valle, I-5 south, 805 south, exit Clairemont Mesa Boulevard East, right on Shawline Drive.
Target	(760) 633-1406	1010 N. El Camino Real	Right out of lot, right on Via De La Valle, I-5 north to Leucadia Blvd, right at North El Camino Real to mall.
LAUNDRY			
Del Mar Coin Laundry	(858) 481-9552	2676 Del Mar Heights Road	Right out of lot, right on Via de la Valle, I-5 south, exit Del Mar Heights, right at light, right in lot, behind "Jack in the Box".
Arya Cleaners	(858) 481-3551	1555 Camino Del Mar	Left out of lot, 1.5 miles ahead, left into Plaza.
Golden Needle Tailors	(858) 481-3551	1049 Camino Del Mar St. B	Left out of lot, 2 miles ahead, cross over 15th Street, on left.
BUSINESS/COPIES			
Kinkos FedEx Copies	(858) 792-1442	3435 Del Mar Heights Rd # D1	Right out of lot, right on Via de la Valle, I-5 south, exit Del Mar Heights Road, left at light, 1 mile on right in Plaza.
Staples	(858) 481-7151	681 San Rodolfo Drive	Right out of lot (Stevens Avenue), right on San Rodolfo.
BANKS			
Wells Fargo Bank	(858) 755-0221	245 Santa Helena	Right out of lot, right on Via de la Valle, I-5 north, exit Loma Santa Fe Road, turn right, left on St. Helena.
Bank of America	(858) 793-4305	405 S Highway 101	Right out of lot, left on Via de la Valle, right on Highway 101, 1/2 mile on left.
Washington Mutual	(858) 755-9791	2770 Via De La Valle Ste 202	Right out of lot, right on Via de la Valle, 3/4 mile on left.
URGENT CARE/HOSPITAL			
Scripps Urgent Care	(858) 554-8638	10666 N. Torrey Pines Road	Left out of lot, 6 miles ahead on right.
Scripps Memorial Hospital	(858) 626-4123	9888 Genesee Avenue	Right out of lot, right on Via de la Valle, I-5 south, exit Genesee Drive, left at light, 1/2 mile on right.
POST OFFICE			
Del Mar U.S. Post Office	(800) 275-8777	122 15th Street	Left out of lot, 1.5 miles ahead, right on 15th Street, on right.
CAR WASH			
Chevron Rancho Car Wash	(858) 259-4353	2661 Via De La Valle	Right out of lot, right on Via de la Valle, 1/4 mile on right behind McDonald's.

The Program

April 17th – April 18th, 2012

NICK MACCHIONE, MS, MPH, FACHE
DIRECTOR

JENNIFER SCHAFFER, Ph.D.
BEHAVIORAL HEALTH DIRECTOR

County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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MENTAL HEALTH SERVICES DIRECTOR

SUSAN BOWER, MSW, MPH
ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

April 17-18, 2012

Welcome to *Supporting Students with Behavioral Health Challenges: A Conference for Southern Region Community Colleges*!

This conference is sponsored by the County of San Diego's Health and Human Services Agency through the Mental Health Services Act Prevention and Early Intervention and the County's *Live Well, San Diego!*, a highly innovative and comprehensive ten-year plan aimed at improving the health and overall well-being of San Diegans with a healthy, safe and thriving community. This conference supports the *Live Well, San Diego!* initiative by deepening the dialogue between community colleges, county agencies and behavioral health providers to support the growing number of students with behavioral health needs.

During the conference, you will experience engaging speakers, plenary discussion panels and innovative opportunities to build a team approach and create seamless referral mechanisms for our community college students experiencing behavioral health challenges. The Conference is organized around networking opportunities to infuse diverse perspectives.

I want to thank the individuals and counties who played a vital role in the planning and implementation of this conference. At the conclusion of day 2, we look forward to receiving your comments about this conference which will help us with the creative design for future conference and networking opportunities.

Sincerely,

ALFREDO AGUIRRE, LCSW
Director
Mental Health Services

Conference Sponsors and Partners

The County of San Diego Behavioral Health Services, in partnership with Southern California counties, identified the need to build capacity for responding to students with behavioral health challenges through the California Community Colleges system. They determined to do so by building on existing strengths of campus personnel, students who are trained to offer peer support, and community partners. This strengths-based approach encourages culturally proficient prevention, and early intervention, and highlights the value of cross-sector partnerships (across campuses and campus to local community).

The County of San Diego utilized Mental Health Service Act (MHSA) Prevention Early Intervention (PEI) Training Technical Assistance Capacity Building (TTACB) resources to host this one and a half day Conference. During the Conference, successes and challenges across the southern region and throughout California will be shared.

A Special Thanks To:

Riverside County Department of Mental Health Prevention and Early Intervention for their generous contribution of printing all conference material.

County of San Bernardino Department of Behavioral Health Office of Prevention and Early Intervention for their generous contribution and support.

Acknowledgements

Planning Committee

Name	Title
Colleen Ammerman	*Program Director, Foundation for California Community Colleges*
Donna Ascano Peterson	*Analyst II, County of San Diego Health and Human Services Agency, Behavioral Health Services*
Angela Boland	*Health Services Specialist, Riverside Community College*
Gail Conrad	*Interim Vice President Student Services, Miramar Community College*
Matthew Higgins	*Program Specialist, San Bernardino County, Department of Behavioral Health Office of Prevention and Early Intervention*
Renee Kimberling	*Director Student Health and Psychological Services, Riverside Community College*
Susan Lala-Bell	*DRC Program Coordinator, Learning Disability Specialist, DSPS Counselor, Porterville College*
Michael McPartlin	*Guardian Scholars Coordinator, Foster Youth Success Initiative (FYSI) Liaison & FYSI Region III Representative, City College of San Francisco (CCSF)*
Traci Miller	*Human Resources and Outreach Services, AdEase*
Janine Moore	*Prevention and Early Intervention (PEI) Coordinator, Riverside County Department of Mental Health*
Ray Reyes	*Financial Aid Director, Cuyamaca College*
Holly Salazar	*Director of Strategic Outcomes, Community Health Improvement Partners*
Dr. Hanh Truong	*Cultural Competency Officer, Office of Cultural Competence & Ethnic Services, County of San Bernardino Department of Behavioral Health*
Karen Ventimiglia	*Mental Health Services Act (MHSA) Coordinator, County of San Diego Health and Human Services Agency, Behavioral Health Services*
Linda Williams	*Financial Aid Director, Foster Youth Success Initiative (FYSI) Liason & Region II Representative, Sierra College*

Conference Team

Tracy L. Fried & Associates	*Consultants, County of San Diego Mental Health Services*
Tracy L. Fried	*Lead Conference Event Coordinator*
Lori Clarke	*Group Facilitation Coordinator/TLFA Associate*
Perri Mills	*Logistics Coordinator/TLFA Associate*

General Information

Phones and Pagers

TURN ALL CELL PHONES AND PAGERS OFF or on MUTE DURING ALL SESSIONS. Your attention to this is very much appreciated as the sound of a ringtone can be distracting to speakers and fellow participants if this courtesy is not observed.

Support/Questions

Feel free to ask any staff member for assistance (staff will be wearing badges labeled "Staff"). We are more than happy to assist you in any way possible.

Overall Evaluation

The Overall Conference Evaluation is the final page of this Resource Training Guide. Please complete the evaluation and submit it to the registration desk. Your input will assist us to maintain high quality and to make innovative improvements in future events.

Lost and Found

Please return any items found to the Del Mar Hilton Front Desk.

Breakouts and Room Assignments

Please note in the conference materials instructions regarding room assignments and how to navigate through Conference Activities.

Conference Planning Note

Be aware that this conference was designed in such a way so that participants experience the key concepts being discussed. In the spirit of San Diego County's *Live Well, San Diego!* initiative, the emphasis throughout the conference is on health and wellness for one's self and the students you are supporting. This is evident in the provision of healthy food choices, fresh air, breaks, and opportunities to interact with others.

Conference Goals and Philosophy

The good news is when young people who are experiencing behavioral health challenges are connected to services and supports early, most mental health challenges can be successfully managed and addressed. Even the most challenged student will present with strengths and protective influences that may be built upon despite those challenges. The Conference Planning Team was committed to clearly defining and integrating the importance of wellness and a strengths-based approach throughout the conference. Their desire from the beginning was to connect the dots to be explicit in processing the wellness element of the Conference. Together they have designed this conference to:

- Validate and support those who respond to students with challenges
- Honor the relevance of cultural proficiency
- Make it clear that context, community and social connections are keys to support

Focus of the Conference

The Conference will focus on key topical areas to include:

- Signs and symptoms of behavioral health challenges and underlying trauma histories
- Strengths-based tools to support positive mental health using a trauma-informed approach
- Campus and community-based services and supports for students
- Partnerships to validate and support those who respond to students

Conference Goals

By the end of the Conference, participants will have an opportunity to learn about:

- Useful tools to support students with behavioral health issues
- Recognizing signs and symptoms of behavioral health challenges
- Accessing readily available and hard to locate community services and support
- Establishing cross-disciplinary partnerships through campus/community connections
- Interacting with community behavioral health providers and county mental health representatives

Beyond the Conference

This publication is both an adjunct reference to the *Supporting Students with Behavioral Health Challenges: A Conference for Southern Region Community Colleges Conference* and a Training Resource Guide. Beyond the Conference, participants are encouraged to utilize these materials as a tool to support them in promoting positive behavioral health in students with whom they interact. The training resource materials will also help prepare campus personnel and their partners to recognize the signs of behavioral health challenges and respond accordingly with a strengths-based approach to facilitate health and wellness.

During the Conference, Participants will have had an opportunity to contribute immensely their insight, experience and expertise to one another. The county sponsors, Planning Committee and Tracy L. Fried & Associates encourage an ongoing dialog to support the work of prevention and intervention efforts underway across Southern Counties and communities throughout California.

Supporting Students With
BEHAVIORAL HEALTH CHALLENGES
Conference Overview

Tuesday, April 17th, 2012
Full Day

Time	Activity
7:30AM – 8:30AM	**Registration & Continental Breakfast**
8:30AM – 9:00AM	**Welcome & Opening Remarks**
9:00AM – 9:45AM	**Getting Real**
9:45AM – 10:30AM	**Keynote Address: Dr. Mark Katz**
10:30AM – 10:45AM	**Break**
10:45AM – 11:30AM	**Morning Plenary Session**
11:30AM – 12:30PM	**LUNCH**
12:30PM – 1:30PM	**Workshop Sessions I**
1:45PM – 2:45PM	**Workshop Sessions II**
2:45PM – 3:00PM	**BREAK**
3:00PM – 4:00PM	**Afternoon Plenary Session**
4:00PM – 5:00PM	**Conversation Café / Tool Café**
5:00PM	**Adjourn**

Wednesay, April 18th, 2012
Half Day

Time	Activity
7:30AM – 8:30AM	**Continental Breakfast & Hotel Check Out**
8:30AM – 8:45AM	**Welcome & Day 1 Reflection**
8:45AM – 9:45AM	**Keynote Address: Dr. Hanh Truong**
9:45AM – 10:00AM	**Break**
10:00AM – 11:00AM	**Navigating the Journey with Students**
11:00AM – 11:30AM	**From Dialog to Action**
11:30AM – 12:00PM	**Student Mental Health Initiative**
12:00PM – 12:45PM	**RCC Active Minds Student Presentation**
12:45PM – 1:00PM	**Closing Remarks**
1:00PM	**Lunch On The Go Adjourn**

TRAINING RESOURCE GUIDE

Tab 2 • Day One

Day 1

Agenda At-A-Glance

Time	Activity	Location
7:30 am - 8:30 am	**Registration & Continental Breakfast**	*Prefunction Foyer*
8:30 am - 9:00 am	**Welcome & Opening Remarks**	*Ballroom*
9:00 am – 9:45 am	**Getting Real About Supporting Students**	*Ballroom*
9:45 am - 10:30 am	**Keynote Address: Dr. Mark Katz**	*Ballroom*
10:30 am – 10:45	**Break**	
10:45 am – 11:30 am	**Morning Plenary Session**	*Ballroom*
11:30 am - 12:30 pm	**LUNCH**	*Outside Upper and Lower Deck*
12:30 pm - 1:30 pm	**Workshop Session I**	*See Workshop Description for Room Locations*
1:45 pm - 2:45 pm	**Workshop Session II**	*See Workshop Description for Room Locations*
2:45 pm - 3:00 pm	**BREAK**	
3:00 pm - 4:00 pm	**Afternoon Plenary Session**	*Ballroom*
4:00 pm - 5:00 pm	**Conversation Café / Tool Café**	*Ballroom*

Welcome & Opening Remarks

8:30AM - 9:45AM

Welcome

Karen Ventimiglia
MHSA Coordinator, County of San Diego Health & Human Services Agency

Tracy L. Fried, MSW Conference Moderator
Tracy L. Fried & Associates
Consultant to County of San Diego Behavioral Health Services

Opening Remarks

Alfredo Aguirre, LCSW
Director of Mental Health Services, County of San Diego
Health and Human Services Agency

Getting Real About Supporting Students With Behavioral Health Challenges

Room: Ballroom

What would you do if a student on your campus came to you in crisis? Feeling hopeless? Unable to recognize their own strengths and potential? Michael McPartlin, Guardian Scholars Program Coordinator at the City College of San Francisco, will share his experience in responding to one particular student who was experiencing behavioral health challenges. Michael will describe how he was able to create a safe, supportive environment for the student who approached him and remain prevention-focused, yet also response-focused. He will describe how he went about assessing risk and protective influences and then helped the student to mobilize his own strengths.

Michael's student, Lerone Matthis, will share his experience and highlight what made a meaningful difference for him. Lerone will also share the impact Michael's positive, supportive, comprehensive response has had on his life and future prospects.

Michael McPartlin, City College of San Francisco
Guardian Scholars Program Coordinator
Foster Youth Success Initiative (FYSI) Liaison
Region III Representative

Lerone Matthis, Student, City College of San Francisco

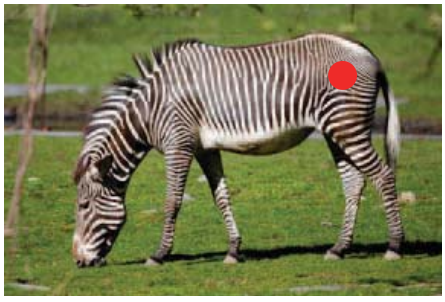
Keynote Address

On Playing a Poor Hand Well: Understanding Protective Influences

"Life consists not in holding good cards but in playing those you hold well."
- Josh Billings, 1818-1885

In his book, On Playing A Poor Hand Well, Mark Katz explores the lessons learned from those who've overcome adverse childhood experiences and discusses ways of incorporating these lessons into our schools and existing systems of care. The book is gaining a great deal of attention and praise from health care providers, educators, policy makers and others from around the country. During the keynote address, Mark will discuss implications for community colleges. In particular, he will highlight what we have learned about resilience and the limits of emotional endurance, with an emphasis on protective influences that can offset long term multiple risk exposure.

For the past 28 years, Mark has served as the Director of Learning Development Services, an educational, psychological and neuropsychological center in San Diego, California. The center provides an array of services and resources to people of all ages and also offers a variety of different ongoing seminars and trainings to individuals and groups in the San Diego area and beyond. The center is also home to the Resilience Through the Lifespan Project, an endeavor dedicated to understanding the different ways in which people have been able to carve out meaningful and productive lives for themselves, despite having endured a range of adverse childhood experiences. Mark has been both a keynote and featured speaker at a number of regional and national conferences around the U.S. and continues to conduct training and workshops for a range of community-based organizations around the country. Most recently, Mark has worked with colleagues from around the country on the Stop Bullying Now! campaign, a federally sponsored multi-year media campaign designed to increase public awareness of bullying and other forms of school violence. The campaign is also designed to increase public awareness of research-validated prevention programs and practices that schools can incorporate in order to prevent and reduce bullying in particular and other forms of hurtful and violent behavior in general.



Mark Katz, Ph.D., Clinical and consulting psychologist in San Diego, California, and author of the book On Playing a Poor Hand Well

Morning Plenary Session

10:45AM - 11:30AM

Room: Ballroom

Plenary Panel

Understanding County Behavioral Health Programs, Efforts, and Resources that can Support Students :

1. **Mental Health Services Act (MHSA)**
2. **Prevention and Early Intervention (PEI)**
3. **Workforce Education Training (WET)**

This panel is comprised of experts in the area of county behavioral health programs and efforts. They will share reflections on the opening keynote address and discuss how their programs efforts and resources can play a part is assisting community colleges to support student with behavioral health challenges. Their programs, efforts and resources are essential tools for building resilience to minimize the impact of trauma and other adverse experiences.

Karen Ventimiglia
MHSA Coordinator, County of San Diego Health and Human Services Agency

Mariann Ruffolo, M.B.A.
Administrative Manager, WET, County of San Bernardino Department of Behavioral Health

Janine Moore
PEI Coordinator, Riverside County Department of Mental Health

Adrienne Shilton
WET Program Associate, California Institute for Mental Health (CIMH)

Mental Health Services Act (MHSA)

General Information

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the opportunity for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and to monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. This Act imposes a 1% income tax on personal income in excess of $1 million. The MHSA has five program components as follows:

1. Community Services and Supports (CSS)

New MHSA programs and strategies are being implemented through the CSS component. These programs and strategies are improving access to underserved populations, bringing recovery approaches to current systems, and providing "whatever it takes" services to those most in need. New programs offer integrated, recovery-oriented mental health treatment; case management and linkage to essential services; housing and vocational support; and self-help.

2. Prevention and Early Intervention (PEI)

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

3. Workforce Education and Training (WET)

The overall mission of Workforce Education and Training is developing and maintaining a sufficient workforce capable of providing client and family driven, culturally competent services that promote wellness, recovery and resiliency. WET programs develop training curricula, incorporate cultural competency in all training and education programs, increase Mental Health career development opportunities, expand postsecondary education capacity, expand loan repayment scholarship programs, create stipend programs, promote distance learning techniques, promote employment of clients and family members in Mental Health system, and promote meaningful inclusion of client and family members in all training and education programs.

WET has five separate funding categories, which include Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathway Programs, Residency and Internship Programs, and Financial Incentive Programs.

Mental Health Services Act (MHSA)

General Information (Part 2)

4. Capital Facilities and Technological Needs

The MHSA Capital Facilities projects support the goals and provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. Funds may also be used to support an increase in peer-support and consumer-run facilities and the development of community-based, less restrictive settings that will reduce the need for incarceration or institutionalization.

Technological Needs projects demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data processing and communications. The goals of these technology enhancements are to: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information through a wide variety of settings and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, efficiency and cost effectiveness.

5. Innovation

Innovations are defined as novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to "tryout" new approaches that can inform current and future mental health practices/approaches.

The MHSA also supports two additional elements as follows:

1. Community Program Planning (CPP)

The purpose of Community Program Planning is to provide a structure and process counties can use, in partnership with their stakeholders, in determining how best to utilize funds that will become available for the MHSA Community Services and Supports component. DMH is committed to working in partnership with counties and stakeholders to ensure a broad, effective community planning process in every county.

2. Housing

The MHSA Housing Program finances capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families, especially including homeless individuals with mental illness and their families. The MHSA Housing Program embodies both the individual and system transformational goals of the MHSA through a unique collaboration among government agencies at the local and State level.

ENERGIZING LUNCH

11:30AM - 12:30AM

Upper and Lower Courtyard

Brought to you by healthy food, fresh air, and sunshine!

WORKSHOPS SESSION I:

12:30PM - 1:30PM

Dialog with Dr. Mark Katz

Room: Derby

Mark Katz, Ph.D.
Clinical Psychologist
Learning Development Associates, San Diego

Description:
As a follow up to the morning keynote address, Dr. Mark Katz will respond to participant's questions and engage in a deeper dialog to further explore the role of protective influences in supporting students with behavioral health challenges.

OBJECTIVES

Following this workshop, participants will…

1. Deepen their ability to recognize and leverage protective influences
2. Review resilience through the life span
3. Discuss the limits of emotional endurance following adverse experiences

PARTICIPANT NOTES:

WORKSHOPS SESSION I:

12:30PM - 1:30PM

Question Persuade Refer (QPR) Gatekeeper Training for Suicide Prevention

Holly Salazar
Director of Strategic Outcomes
Community Health Improvement Partner

Room: Steeplechase I

Description:
QPR stands for Question, Persuade, and Refer (QPR) - 3 simple steps that anyone can learn to help save a student from suicide. Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. In one hour, you can become a Gatekeeper. (A "gatekeeper" can be thought of as a care provider, or a person who coordinates care/crisis response and provides support and referrals.)

OBJECTIVES

During the QPR Gatekeeper training, you will learn to:

1. Recognize the warning signs of suicide;
2. Talk to students who may be contemplating suicide and offer hope;
3. Identify local resources so you can refer a student to appropriate help.

PARTICIPANT NOTES:

One Student's Perspective on Understanding and Overcoming Cultural Stigma Related to Mental Health Issues

Room: Steeplechase II

Lerone Matthis
Student, City College of San Francisco

Description:
Lerone Matthis is a student attending City College of San Francisco majoring in Business Administration. He is a former foster youth that has overcome significant challenges attaining his education. Lerone is a father of two children and will be graduating from City College of San Francisco with honors.

His presentation will be about the challenges many youth face in dealing with mental health issues. Lerone will provide a first hand perspective about the difficulties of addressing issues of black males who find it taboo to admit any problems and how he faced that challenge.

OBJECTIVES

This workshop is designed to:

1. Provide participants practical, "hands-on" tools for addressing mental health issues.
2. Make it clear that there are extreme social taboos with mental health issues in the black community.
3. Alert participants to the need to be sensitive and/or cautious when offering help to students in an upfront manner because it may alarm the student.
4. Help participants recognize non-obvious signs of mental health issues i.e., self-destructive patterns, unhealthy relationships, and others.

PARTICIPANT NOTES:

The Many Faces of Post-Traumatic Stress Disorder

(repeats session II)

Room: Salon A

Linda Williams
Financial Aid Manager and FYSI Liaison, Sierra College

Description:

Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying or overwhelming event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Students who have experienced traumatic events can have difficulty adjusting and coping for a while. With time and taking care of oneself, such traumatic reactions usually reduce. In some cases, however, the symptoms can get worse or last for months or even years. This workshop will explore how PTSD impacts the student populations we serve, and how to respond in an appropriate manner.

OBJECTIVES

1. Participants will learn/know the triggers involved with PTSD.
2. Participants will be better able to identify the symptoms of PTSD in a student with whom they are working.
3. Participants will understand the range of referral choices to support students.

PARTICIPANT NOTES:

Trauma-Informed Care - A New Lens to Increase Safety and Successful Student Interactions on Campus

(repeats session II)

Room: Equestrian

Kimberly Shultz, LCSW
Mental Health Systems, Inc.
San Diego County Trauma Informed Guide Team

Description:

A brief training on trauma-informed care will be provided in this workshop. We will discuss what constitutes trauma, and how a trauma-informed approach can be distinguished from trauma -specific services. The Adverse Childhood Experiences Study (ACE Study) and the effects of trauma on the brain will be addressed as it relates to community colleges and their students. Brief mental health 101 information will be presented, as well as discussions of creating a trauma-informed environment on your college campus.

OBJECTIVES

1. Participants will be better able to utilize trauma-informed services to support students with Behavioral Health Challenges.
2. Participants will understand the value of a trauma-informed environment and learn how to implement one on your campus.
3. Participants will receive an introductory understanding of the effect of trauma on the developing brain.
4. Participants will be able to recognize signs and symptoms of students exhibiting behavioral health challenges as result of trauma.

PARTICIPANT NOTES:

From Combat to College: Understanding the Challenges for Trauma Survivors

Room: Salon E

Catherine M. Butler, MFT
Butler Consulting

Description:
Living with the impact of violence and trauma is often a frustrating experience for students who struggle each day to accomplish normal tasks and interact with those around them. The college environment presents different stressors that may trigger trauma networks, illuminate negative behaviors, impede success for students and foster burnout in staff. This workshop seeks to increase awareness and compassion for the students and increase resiliency for those who work to support their success.

OBJECTIVES

1. Participants will understand the physical nature of trauma and how it may present in different college campus settings.
2. Participants will become aware of the possible signs of trauma in students in order to develop more useful and positive strategies for support.
3. Participants will learn to recognize and prevent the impact of trauma and stress in their own lives in order to increase personal resiliency and job satisfaction and promote sensitivity to different populations.

PARTICIPANT NOTES:

WORKSHOPS SESSION II:

1:45PM - 2:45PM

Dialog with Dr. Hanh Truong

Hanh Truong, Ph.D., MFT
Cultural Competency Officer
Office of Cultural Competence & Ethnic Services
County of San Bernardino, Department of Behavioral Health

Room: Derby

Description:
Prior to his keynote address on Day Two of the Conference, Dr. Truong will engage participants in a discussion of the importance of striving to be culturally proficient in responding to students with behavioral health challenges. He will respond to participant's questions and share examples of culturally proficient approaches to supporting positive mental health.

OBJECTIVES

1. Participants will explore the role of cultural proficiency in responding to students with behavioral health challenges.
2. Participants will increase their understanding of how to support students to achieve positive mental health.

PARTICIPANT NOTES:

Mental Health First Aid

Traci Miller
Human Resource and Outreach Services
AdEase

Room: Steeplechase I

Description:
Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis, such as contemplating suicide. The goal is to help support an individual until appropriate professional help arrives. Mental Health First Aide involves a 5-step strategy that includes assessing risk, respectfully listening to and supporting the student in crisis, and identifying appropriate professional help and other supports. Participants will be introduced to risk factors and warning signs for mental health or substance use problems, and will engage in experiential activities that build understanding of the impact of illness on individuals and families. They will also learn about evidence-supported treatment and self-help strategies.

OBJECTIVES

1. Participants will become familiar with the risk factors and warning signs for mental health and substance use problems.
2. Participants will become aware of the 5-step strategy for providing Mental Health First Aid.

PARTICIPANT NOTES:

Cultural Taboos - The Stigma Associated with Mental Health

Room: Steeplechase II

Courtney DeRosia
MFT Intern, Riverside City College

Description:
Together, participants will explore cultural taboos and stigma that affect the college population. Ms. DeRosia will describe meaningful ways for mental health workers and other promoters of positive mental health to assist students to overcome the negative impact of taboo and stigma. The presenter will address the responsibilities of staff and other care providers when working with students and discuss ways to encourage them to use available resources.

OBJECTIVES

Participants will be able to:

1. Identify cultural taboos and stigma.
2. Help students confront and overcome the impact of taboos.
3. Encourage students to use available resources.

PARTICIPANT NOTES:

The Many Faces of Post-Traumatic Stress Disorder

(repeat from session I)

Room: Salon A

Linda Williams
Financial Aid Manager and FYSI Liaison, Sierra College

Description:

Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying or overwhelming event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Students who have experienced traumatic events can have difficulty adjusting and coping for a while. With time and taking care of oneself, such traumatic reactions usually reduce. In some cases, however, the symptoms can get worse or last for months or even years. This workshop will explore how PTSD impacts the student populations we serve, and how to respond in an appropriate manner.

OBJECTIVES

1. Participants will learn/know the triggers involved with PTSD.
2. Participants will be better able to identify the symptoms of PTSD in a student with whom they are working.
3. Participants will understand the range of referral choices to support students.

PARTICIPANT NOTES:

Optimizing Campus and Community Connections: Serving More Students with Less Resources

Deborah Tull, PhD.
Director, Special Programs and Services
Los Angeles Harbor College

Room: Salon E

Description:
This workshop will have a multi-dimensional focus and will include specific information on the importance of training educators as "change agents", the need for college policy and program development, and the need for greater collaboration. Two Best Practice college program efforts will be showcased: (1) The Life Skills Center from Los Angeles Harbor College, a model community college mental health program which is extremely cost-effective and student-efficient and (2) The Veterans Success Institute at Los Angeles City College, a model program which has maximized the use of community collaboration in support of Veterans who are college students.

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Understand the need to conduct a campus preparedness assessment to develop a college strategic plan.
2. Understand the increased need for faculty training, policy development, program development and campus and community collaboration due to the current budget crisis.
3. Identify best practice programs and practices for potential replication on individual college campuses.

PARTICIPANT NOTES:

Trauma-Informed Care - A New Lens to Increase Safety and Successful Student Interactions on Campus

(repeat from session I)

Room: Equestrian

Kimberly Shultz, LCSW
Mental Health Systems, Inc.
San Diego County Trauma Informed Guide Team

Description:

A brief training on trauma-informed care will be provided in this workshop. We will discuss what constitutes trauma, and how a trauma-informed approach can be distinguished from trauma -specific services. The Adverse Childhood Experiences Study (ACE Study) and the effects of trauma on the brain will be addressed as it relates to community colleges and their students. Brief mental health 101 information will be presented as well as discussions of creating a trauma-informed environment on your college campus.

OBJECTIVES

1. Participants will be better able to utilize trauma-informed services to support students with Behavioral Health Challenges.
2. Participants will understand the value of a trauma-informed environment and learn how to implement one on your campus.
3. An introductory understanding of the effect of trauma on the developing brain.
4. Recognize signs and symptoms of students exhibiting behavioral health challenges as a result of trauma.

PARTICIPANT NOTES:

Afternoon Plenary Session

3:00PM - 4:00PM

Room: Ballroom

Identifying and Accessing Programs, Trainings & Resources

A comprehensive approach appears promising when working with students who are experiencing behavioral health challenges. Various community systems have responsibility for some aspect of the care for residents, including students. Panelists will describe specific programs, trainings and resources that are available to help support students, and will also provide insight as to how to identify and access them.

PANEL

1.	**Suicide Prevention Approaches, Resources, and Support**	**Holly Salazar** Director Strategic Outcomes Community Health Improvement Partner
2.	**OptumHealth Public Sector San Diego Access and Crisis Line**	**Christopher Oneal** Supervisor, OptumHealth Public Sector San Diego
3.	**Mental Health First Aid**	**Lise Porter** National Train-the-Trainer, Mental Health First Aid
4.	**2-1-1 Info**	**Alia Del Rossi** Specialty Programs Coordinator, CIRS, CRS, Specialty Programs Coordinator, 2-1-1 San Deigo
5.	**Alcohol Drug Services**	**John Oldenkamp** County of San Diego Behavioral Health Services, Alcohol Drug Services

Conversation Café/Tool Café

4:00PM - 5:00PM

"A good question is never answered. It is not a bolt to be tightened into place but a seed to be planted and to bear more seed toward the hope of greening the landscape of ideas."
~ John Ciardi

This portion of the Conference is devoted to inviting, encouraging, and facilitating peer learning and exchange in the form of a Conversation Café (or "World Café" as it is otherwise known). Café conversations are essentially a network of collaborative dialogue. It is focused on questions that matter in service to our work and community life in order to make a difference. Above all it is a core process for sharing collective knowledge and shaping the future.

Purpose

The purpose of this Conversation Café is to explore the essential nature of the most important "tools" available to help support students with behavioral health challenges.

Tools to Support Students and Those Who Provide Support

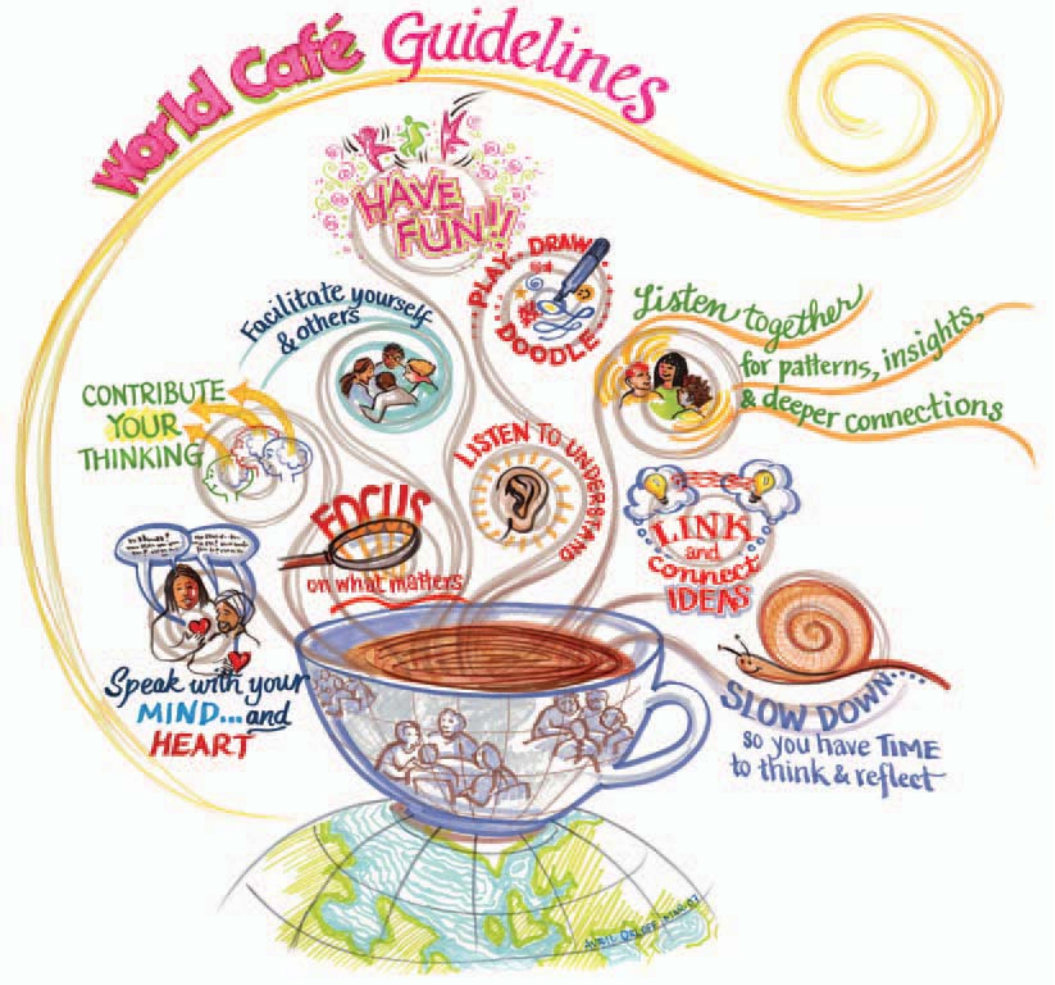
1. Finding Strengths/Using a Trauma-Informed Approach
2. Resources and Services Available on Campus and in the Community
3. Partnership and Team Support for the Campus Responder

How the Café Process Works

1. Proceed to the section of the Ballroom that corresponds to the number on your name badge (# 1, #2 or #3). Once there, locate the color balloon on a table that matches your name badge lanyard. Have a seat.
2. The table host will engage you in discussion of the questions associated with the first tool. (Section 1 will discuss Tool 1, Section 2/Tool2, and Section 3/Tool 3).
3. When the table host indicates it is time to move, those seated in section 1 will move to section 2, section 2 to section 3, and section 3 to section 1. Please move quickly and sit at a table in your new section with a balloon that corresponds to your name badge lanyard. Discuss the tool, then rotate once more, repeat the instructions listed above.
4. Look at the map following this document – it shows the flow of how participants will move from section to section.

Your table host will welcome you to the Café experience and answer any questions you may have. It is their responsibility to create a hospitable space and to help you and others at the table to explore questions that matter.

During the café process, everyone's contribution is invited. The café works best when there are diverse perspectives offered and when each participant not only contributes, but also listens for insights and then shares their discoveries.



1. Speak your mind…and heart
2. Contribute your thinking
3. Focus on what matters
4. Listen to understand
5. Facilitate yourself and others
6. Play, dream, doodle
7. Listen together for patterns, insights, and deeper connections
8. Link & connect ideas
9. Slow down so you have time to think and reflect
10. Have fun!

Conversation Café/Tool Café Questions

4:00PM - 5:00PM

Tool 1: Finding Strengths/Trauma-Informed Response

1. **What are some of the strengths you are likely to find in a student who is experiencing a mental health challenge?**
2. **What can you do to de-escalate a crisis and begin problem-solving?**
3. **How do you care for yourself when working with students who have experienced trauma and are in constant crisis or "survival" mode?**

Tool 2: Resources and Services available on campus and in the community to support students

1. **What resources (people and services) for responding to a student who is experiencing mental health challenges are readily available on your campus?**
2. **What resources for responding to a student with a mental health challenge are readily available in your community?**
3. **What can you do to identify or help develop additional resources both on your campus and in your local community?**

Tool 3: Partnership and Team Support for the Campus Responder (Faculty, student peer support, other staff)

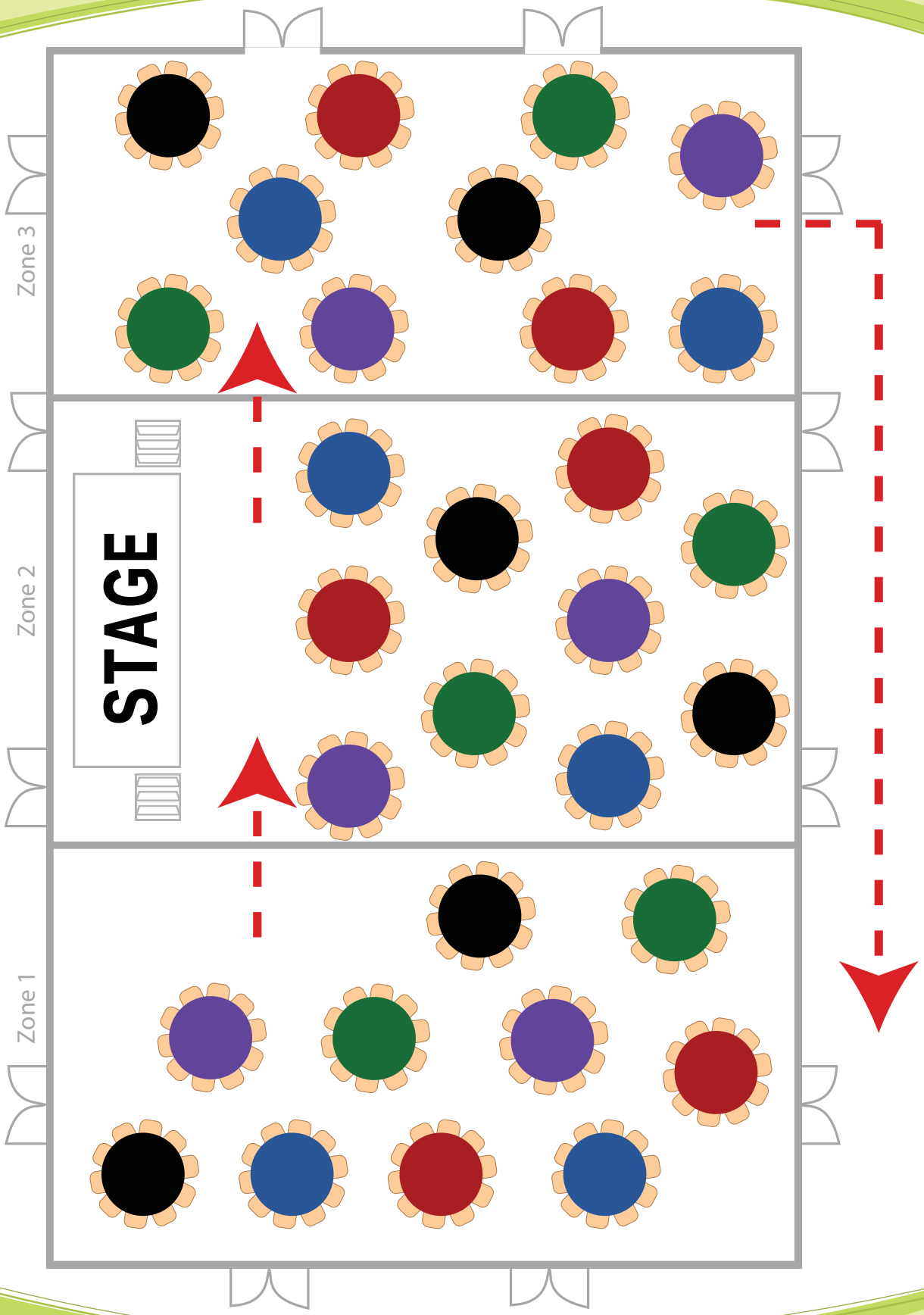
1. **How could you partner with the student in crisis to make a connection with the student so that you can work together to meet their needs?**
2. **Thinking outside of the box, who are undiscovered allies on campus who can support an appropriate response to a student in crisis? (Think about response teams that are in place, i.e. your campus Crisis Response Team.)**
3. **What can you do to build partnerships and cross sector collaboration on campus and with community partners before a crisis occurs so that you are prepared and supported when called upon?**

CONVERSATION/TOOL CAFÉ

SUMMARY

My reflections on the supporting students tools:	My "doodles", art & quotes:
Tool 1: Finding Strengths / Using a Trauma-Informed Approach	
Tool 2: Resources and Services Available on Campus and in the Community to Support Students	
Tool 3: Partnership and Team Support for the Campus Responder	

Based on the Conversation/Tool Café discussion, the next time I am called upon to support a student with a behavioral health challenge I will…


Zone 3
Zone 2
STAGE
Zone 1

TRAINING RESOURCE GUIDE

Tab 3 • Day Two

Day 2

Agenda At-A-Glance

Time	Activity	Location
7:30AM - 8:30AM	**Continental Breakfast, Registration, Hotel Check**	Prefunction Foyer
8:30AM - 8:45AM	**Welcome & Day 1 Reflection**	Ballroom
8:45AM – 9:45AM	**Keynote Address: Dr. Hanh Truong**	Ballroom
9:45AM – 10:00AM	**Break**	
10:00AM – 11:00AM	**Navigating the Journey with Students**	Breakouts
11:00AM - 11:30AM	**From Dialog to Action: Shared Insights**	Ballroom
11:30AM - 12:00PM	**California Community College Student Mental Health Initiative**	Ballroom
12:00PM - 1:00PM	**RCC Active Minds Student Presentation**	Ballroom
	Evaluations	
	Lunch On the Go	

Welcome & Opening Remarks

8:30AM - 9:45AM

Welcome

Tracy L. Fried, MSW Conference Moderator
Tracy L. Fried & Associates
Consultant to County of San Diego Behavioral Health Services

Day 1 Reflection

Alfredo Aguirre, LCSW
Director of Mental Health Services, County of San Diego
Health and Human Services Agency

Colleen Ammerman
Program Director, Foundation for California Community Colleges

Room: Ballroom

Resiliency From Within

How do students deal with difficult events that change their lives? The death of a loved one, loss of a job, serious illness, terrorist attacks and other traumatic events: these are all examples of very challenging life experiences. According to the American Psychological Association, many people react to such circumstances with a flood of strong emotions, a sense of uncertainty, and sometimes a lifelong of emotional turmoil and mental health challenges.

Yet most people, including students, generally adapt well over time to life-changing situations and stressful conditions. What enables them to do so? It involves resilience, an ongoing process that requires time and effort and engages people in taking a number of steps. Dr. Hanh will define resilience and some factors that affect how students deal with hardship. He will also detail how campus responders can assist student with behavioral health challenges to focus on developing and using a personal strategy for enhancing resilience.
Hanh D. Truong was a refugee from Vietnam, a war torn Southeast Asian country. Dr. Hanh overcame his traumatic experiences of imprisonment and refugee camps, arriving in California at 14 years old without his parents. Succeeding the challenges of his past, he became a mental health professional working in various professional settings.

Hanh D. Truong, Ph.D., LMFT,
Cultural Competency Officer
Office of Cultural Competence & Ethnic Services
County of San Bernardino, Department of Behavioral Health

Navigating the Journey: With Students

10:00AM - 11:00AM

Room: Derby

Road Map

Supporting students with behavioral health challenges can at times feel like you are "navigating a journey" with them. Issues of behavioral health are often exacerbated by the impact of violence and trauma, creating the appearance of detours or roadblocks along the way. There are, however, many "on-ramps" to wellness for the student and the campus professional. This section of the conference will provide participants with an opportunity to discuss effective ways to "navigate" this journey.

Purpose

"Navigating the Journey with Students" invites participants to practice an integrated approach to supporting students who are challenged with behavioral health issues. Participants will identify strengths and contributing risk factors, and will consider and discuss using a trauma-informed approach. In part this implies that supporting students will occur in an integrated manner, rather than one that is siloed (one issue, one intervention at a time). At the conclusion of this section, participants will be better able to prioritize and layer the use of tools and interventions.

Room Assignments for Navigating the Journey

Room Name	County
Derby	San Diego / Imperial
Steeplechase I	Riverside
Steeplechase II	San Bernardino
Equestrian	Los Angeles
Salon A & B	Orange
Salon F	Sacramento, Alameda, San Francisco, Placer
Salon E	Santa Barbara, Ventura, San Luis Obispo

From Dialog to Action: Experts Report Back

11:00AM - 11:30AM

Please return to the ballroom where we will have an opportunity to hear insights gleaned during each of the breakouts. Please be prepared to reflect on your own experience, as well as contribute insight to others.

California Community College Chancellor's Office Student Mental Health Initiative

11:30AM - 12:00PM

Room: Ballroom

Betsy Sheldon, California Community College Chancellor's Office Coordinator, Student Mental Health Initiative

Description:

The Student Mental Health Initiative (SMHI) promotes and applies strategies to strengthen student mental health statewide across K-12 educational systems and through institutions of higher education. This initiative promotes campus-based mental health programs while advancing collaboration between educational settings and county services. The Campus-Based Mental Health Programs include the following key elements: (1) Mental Health Promotion Programs; (2) Peer to Peer Support Activities; (3) Suicide Prevention Programs; and (4) Referral and Linkage.

PARTICIPANT NOTES:

Closing Plenary Session

12:00PM - 1:00PM

Room: Ballroom

Active Minds Student Presentation (Riverside Community College)

Active Minds is the only organization working to utilize the student voice to change the conversation about mental health on college campuses. By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community.

Through campus-wide events and national programs, Active Minds aims to remove the stigma that surrounds mental health issues, and create a comfortable environment for an open conversation about mental health issues on campuses throughout North America www.activeminds.org

Student Presenters:

Doug Figueroa

Jennifer Reyes

Rose Stacy

Sharukh Khan

Closing Remarks

Tracy L. Fried, Conference Moderator
Tracy L. Fried & Associates
Consultant to County of San Diego Behavioral Health Services

Karen Ventimiglia, MHSA Coordinator
County of San Diego Health and Human Services Agency
Behavioral Health Services

LUNCH ON THE GO!

TRAINING RESOURCE GUIDE

Tab 4 • Presenter's Materials

Table of Contents
Presenter's Materials Follow Along

Organized in Order by Speaker

On Playing a Poor Hand Well (PAGE 1)

For Use with Keynote Address by Mark Katz, On Playing a Poor Hand Well.

On Playing a Poor Hand Well:
Advances in Our Understanding of Human Resilience and the Limits of Emotional Endurance

Mark Katz, Ph.D.

Resilience Through the Life Span

- Why is it that some people exposed to multiple childhood risks and adversities "beat the odds" and manage to go on to lead meaningful and productive lives?
- Why is it that others succumb then rebound decades later?
- Is it because those who "beat the odds" are more resilient?
- Are we sure?
- Might some who succumb to adversity be every bit as resilient as those who endure, or even more so? (Might some adults?)
- Have we been focusing on the wrong question?

Resilience Through the Life Span

- What could cause otherwise resilient people to succumb to risk and adversity?
- And why do a number then rebound decades later?
- Resilience Through the Life Span Project
- Current focus: People who fail at school but succeed in life

Resilience Through the Life Span

- People who succeed at life despite struggling at school – among the lessons learned
  - We are far more resilient than we realize
  - There are limits to emotional endurance, even for the most resilient among us.
  - Human understanding can play a very important role in determining who rises above life's challenges, human misunderstanding can play a very important role in determining who succumbs.
  - School can be a positive turning point

Are There Limits to Emotional Endurance? Long Term Multiple Risk Exposure

- Risks can co-occur
- "A man with one watch always knows what time it is, a man with two is never really sure."
- Risks can co-occur and can also persist
- Protective processes that can offset multiple prolonged risk exposure

Protective Influences

Events, Experiences, Conditions
That Can Outweigh or Neutralize
the Effects of Exposure
to Known Risk Factors

On Playing a Poor Hand Well (PAGE 2)

ACE Study

- Introducing protective processes, including programs and practices, that can outweigh the effects of multiple childhood risk exposure may do more than reduce the risk of school failure, youth violence and serious life adjustment problems down the road.
- We may prevent/reduce incidence of major health consequences decades later.

Protective Processes That Researchers Feel Can Offset the Effects of Multiple Childhood Risks

(Werner et al, 2001)

1. Experiences That Reduce the Impact of Prevailing Risks:
   A. Learning to see adversities in a new light
   B. Reducing the amount of exposure to the risks of adverse conditions; buffers
2. Preventing a Chain Reaction of Negative Life Events; Creating Safety Nets
3. Experiences That Promote a Sense of Mastery
4. Opening the Door to Turning Point Experiences or Second Chance Opportunities

Protective Processes: Learning to See Adversities in a New Light

Among the protective processes identified in the lives of adults who overcame exposure to multiple adverse childhood experiences was the ability to see adverse experiences in a new light.

The meaning we attach to adverse experiences can determine whether we view ourselves as resilient and courageous, or helpless and hopeless.

Learning to See Adversities in a New Light (Continued)

The meaning that others attach to our adverse experiences can significantly influence the meaning that we attach to own experiences.

"Few among us see the world with our own eyes or feel with our own hearts."

Protective Influences: Learning to See Adversities in a New Light:

- Access to a language (vocabulary) that allows us to interpret experiences in a new light.
- Connecting with others who endured similar risk exposure and who are doing well
- Can assessment results be a vehicle for highlighting our unique strengths and that provide a new way to understand struggles and differences?

Protective Influences: Learning to See Abilities in a New Light

- Carol Dweck, Ph.D.
  dweck@psych.stanford.edu
  Mindset; brainology
- Project Eye to Eye www.projecteyetoeye.org
- Active Minds www.activeminds.org
- Research on vocationally successful adults with LD and ADHD: stages of reframing – action phase (Paul Gerber)

On Playing a Poor Hand Well (PAGE 3)

Protective Influences: Learning to See Abilities in a New Light

- CMHO = Change the View Video Contest
  www.youtube.com/user/changetheview2011
- Reaches out to youth to create videos that can help remove the stigma from the lives of children/youth with mental health challenges. First prize = $2000. Videos focus on these questions:
  - *"How can we help our friends instead of turning our backs on them?"*
  - *"How do we talk about it?"*
  - *"How do we show everyone that any problem can be worked out with a little kindness and understanding?"*

Learning to See Abilities in a New Light (cont)

- It's not how smart are we, but rather, how are we smart?
- Howard Gardner, Ph.D. - Diverse intellectual strengths
  - linguistic
  - logical-mathematical
  - musical
  - kinesthetic
  - spatial
  - naturalist
  - interpersonal
  - intrapersonal

Are There Limits to Emotional Endurance?

- For even the most resilient among us, are there limits to emotional endurance?
- The role of human understanding in overcoming a difficult past
- The role human misunderstanding in prolonging one
- *"What is madness?"*
- Common misperceptions

For Whom the Bell Curve Tolls

- Individual strengths and talents –
  - Possible to be strong (sometimes extremely so) in sophisticated, complex intellectual areas, and/or areas that involve creativity and inventiveness,
  - And weak (sometimes extremely so), in areas that most others in your age range can master with little effort.
  - Trying harder in these weak areas may not allow you to do much better.

For Whom the Bell Curve Tolls (cont)

- How we understand this unevenness in our strengths, talents and abilities can have a profound effect on the quality of our life.
- This profile is common among individuals who experience various learning disabilities/differences and/problems related to self regulation/self-control.

Self Control/Emotional Self Regulation and the Role of Executive Functions

- Can people – children, teenagers or adults – know what to do, yet have problems consistently, predictably and independently doing what they know?
- Researchers find that some students evidence significant delays in "executive functions." (Barkley, 2010; 2002)

On Playing a Poor Hand Well (PAGE 4)

Self Control/Emotional Self Regulation and the Role of Executive Functions

- Executive functions = higher order cognitive processes that manage other mental functions. Think of a conductor of a symphony orchestra. (Barkley, 2010; Brown, 2003).

Self Control/Emotional Self Regulation (ESR) and the Role of Executive Functions

- Executive functions: Allow us to take what we know and govern ourselves with this knowledge.
- It's our ability to consistently, predictably and independently do what we know.
- Delays in executive functions impact our ability to do what we know.
- Some researchers say that if these functions are delayed on the inside, then we need to help the functions along from the outside.
- At the "points of performance" (Barkley, 2010; 2002)

Problems Associated With Executive Functions (Cont)

- What could cause people – children, teenagers or adults – to know what to do, yet have problems consistently, predictably and independently doing what they know?
  - Learning profile in the absence of prolonged traumatic stress exposure
  - Prolonged traumatic stress exposure without a pre-existing history of problems associated with executive functions (Perry, 2002).
  - Both prolonged traumatic stress exposure and pre-existing history?

Are There Limits to Emotional Endurance?

- The impact of prolonged inescapable stress
- Can we inadvertently create these conditions?
- 4 common misperceptions – and their potential implications

Perceiving Adversities To Be Permanent, Pervasive & Personal

(Seligman, 1992)

- Permanent – the perception that things will never change
- Pervasive – problems are evident not just in one life area, they're pervasive
- Personal – It's all your fault.
- Learning to see adversities in these 3 ways increases the likelihood of psychological problems; may also weaken our immune system
- Start young, may be especially impairing
- Are there common misperceptions that increase the likelihood of learning to see challenges in these 3 ways?

Perceptions That Foster Resilience

(Seligman, 1998; 1992)

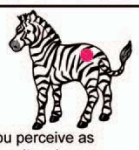
- Adversities are temporary – the perception that things will get better
- Adversities are limited – Things may not be going well in one area but they are going well in others areas
- Not personal – Doing the best we can under the circumstances

On Playing a Poor Hand Well (PAGE 5)

Protective Influences:
Reducing the Amount of Exposure to Prevailing Risks or Adverse Conditions; Providing Buffers

- We can be very different people in very different contexts. A child who fails in one school, then another school, can be successful in the next school.
- A person who struggles in one work setting, then another work setting, can be successful in the next work setting
- The context within which our life experiences unfold can vary.
- As adults we have the opportunity to alter/change/escape the context within which our life experiences are unfolding.

Portraits of Resilience- In Context



- Resilience and context are inseparable
- In an environment that you perceive as dangerous and threatening, it makes no sense, from a survival point of view, to appear conspicuously vulnerable

Changing Bystander Behavior

- Key ingredient in preventing and reducing bullying
- Key ingredient in preventing stigma
- Can be key ingredient in helping those impacted by stigma to overcome its effects
- Public awareness is one thing, taking action on behalf of others is quite another
- Creating a context (social climate) where what we believe in is more powerful than what we are afraid of

Changing Bystander Behavior

"In the end we will remember not the words of our enemies but the silence of our friends."

Martin Luther King, Jr.

Heroic Imagination Project

- Celebrating everyday acts of heroism that people engage in (children, youth and adults), where we speak up for and reach out to help others who need our help.
- Heroic action includes these 4 elements (HIP):
  - We engage in it voluntarily
  - Our actions are conducted in service to one or more people or to an entire community
  - Our actions place us at risk, either to our physical comfort, our social stature, or to our quality of life
  - We take action without expecting any material gain

Protective Influences:
Preventing a Chain Reaction of Negative Life Events; Creating Safety Nets

- Preventing/reducing compassion fatigue
- The price one can sometimes pay for caring so much and working so hard to improve the lives of others who are suffering.
- "We hurt too much because we're empathic, and it wears us down." "It fatigues us." "We're tired." "We've lost our energy." Frank Ochberg, M.D.
- Lose our spark, our sense of hope and optimism, our humor. "We aren't sick, but we aren't ourselves." Frank Ochberg, M.D.

On Playing a Poor Hand Well (PAGE 6)

Preventing/Reducing Compassion Fatigue (cont)

- Preventing/Reducing Compassion Fatigue
  - Caregivers need to prepare their personal self care plan; activities/outlets (recreational, creative etc) that establish balance – perspective
  - Strong and trusting bonds between fellow caregivers, co-workers and colleagues

Protective Processes: Experiences That Promote a Sense of Mastery

"There's never anything so wrong with us that's what right with us can't fix."

Replenishing the Fuel Tank
(Barkley, 2010)

- Distributing activities, other strategies throughout the day -
- Greater rewards and positive emotions
- Statements of self-efficacy and encouragement
- 10 minute breaks between EF/ESR tasks
- 3+ minutes of relaxation and meditation

Raising the Bar and Leveling the Playing Field

- Raising the bar = expectations
- Leveling the playing field = learning to use tools, strategies, technologies, supports, accommodations that can help us reach our goals

Leveling the Playing Field Helpful Technologies

- Pulse Smartpen www.livescribe.com
- Docupen - portable scanner www.docupen.com
- Watchminder www.watchminder.com
- Books on tape www.rfbd.org (866) RFBD-585
- Voice activated software
- Software programs that turn written text into audio material (e.g. Kurzweil's Program)

Improving Self Control

- **Reducing impulsivity**
  - Role playing with an accountability partner situations where may react impulsively or emotionally. Practice handling situations calmly (Ratey, 2008)
  - Write out a schedule and to-do list before you go to bed for the next day's activities. Look at schedule and to-do list when you get up in the morning. Creates a structure for the day. (Ratey, 2008)

On Playing a Poor Hand Well (PAGE 7)

Improving Self Control (cont)

- **Reducing impulsivity**
  - Learn to use self talk
  - Visual reminders, cues, prompts throughout the day
  - Work with a coach to role play better ways to respond to frustrating situations (co-coaching)
  - Ask for constructive feedback on an ongoing basis so that you become more aware of any impulsive behaviors is affecting you
  - Practice relaxation strategies (Lidia Zylowska, 2012)

Time Management (Ratey, 2008)

- Learning to estimate time

Activity	Day 1-time	Day 2- time	Day 3-time
Shower			
Eat Breakfast			
Get Dressed			
Feed Dog			

Procrastination (Ratey, 2008)

- Creating an accountability partner (co-coaching)
- Maximizing the environment:
  - Monthly calendar over desk, goals written with big colored markers, similar calendar at home (12 month calendar); Using colored markers, mapping out responsibilities and deadlines
- Screen savers = "Remember that deadline"
- Post-it notes on the TV remote, bathroom mirror, car dashboard

Increasing Stimulation/ Reducing Boredom

- Break tasks up into smaller parts
- Extra stimulation that increases focus but doesn't distract from the task at hand
- Project based tasks; school tasks = stimulating, meaningful and challenging

Protective Influences:
Opening the Door to Turning Point Experiences

- Individuals, who as children and teenagers succumbed to adversity, but who, in adulthood, are doing well:
- Life experiences they cited as important turning points (Werner and Smith, 2001):
  - Marriage or entry into a long term committed relationship
  - The birth of a first child
  - Establishing themselves in a career or a job

Protective Influences:
Opening the Door to Turning Point Experiences

- Life experiences they cited as important turning points: continued
  - Obtaining further education,such as through a community college
  - Joining the armed forces as a way to gain educational or vocational skills
  - Becoming active in a church or religious community

On Playing a Poor Hand Well (PAGE 8)

Rebounding From Adverse Childhood Experiences

- In time, many learn to attach new meaning to adversities past and present, aided in large part by their ability to:
  - Re-shape personal identities around longstanding strengths and talents,
  - Re-frame personal limitations and vulnerabilities within the context of these strengths and talents, and
  - Find or create social contexts where they feel valued for their contribution.

Lessons Learned

- When it comes to understanding human resilience, context counts.
- To feel we have something important to contribute
- It's not how smart are we, but rather how are we smart
- The role of strengths and talents and how they foster a sense of mastery - To feel our actions can alter our destiny
- The role of human understanding in overcoming a difficult past, the role of misunderstanding in perpetuating one

Lessons Learned

- Overcoming stigma – More labels, not less?
- Raising the bar and leveling the playing field
- Being different can render us at a serious disadvantage at one stage in your life, and at a significant advantage at another stage.
- The value of partial victories
- *"Life goes on"* - Success and resilience are not always one and the same
- Safety nets

Lessons Learned

- Life outcome can be very different than tx outcome
- Overcoming a difficult past – the resilience within us, or the resilience between us?
- Predicting with absolute certainty what will become of us in the future based upon what may have happened to us in the past is simply impossible.
- EBP: Are there things that count that can't be counted? Turning points

"Many people find it easy to imagine unseen webs of malevolent conspiracy in the world, and they are not always wrong. But there is also an innocence that conspires to hold humanity together, and it is made up of people who can never fully know the good that they have done."

Kidder, T. (1989). Among Schoolchildren. Boston: Houghton Mifflin. From Brooks, R. (1991). The Self Esteem Teacher. Circle Pines, MN: American Guidance Services, p.13

Active Minds:
Changing the Conversation about Mental Health

by Mark Katz, PhD

THE STIGMA ASSOCIATED WITH mental health issues can be far more painful to bear than the challenges themselves. For college students who are affected by mental health challenges, the rapidly growing network of campus-based, student-led chapters of Active Minds can help. Based in Washington, DC, this nonprofit organization works to remove the negative perceptions about mental illness at colleges and universities throughout the United States.

By using the student voice, Active Minds aims to "change the conversation about mental health." Mental illness is frequently misunderstood, not only by college students with symptoms but by a significant percentage of the general population as well. Stigma decreases as understanding grows, and college students who are suffering in silence become far more willing to seek the help they need. Some students with learning or attention difficulties experience co-occurring mental disorders, and for this reason, the Active Minds mission will resonate for a number of students with ADHD. A sampling of the organization's national and campus-based programs can be found on ActiveMinds.org.

Send Silence Packing, an Active Minds campaign designed to increase awareness of student suicide, is among the organization's signature programs. Roughly 1,100 college students take their lives each year, according to program director Sara Abelson, MPH. The campaign presents a public awareness display of 1,100 individual backpacks, many donated by parents grieving the loss of their child to suicide. Each backpack tells a person's story. The collection travels from campus to campus around the country, reaching tens of thousands of students. They put a face and a personal story to a suicide, so that others not simply treat it as a statistic. Students who are at risk learn about resources that can help. "It's very important that students themselves are educated and empowered," says Abelson. "Research shows that sixty-seven percent of young people who do choose to disclose suicidal thoughts disclose them first to their friends." Active Minds also reaches out to parents and family members, many of whom participate in campus-based activities designed to increase awareness.

For college students, the days and weeks leading up to final exams can be a particularly stressful time. So, each year, during the spring semester, Active Minds chapters sponsor National Stress Out Day activities designed to help students learn ways to manage stress and reduce anxiety. The program is conducted in collaboration with the Anxiety Disorders Association (ADAA), with support from OCD Chicago and the National Suicide Prevention Lifeline (NSPL).

More than a hundred chapters conduct special campus-based events to combat stigma during Mental Health Awareness Week. Their mantra: "Stigma is shame. Shame causes silence. Silence hurts us all."

The Active Minds Speakers Bureau features young adults who share their personal stories through educational and inspiring presentations at schools or for large or small groups that want to learn more. The speakers draw upon their own personal experiences with mental health challenges, some of which include co-occurring learning and attentional difficulties.

DIEGO CERVO / SHUTTERSTOCK

A clinical and consulting psychologist, **Mark Katz** *is the director of Learning Development Services, an educational, psychological, and neuropsychological center located in San Diego. He is a contributing editor to* Attention *magazine and a member of its editorial advisory board, a former member of CHADD's professional advisory board, and a recipient of the CHADD Hall of Fame Award.*

Alison Malmon in 2007 and a photo of her brother.

CHRIS ROSSI/THE GAZETTE

Chapters also reach out to local high schools, helping the younger teens become more aware of different mental illnesses and symptoms. They spread the message that there's no longer any reason to suffer in silence. While the vast majority of chapters are located on college campuses, a few now also exist on high-school campuses.

Active Minds is the brainchild of Alison Malmon, who started the organization in 2001, following the tragic loss of her older brother to suicide. Her only sibling, he had been experiencing serious symptoms for several years prior to his death, yet spent much of that time suffering in silence. Malmon created Active Minds so that no one suffering with mental health challenges ever has to reach the point of feeling hopeless. Among her goals is spreading awareness that help is available and that people with mental health challenges can lead meaningful and productive lives.

Students whose symptoms go back many years likely have also endured the stigma associated with these symptoms for many years. This was clearly illustrated in the findings from the National Stigma Study-Children (NSS-C), the first large-scale national survey of public beliefs and attitudes regarding children's mental health, including beliefs and attitudes about ADHD. Nearly half of the respondents believed that children diagnosed with and receiving services for a mental health condition would experience immediate and lasting social ramifications (including rejection in school and later in life). More than two-thirds had negative views on psychiatric medications.

For college students who have endured this double burden for many years, Active Minds could not have come along at a better time. Readers interested in learning more about the organization are encouraged to visit ActiveMinds.org. Facebook groups are also available for those wishing to engage in more immediate dialogue.

Question, Persuade, Refer Ask A Question, Save A Life (PAGE 1)

For Use with Holly Salazar's presentation, Question Persuade Refer (QPR) Gatekeeper Training for Suicide Prevention.

QPR Booklet

- Page 1: Table of Contents
- Booklet follows the QPR Model
- Resource Card on back, can use in wallet, purse, etc. Has the QPR Model, Warning Signs and space for resource numbers.

In the Next Hour

- Understand the prevalence of Suicide
- Dispel myths about Suicide
- Identify actions and words that indicate thoughts of suicide might be present
- Learn the simple three step process you can use
- Identify resources that can help

- QPR is not intended to be a form of counseling
- You may find feelings coming to the top, that's ok and very normal
- If you wish support, step outside, we people here who can offer support
- I will be the last one to leave today

Scope of the Problem

- In the US, someone dies by suicide every ***18 minutes***
- Men are ***4 times more likely*** to die by suicide
- Women are ***3 times more likely*** to attempt suicide
- For every person who dies by suicide, it is estimated that ***at least 6 friends or family members*** are seriously impacted.

QPR - Suicide Myths and Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

QPR - Suicide Myths and Facts

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

Question, Persuade, Refer Ask A Question, Save A Life (PAGE 2)

QPR

Suicide Clues And Warning Signs

The more clues and signs observed, the greater the risk. Take all signs seriously!

Direct Verbal Cues

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

Indirect Verbal Cues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

Behavioral Cues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability
- Others?

Situational Cues

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

QPR

Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

Question, Persuade, Refer Ask A Question, Save A Life (PAGE 3)

Q - *QUESTION*

Less Direct Approach:

- "Have you been unhappy lately?
  Have you been very unhappy lately?
  Have you been so very unhappy lately that you've been thinking about ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"

Q - *QUESTION*

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"
- Practice

NOTE: If you cannot ask the question, find someone who can.

How *Not* to Ask the Suicide Question

"You're not suicidal, are you?

P - *PERSUADE*

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention (this part is critical and can take TIME!)
- Remember, suicide is not the problem, only the solution to a perceived unsolvable problem
- Do not rush to judgment
- Offer hope in any form

P - *PERSUADE*

Then Ask:

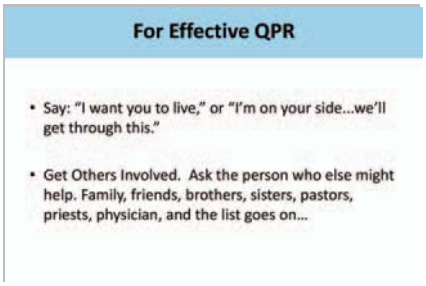
- Will you go with me to get help?"
- "Will you let me help you get help?"
- "Will you promise me not to kill yourself until we've found some help?"
- Practice

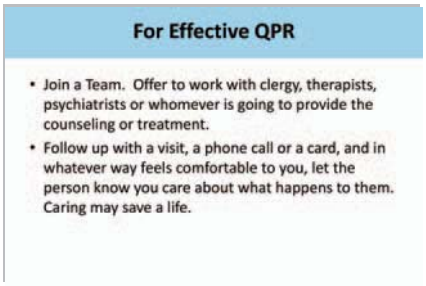
YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

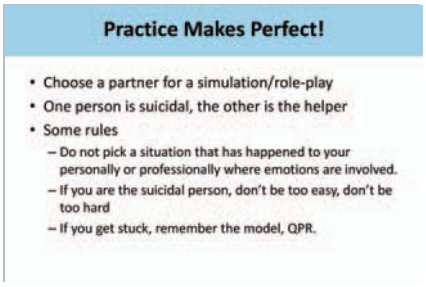
R - *REFER*

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
- Practice

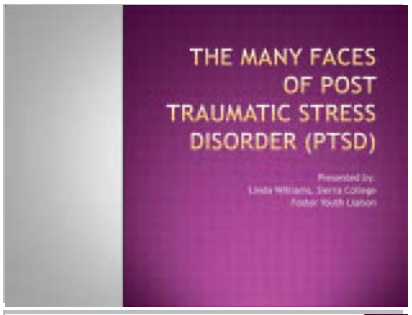
Question, Persuade, Refer Ask A Question, Save A Life (PAGE 4)



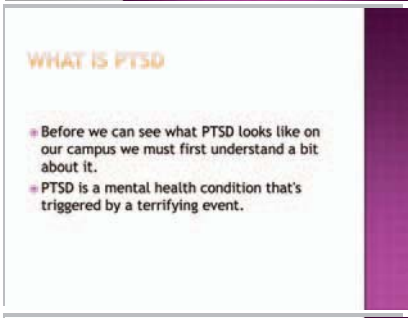


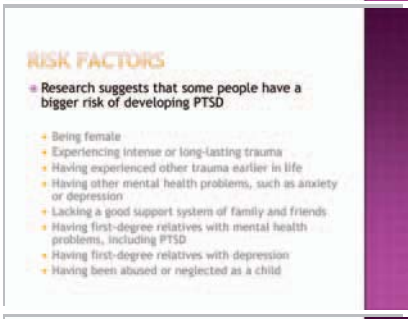


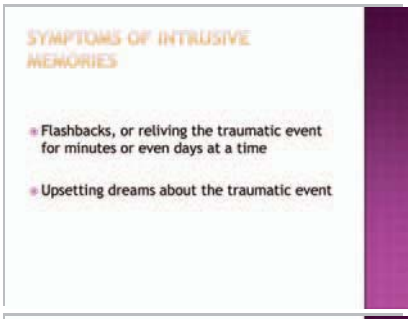
The Many Faces of Post-Traumatic Stress Disorder (PAGE 1)

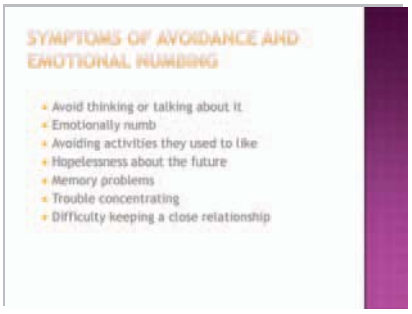


For Use with Linda Williams's presentation, The Many Faces of Post-Traumatic Stress Disorder.









The Many Faces of Post-Traumatic Stress Disorder (PAGE 2)

SYMPTOMS OF ANXIETY AND INCREASED EMOTIONAL AROUSAL OR HYPER VIGILANCE MAY INCLUDE

- Irritability or anger
- Overwhelming guilt or shame
- Self-destructive behavior, such as drinking too much
- Trouble sleeping
- Being easily startled or frightened
- Hearing or seeing things that aren't there

OUR STUDENTS

- Difficulty being around people or attend classes in a larger classroom
- Take exams in a crowded room
- Enroll full-time
- Deal with common noises and stimuli on a college campus
- Inability to focus in the class
- Maintain motivation

ACCOMMODATIONS

- Meet with DSPS to discover options
  - Possible Solutions
    - Take online classes
    - Have classes recorded
    - Take classes with a lower enrollment
    - Quiet study options
    - Take test alone
    - Allow to leave early to avoid crowds
    - One-on-one appointments for FAFSA or other complicated forms
    - Invite students to meet with you if they are experiencing any difficulties
    - Give the student permission ahead of time to leave the classroom if they encounter triggers during class

WHO ARE OUR STUDENTS?

- Veterans
- Mom & Dads
- Young Adults
- Reentry Students
- At Risk Populations
  - Homeless Students
  - DSPS
  - TRIO
  - EOPS
  - Former Foster Youth

MUSIC HEALS AND IS A COMMON LANGUAGE

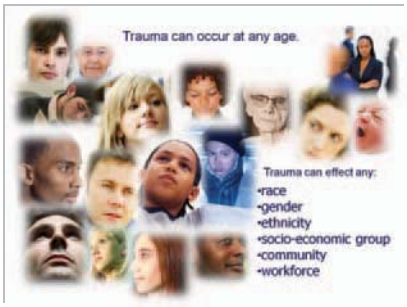
- [redacted]

- Embed infor if needed: <iframe width="420" height="315" src="http://www.youtube.com/embed/N4GPa7ZiMoY" frameborder="0" allowfullscreen></iframe>

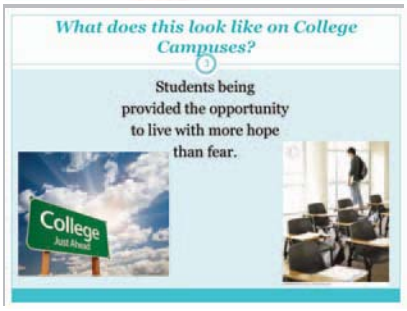
PTSD & FORMER FOSTER YOUTH ATTENDING A CALIFORNIA COMMUNITY COLLEGE

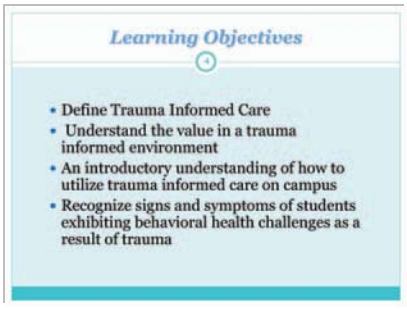
- 2011-2012 Study
- Results
  - All Survey respondents and interviewees experienced a traumatic event in their life that has been linked to PTSD
  - Respondents exhibited systems of PTSD higher than in the general population.
    - Those students who reach college are resilient!
    - All respondents felt that academic performance was impacted.

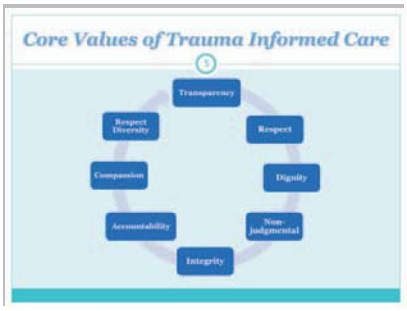
Trauma Informed Care (PAGE 1)

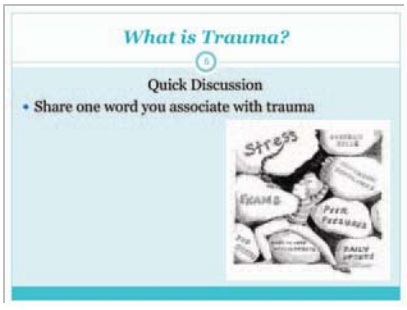


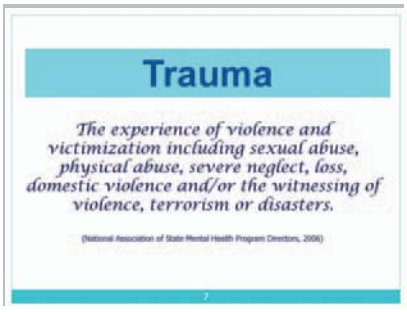
For Use with Kimberly Shultz's presentation, Trauma-Informed Care - A New Lens to Increase Safety and Successful Student Interactions on Campus.









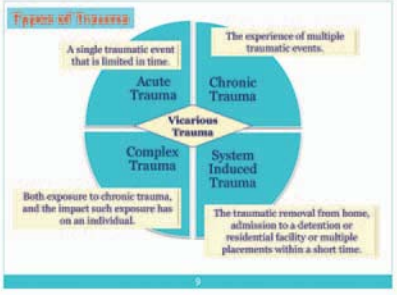


Trauma Informed Care (PAGE 2)

Exposure to Trauma

Trauma can occur from:

- Being in a car accident or other serious incident
- Having a significant health concern or hospitalization
- Sudden job loss, financial debt
- Losing a loved one
- Being in a fire, hurricane, flood, earthquake, or other natural disaster
- Witnessing violence
- Experiencing emotional, physical, or sexual abuse



Adverse Childhood Experiences

10

ACES Before Age 18

11

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member

ACES Before Age 18

12

- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

Student Warning Signs

13

- Increased and/or Chronic Alcohol and Substance Abuse
- Social Isolation
- Low Attendance
- Difficulty Focusing
- Fearful in Crowds
- More Examples....

Trauma Informed Care (PAGE 3)

Trauma Symptoms and Substances Related to their Relief

SYMPTOM	SUBSTANCE
Depression	Cocaine, methamphetamines
Anxiety	Alcohol; tranquilizers
Inner turmoil & pain	Opioids; methamphetamines
Emotional numbness	Cocaine; methamphetamines
Passivity	Alcohol, PCP
Excessive anger/rage	Alcohol, marijuana, opioids
Sexual numbness	Alcohol; amyl nitrate; hallucinogens, methamphetamines

Trauma Specific vs. Trauma Informed

- **Trauma Specific-** treating the actual trauma and trauma symptoms
- **Trauma Informed-** making services truly available to all students across systems and agencies
  - Americans With Disabilities Act (1990)

What it means to be Trauma Informed

- IT DOES NOT MEAN TO TREAT THE TRAUMA
- IT DOES mean to:
  - Recognize high level of trauma among students
  - Provide a holistic approach (bring in other pieces of the puzzle)
  - Understand the role that victimization plays in the lives of trauma survivors
  - Understand the barriers it creates in the students' ability to "succeed" in an academic setting.
  - Invite student participation and empowerment (Give them choices)

A Paradigm Shift

- **These are your students every day.**
  - All college campuses have students who may have had childhood or adult trauma experiences.
- **Even if students never see a counselor or receive clinical treatment, you can help.**
  - Trauma-informed services are sensitive and responsive to all students that walk through our doors.

Trauma Informed Care (PAGE 4)

A Paradigm Shift

20

- **Any college campus can work on being trauma-informed**
  - by providing support services in a manner that is welcoming and appropriate to the special needs of trauma survivors.
- **It's how you respond and communicate.**
  - Each staff member from the receptionist to Dean of Student Affairs can be trauma-informed *even with no knowledge* of the underlying childhood trauma or regardless of their presenting problems

Benefits to Students

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In the SHORT TERM

- Decreases negative interactions
- Focuses on strengths and offers hope
- Treats the whole person, not just the problem they came in with
- Reduces further victimization, abuse, or trauma as a result of our care

In the LONG TERM

- Prevents cycling through systems of care on campus
- Coordination with other student support providers
- Decreases safety issues on campus
- Self-sufficiency and transformed lives

How It Will Make Staff Jobs Easier?

22

- Focuses on common goals
- Improves communication
- Improves staff morale
- Increases support system
- Promotes collaboration
- Shares the workload
- Empowers students
- Provides consistency within campus services and systems

Trauma Informed Environment

23

- How trauma informed is your campus?
- Addressing Stigma
- What are we missing?

What Can You Do?

24

Environment

- Do a *walk through* to make your environment as welcoming as possible
- How are people *greeted and exited?*
- Explore which best practices apply to your *environment*
- Other ideas?

Staff and Programs

- Review *policies and procedures* through the trauma lens (Rules vs. Guidelines)
- Team Discussions
- Develop *resources for referrals*
- Identify a *trauma champion* on campus

Trauma Informed Environment

25

- Putting it into practice
  - How are Services offered?
  - Are the waiting areas welcoming?
  - Is there a stigma
- What is the physical layout of the student services building
  - Bathrooms
  - Exits

Trauma Informed Care (PAGE 5)

10 Principles of Trauma Informed Services

1. Recognize impact of violence and victimization on coping skills

2. Establish recovery from trauma as primary goal

3. Employ empowerment model

4. Maximize choice and control over treatment

5. Based on relational collaboration

6. Environment designed to ensure safety, respect and acceptance

7. Highlight strengths and resiliency

8. Minimize possibility of re-traumatization

9. Culturally competent and understand the client from context of their life experience

10. Solicit customers input and feedback in design and evaluating services

Elliot, D.E, Bjelajac,P., Fallot, R. D., Markoff, L.S., Reed, B.G. (2005) Trauma Informed or Trauma Denied: Principles and implementation of trauma informed services for women. Journal of Community Psychology, 33, 461-477verse experiences

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score rahbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

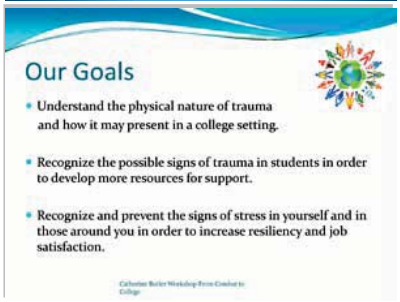
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

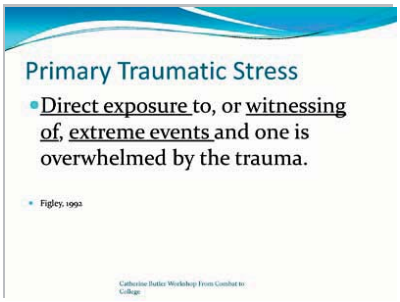
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

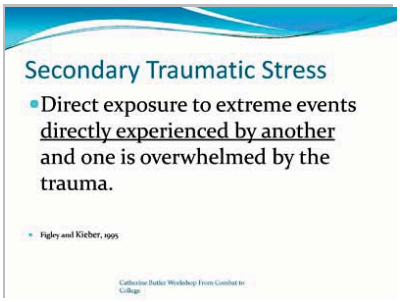
10. Did a household member go to prison?
    Yes No If yes enter 1 _____

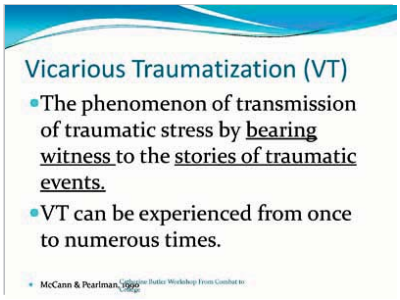
Now add up your "Yes" answers: _____ This is your ACE Score

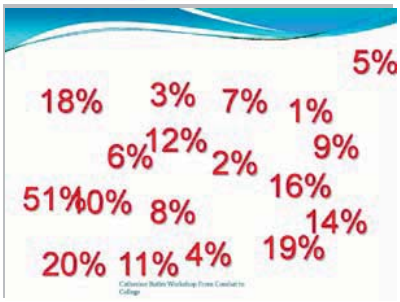
From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 1)











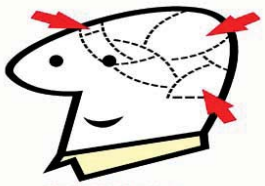
For Use with Catherine M. Butler's presentation, From Combat to College: Understanding the Challenges for Trauma Survivors.

From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 2)

Amygdale Hijacking

How the Brain Processes Traumatic Stimuli

Our Filing System



Triggers Can Be Anything!

Stimuli

- Cologne.
- Chemical smells.
- Loud noises.
- Video presentations.
- Readings.
- Being told no.
- Opposing views.
- Failing

Behaviors

- Freezing
- Leaving abruptly.
- Aggressive/oppositional.
- Graphic writing.
- Inability to read social cues.
- Cannot work in groups.
- Dominating behavior.
- Comes to class late/leaves early/varied attendance.

Veteran Considerations

Military

- Did not plan to get out.
- Medically discharged?
- Chronic pain.
- Grief and loss issues.
- See civilians as ignorant.
- Went in young, not sure how to behave in non military environment.
- Don't fit in with their age group.

School

- Want the money to live on.
- May not be ready for school.
- May never have been in interested in school.
- Have no idea what they want to do.
- Unresolved PTSD
- Brain Injuries
- Limited study skills

Other Populations

- Limited social skills.
- Poor study skills.
- Anxiety
- Depression
- Despair
- Avoidant behavior
- Poor academic skills
- Shut down/hostile behaviors

From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 3)

Strategies

- Review curriculum for possible material that is graphic or unexpected.
- Warn class in advance.
- When faced with a meltdown, take student aside and say "I see that this is very concerning for you. Can you help me understand how this feels?"
- Recognize that anger based responses almost always mask an anxiety response.
- Consider a class survey to understand class demographics.

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And a few more...

- Consider stepping into another space to avoid onlookers.
- Plan to follow up with them.
- Solidify college resources to give students a "warm handoff" to someone who can help.
- Model good communication skills and reinforce problem solving techniques.

Remember, it's not what they can't do, it's what they CAN do.

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So, What about You?

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Compassion Fatigue

....the cumulative effect of:

Primary Traumatic Stress
(direct trauma experience of provider)

Secondary Traumatic Stress
(direct witnessing of others' trauma)

Vicarious Traumatization
(Bearing witness to others' trauma stories)

Compassion Fatigue

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Symptoms

- Preoccupation with student traumatic events.
- Avoidance and numbing of events.
- Increased negative arousal.
- Lowered frustration tolerance.
- Intrusive thoughts of student material.
- Dread of working with certain students.
- Decrease in subjective sense of personal safety.
- Feelings of impotence.
- Diminished sense of purpose.
- Decreased functioning in a number of areas.

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It is a stone thrown into water.

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From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 4)

Contributing Factors

- Proximity to situation.
- Relationship with those involved.
- Surprise or shock.
- Presence of interpersonal violence.
- Your history of witnessing violence.
- Unresolved personal issues.
- Lack of skills/knowledge.
- Understanding of ethical issues.
- Awareness of the effect of trauma on others.
- Self-awareness.
- Professional identity.
- Administrative support.
- Competent supervision.

The Intruder

...intrudes on or disrupts

- Cognitive processes
- Psychological needs
- Memory System
- World View/Frame of Reference

Cognitive Processes

- Decreased trust
- Sense of safety
- Self-esteem
- Intimacy
- Connectedness

- Catastrophizing
- Minimizing
- Discounting positives
- Dwelling on negatives
- All or nothing thoughts
- Mind reading
- Self Blame

Psychological Needs

Decreased self-worth

Self-depreciation

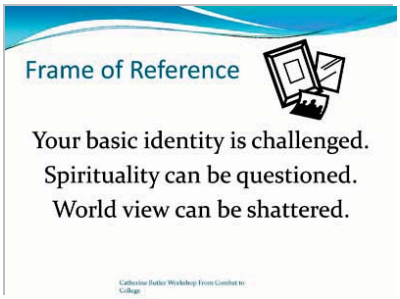
Hopelessness

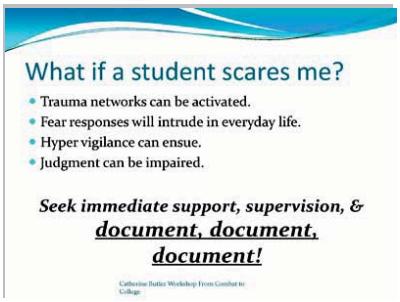
Helplessness

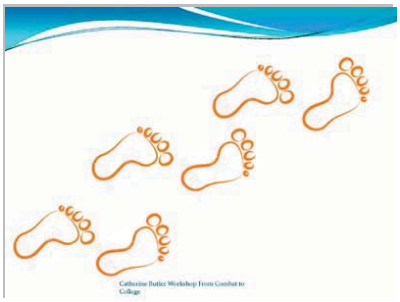
Memory System

- Internalization of student memories
- Flashbacks of their material
- Dreams
- Intrusive thoughts of their material
- Powerful emotional states upon reminders of the traumatic material (e.g., sadness or anger)

From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 5)







From Combat to College: Understanding the Challenges for Trauma Survivors (PAGE 6)

You need...

The ability to self soothe.
The ability to separate yourself.
The ability to find meaning.

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Personal Resilience

- ***Be aware*** of one's limits, emotions and resources.
- ***Maintain balance*** personally and professionally.
- ***Stay connected*** to your inner self, others and your faith.
- ***Stay connected to others***, which breaks the silence on unacknowledged pain.

This offsets isolation and increases validation and hope.

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Helpful hints

- Acknowledge the stress.
- Maintain a normal schedule.
- Create balance and separate work and your personal life.
- Pay attention to basic/good self care.
- Do not "numb out" with excesses of alcohol/gambling/eating/shopping/TV
- Minimize your exposure to traumatic stimuli, including TV/movies/newscasts
- Play!
- Nurture yourself.
- Know your red flags.
- Debrief with colleagues.
- Seek further assistance after a few weeks.
- Consider personal counseling.

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Organizational Resilience

Provide and Offer

Adequate funding/space/supplies.
Access to referrals and benefits.
Balance and manage workloads.
Provide in service opportunities.
Acknowledge and respect the work being done.
Provide atmosphere of growth and encouragement.
Adequate resources/Safe physical space.

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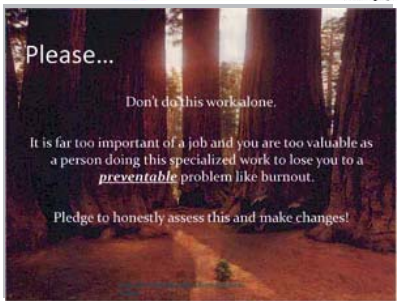


Risk and Resilience Self Assessment

How can I know if I am at risk for, or if I am experiencing Vicarious Traumatization (VT) or Compassion Fatigue (CF)?

1. **Duty**
   - Am I enjoying my work?
   - Are there clients who are too stressful for me?
   - How do I feel when I arrive at work?
   - How do I feel when I leave work?
   - Do I dream about work related things?
   - Do I over-identify with, or distance myself from certain clients?

2. **Self Care**
   - Have I noticed changes in my health?
   - Have there been changes in how I spend my leisure time?
   - Am I: drinking, smoking, overeating, not sleeping?
   - Is my body showing signs of stress?

3. **Self Capacities**
   - Has my sense of myself changed?
   - Do I feel worthwhile?
   - How am I managing stress?
   - Am I under stress?
   - Should I be making big decisions right now?
   - Do I separate my work and personal life?

4. **Interpersonal Relationships**
   - Do I like/enjoy spending time with others?
   - Do I spend meaningful time with my family?
   - Do I feel close to others?
   - Do I share myself more/less?
   - Do I feel understood by others?
   - Have I changed the way I think/feel about others who are close to me?

Source:

National Center for Post Traumatic Stress Disorder Clinical Training, Menlo Park, CA

Mental Health First Aid (PAGE 1)

For Use with Traci Miller's presentation, Mental Health First Aid.

Mental Health First Aid is a 12-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

The evidence behind Mental Health First Aid demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy — helping the public identify, understand and respond to signs of mental illness. Specifically, studies found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes. Mental Health First Aid certification, which must be renewed every three years, provides trainees with:

- Knowledge of the potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, eating disorders, substance use disorders, and self-injury
- A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care
- An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities
- Working knowledge of the appropriate professional, peer, social, and self-help resources available to help someone with a mental health problem treat and manage the problem and achieve recovery.

MENTAL HEALTH FIRST AID: THE EVIDENCE

As a public education program, Mental Health First Aid has the potential to reduce stigma, improve mental health literacy, and empower individuals. Since its inception at the University of Melbourne in 2001, the program has undergone one qualitative and three quantitative studies to determine its effectiveness in Australia. These research studies demonstrating the success of the program led the National Council for Community Behavioral Healthcare to bring the program to the United States in 2008.

Major findings of the Mental Health First Aid studies found participants gained:

- Better recognition of mental disorders
- Better understanding of treatments
- Confidence in providing help to others
- Improved mental health for themselves
- Lessened stigmatizing attitudes and decreased social distance from people with mental disorders

The studies also found Mental Health First Aid had the following community outcomes:

- Increased help provided to others
- Increased guidance to professional help
- Improved concordance with health professionals about treatments

The following evaluations contributed to the establishment of the strong evidence base for Mental Health First Aid:

Uncontrolled Trial with the Public, 2001
The first Mental Health First Aid evaluation study, the trial examined the training program's effect on 210 participants, measuring their knowledge of mental disorders, stigmatizing attitudes and help provided to others. Participants were given questionnaires at the beginning of the training, at the end of the training and again six months after the training.

The course was found to produce the following benefits:

- Better recognition of mental disorders
- Improved attitudes about treatments
- Decreased social distance from people with mental health problems
- Increased confidence in providing help
- Increased help provided to others

Controlled Trial in the Workplace, 2002
To establish a comparative control group, a second trial was conducted in 2002 among 301 public servants employed by two Australian government agencies who completed the training during work hours. The trial concluded that trainees had:

- Greater confidence in providing help to others
- Greater likelihood of advising people to seek professional help
- Improved concordance with health professionals about treatments
- Decreased stigmatizing attitudes

Researchers were also surprised to find that the training improved participants' mental health, signifying that the training provides quality information to enable participants to better care for their own mental health.

Controlled Trial in a Rural Area, 2003

The third trial was conducted in a large rural area. A total of 753 members of the public participated in the trial: 416 completed the course immediately and 337 went into a control group to complete the course later. Participants who completed the course immediately showed:

- Better recognition of disorders from individual case descriptions
- Fewer negative attitudes towards people with mental disorders
- Increased concordance with health professionals about treatments
- Greater confidence in providing help to others and increased likelihood to provide help to others

The course did not affect the number of people with mental disorders participants had contact with or the amount a person advised others to seek professional help.

Qualitative Study of Participant Experiences, 2004

In 2004, researchers systematically analyzed 94 personal stories from training participants to qualitatively assess how participants used their first aid skills to aid others and how this care helped these individuals. Questionnaires asked participants about their experiences 19-21 months following the training, and the majority (78%) reported using their first aid skills.

Other positive effects reported included:

- Increased empathy for individuals living with mental health disorders
- Improved confidence in providing help to others
- A better ability to handle crises.

Participants felt positive about the benefits of the program and were eager to see it expanded.

For further evidence supporting the implementation of Mental Health First Aid, please see the Evaluation section of the Australian Mental Health First Aid website http://www.mhfa.com.au/evaluation.shtml.

The National Council for Community Behavioral Healthcare will evaluate Mental Health First Aid in the U.S. to establish the impact of the program on US audiences. For more information on Mental Health First Aid in the U.S., visit www.mentalhealthfirstaid.org.

Mental Health First Aid USA is a collaboration between the National Council for Community Behavioral Healthcare, the Maryland State Department of Mental Hygiene, and the Missouri Department of Mental Health.

MENTAL HEALTH FIRST AID INSTRUCTOR TRAINING COURSE

12 Hour Course Agenda

SESSION 1

Part 1

- What is Mental Health First Aid?
- Mental Health Problems in the USA
- The Mental Health First Aid Action Plan

Part 2

- Understanding Depression
- Crisis First Aid for Suicidal Behavior & Depressive symptoms

SESSION 2

Part 1

- What is Non-Suicidal Self-Injury?
- Understanding Anxiety Disorders
- Crisis First Aid for Panic Attacks

Part 2

- Crisis First Aid for Traumatic events
- Crisis First Aid for Acute Stress Reaction

SESSION 3

Part 1

- Understanding Psychotic Disorders
- Crisis First Aid for Acute Psychosis, Aggressive Behavior, and Psychotic Symptoms

Part 2

- Understanding Substance Use Disorder
- Crisis First Aid for Overdose
- Crisis First Aid for Withdrawal

SESSION 4

Part 1

- Understanding Eating Disorders
- Crisis First Aid for Eating Disorders

Part 2

- Using Mental Health First Aid

Cultural Taboos - The Stigma Associated with Mental Health (PAGE 1)

For Use with Courtney DeRosia's presentation, Cultural Taboos - The Stigma Associated with Mental Health.

Cultural Taboos - The Stigma Associated with Mental Health

Presented by Registered Marriage and Family Therapist Courtney DeRosia

Identifying Cultural Taboos and Stigma

- What is a taboo?
  - Something proscribed by society as improper or unacceptable
    - Religion, Polygamy, Abortion, Race, Etc...
- What is stigma?
  - A mark of disgrace or infamy; a stain or reproach, as on one's reputation.

Why are Cultural Taboos Important?

- Cultural taboos may inform and influence a person's view and compliance with treatment.
- Clinicians need to identify taboos and stigma in order to address possible resistance.

Taboos/Stigma and Mental Health

- Mental Health is still regarded as taboo in society
- People often fear that they will be labeled by having a mental illness or for seeking out mental health services
  - "Crazy", "schizo", "weak", "weird"

Why does stigma exist?

- Lack of understanding.
- Culture
  - The behaviors and beliefs characteristic of a particular social, ethnic, or age group.
    - Shame on the family.
    - Needing help means you're not living up to your duties and expectations.
    - You're Crazy.
    - Pray more and God will take care of your problem.
    - Men don't need to express their feelings.
    - Don't talk to outsiders.

The "Face" of Therapy

Cultural Taboos - The Stigma Associated with Mental Health (PAGE 2)

The Real Face of Therapy

Taboos/Stigma You May Confront

- Some taboos and stigmas are more universal than others.
  - Being labeled as "crazy".
  - Being thought of as weak.
  - Betraying the family.
  - Having Emotions
- These are some of most common statements students make when coming into therapy.

Taboos in Hispanic Culture

- Machismo/Machisma
  - The need to fulfill a designated roll
    - Men: Tough/manly
    - Women: caretakers or protectors of the family
      - Student may feel ashamed when they do not fulfill these roles.

Taboos in Hispanic Culture

- Family above all else
  - Family duties and expectations out weigh any personal feelings or needs.
    - Counselors may miss the influence of the family.
      - Ex: family telling students they do not need counseling.
    - Failure to address familial duties and roles may result in students discontinuing counseling.

Taboos in Hispanic Culture

- Tendency to not seek help.
  - Community outreach is key.
    - Take therapy to them!

Taboos in Asian Culture

- The collective VS the individual.
  - Asian cultures tend to submerge the need of the individual.
    - Therapy needs to be provided in way that can maximize benefit to the client while maintaining collectivistic goals.
      - Ex: framing a client's goals through family lens. "By learning these coping skills you can better provide for your family."

Cultural Taboos - The Stigma Associated with Mental Health (PAGE 3)

Taboos in Asian Culture

- Feelings are not acceptable.
  - In many Asian cultures expressing feelings is not acceptable.
    - This can result in intense feelings of guilt or shame.
      - Mental Health providers should help clients to identify their feelings, normalize their experience, and address cultural implications.
    - Somatization can also result.
      - Pay close attention to bodily complaints!

Taboos in Asian Culture

- Deferring to the authority.
  - Many Asian cultures place high value on respecting people of authority.
    - Client may comply with you even though they do not agree with the directive.

Taboos in African-American Culture

- Racism
  - African-American clients can be hyper aware of possible racism.
- You don't understand me.
  - Clients may feel that you are unable to relate to them.
    - So why bother?

Taboos in African-American Culture

- Being Labeled as Crazy
  - More likely to be diagnosed with something serious.
  - Two and a half times more likely to be diagnosed with Schizophrenia than whites.
- Prefer action oriented therapy
  - Cognitive Behavioral therapy

Taboos in White Culture

- It's only okay for white people to go to therapy.
  - This idea may prevent people from coming to therapy based on the fear of being stereotypical.
    - Being stereotypical can be a big deal when in college!
- Cultural issues are not addressed

Taboos Facing Men

- Disempowered when it comes to therapy.
  - Therapy is not a man's world.
- Not okay to cry
  - Unmanly
  - "best cry ever"

Cultural Taboos - The Stigma Associated with Mental Health (PAGE 4)

Taboos Facing Women

- Women are touchy feely.
- Emotional.
- Okay to cry.
  - Except when it's not.

Helping Students Confront Taboos

- Be aware of taboos students may face.
- Talk to them about it.
  - Address difficulties they may have about talking to someone.
  - Ask about what they think.

Helping Students Confront Taboos

- Change the conversation about mental health.
  - Make it okay to talk about mental health and problems students have.
  - Clubs on campus.
  - Promote Mental Health Awareness.

The Responsibilities of a Mental Health worker/promoter

- Address the cultural taboos.
- Remain culturally sensitive.
- Address the resistance.
  - Talk about the labels.
- Check in with them.

Encouraging Students to Use Resources

- Normalize seeking help/therapy.
- Identify resources for them.
  - On campus resources.
  - Community resources.
- Create resource packets
- Make you presence known!

Encouraging Students to Use Resources

- Advertise
  - Some of the ways we advertise at RCC.

Cultural Taboos - The Stigma Associated with Mental Health (PAGE 5)

Bookmarks

RCC Mental Health Promotion

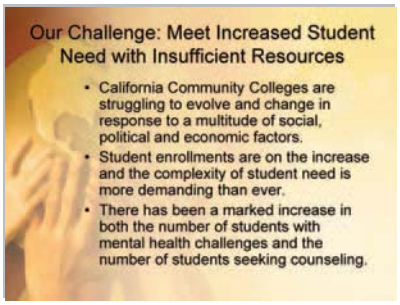
- Outreach
  - Mental Health Counselors sit at booths in high traffic areas on campus and offer students information on various mental health topics.
  - Counselors also participate in on campus events as a form of outreach.
- Class room presentations
  - Various guest speaker presentations.

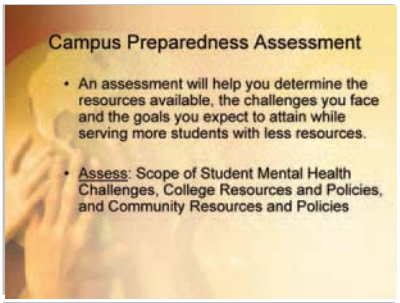
RCC Mental Health Promotion

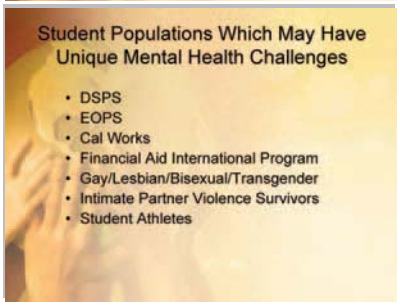
- Partner with Clubs on Campus.
  - Active minds
  - Participate in club sponsored events and talks.
- Word of Mouth
  - When students have a positive experience in counseling the tell their friends!

Optimizing Campus and Community Connections: Serving More Students With Less Resources (PAGE 1)

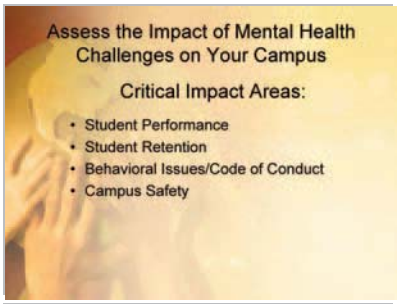
For Use with Deborah Tull's presentation, Optimizing Campus and Community Connections: Serving More Students With Less Resources.

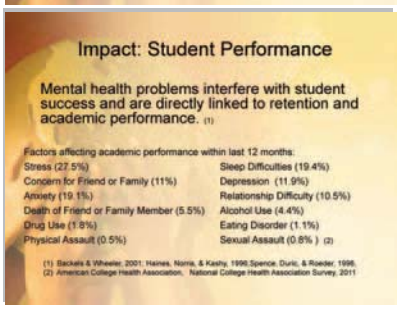


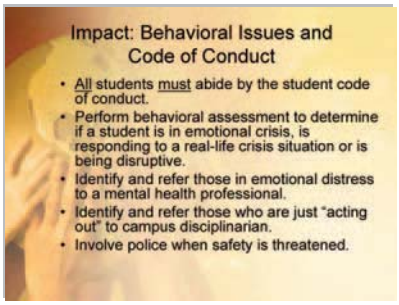


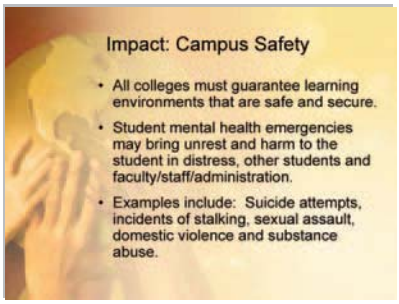


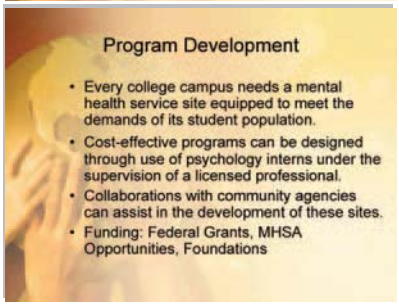
Optimizing Campus and Community Connections: Serving More Students With Less Resources (PAGE 2)



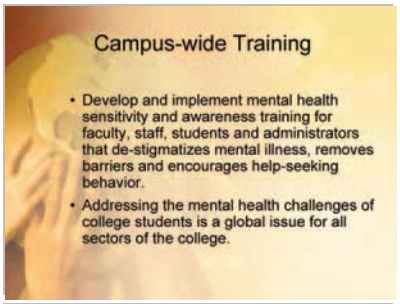


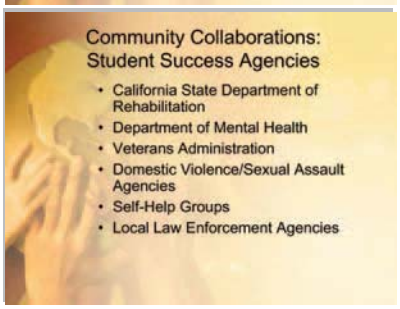


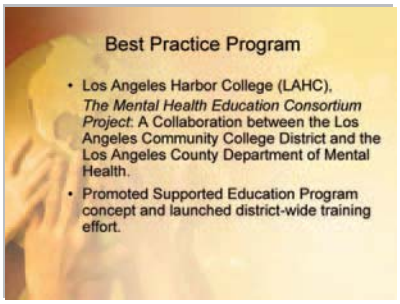


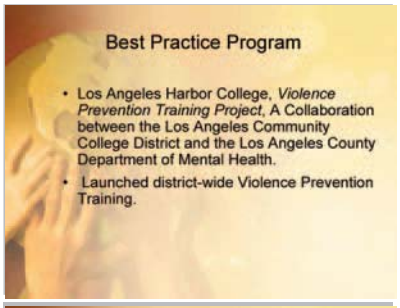


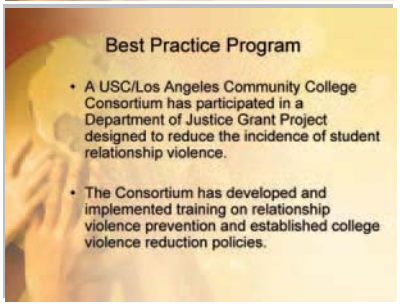
Optimizing Campus and Community Connections: Serving More Students With Less Resources (PAGE 3)











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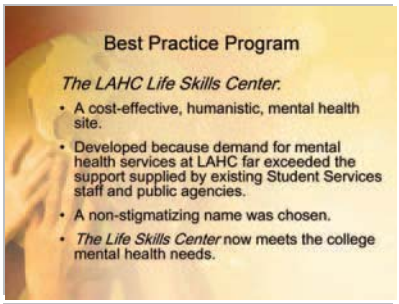
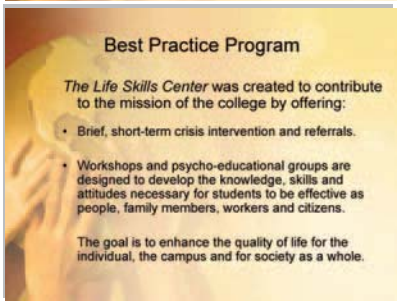
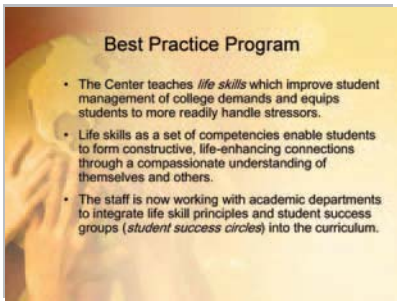
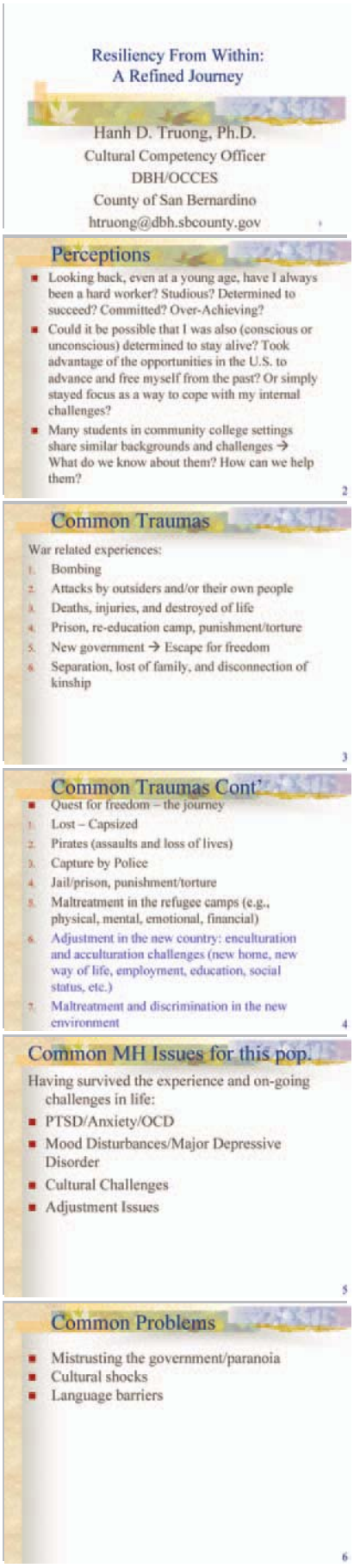






Resiliency Within: A Refined Journey with Dr. Hanh Truong (PAGE 1)

For Use with Dialong with Dr. Hanh Truong, Resiliency Within: A Refined Journey.



Resiliency From Within:
A Refined Journey

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1

Perceptions

- Looking back, even at a young age, have I always been a hard worker? Studious? Determined to succeed? Committed? Over-Achieving?
- Could it be possible that I was also (conscious or unconscious) determined to stay alive? Took advantage of the opportunities in the U.S. to advance and free myself from the past? Or simply stayed focus as a way to cope with my internal challenges?
- Many students in community college settings share similar backgrounds and challenges → What do we know about them? How can we help them?

2

Common Traumas

War related experiences:

1. Bombing
2. Attacks by outsiders and/or their own people
3. Deaths, injuries, and destroyed of life
4. Prison, re-education camp, punishment/torture
5. New government → Escape for freedom
6. Separation, lost of family, and disconnection of kinship

3

Common Traumas Cont'

- Quest for freedom – the journey

1. Lost – Capsized
2. Pirates (assaults and loss of lives)
3. Capture by Police
4. Jail/prison, punishment/torture
5. Maltreatment in the refugee camps (e.g., physical, mental, emotional, financial)
6. Adjustment in the new country: enculturation and acculturation challenges (new home, new way of life, employment, education, social status, etc.)
7. Maltreatment and discrimination in the new environment

4

Common MH Issues for this pop.

Having survived the experience and on-going challenges in life:

- PTSD/Anxiety/OCD
- Mood Disturbances/Major Depressive Disorder
- Cultural Challenges
- Adjustment Issues

5

Common Problems

- Mistrusting the government/paranoia
- Cultural shocks
- Language barriers

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Resiliency Within (PAGE 2)

Common Challenges

- Having different world views compared to Americans or others within the community depending on time of immigration
- Struggled with oppression in native country and America
- Fear, paranoia in association with issue of mistrust especially the government

7

Assessment & Treatment

- How to assess and treat from the Western perspective? Dx and medication – We like to expect others to understand and process things the way we do
- Psychotherapy – A Western approach for healing
- Cultural perspectives are unfamiliar to Western therapists
- Cultural expression of trauma – Western approach to healing does not apply (e.g., how to contain anger once recognized and experienced?)

8

Cultural Treatment

- Trauma can be expressed differently and its impacts are also different from our perspective – being visited by spirits (differentiate from psychotic features)
- How to assess from a cultural competent perspective? Through the cultural lenses, the traditional value/tradition/spiritual lenses and learn to see how the culturally different see and treat their problem

9

Trauma

- Cultural Trauma is different from other types of trauma – usually rooted in one's background begin with being rejected, disowned, or persecuted by their own people in their own homeland – this is in addition to physical, emotional, sexual, mental, financial, and political trauma.

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Handling Trauma

- Add, not subtract – e.g., adoption: your child may experience trauma prior to his/her arrival (e.g., early traumas, issues of loss, abandonment) – as adoptive parents: don't take away the child's personal belongings or identity like changing the name

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Paranoia

- Norms vs. Pathology
- Paranoia vs. Healthy suspicion
- Consent to treatment: what is counseling services are for? How will the information in therapy – especially the information I shared – will be used?
- Trust is a process, allow trust to be built over the course of treatment (on-going, building, strengthen, and renewal of trust building)
- Progress from "I do not trust you" to "I trust you enough to share this… but not that"

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Resiliency Within (PAGE 3)

Working Relationship

- Do not use idioms and cultural metaphors in your treatment plan or tx process
- Ask for clarification with your client – do not assume
- Ask for clarification with you clients and ask for forgiveness if mistake is made (sometimes it helps to apologize ahead for a potential mistake)
- Do not try to normalize the experiences, allow the experiences to be

13

Resiliency From Within

- Resiliency from within: Similar to solution focused approach → instead of trying to teach and apply (new) Western skills to address mental health problems for the culturally different, why not explore, recognize, and utilize the existing (cultural) solutions and resources that the individuals already using.

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Resiliency

- Keep in mind that naturally, we are designed to progress forward… toward health, wholeness, and stability
- Past experiences → learned survival skills
- People have a sense of hope & progression into the future
- Collectivism as a value, a way of life → family structure/family based as a strength
- People have a desire to have a new life – various alternative realities
- Multiculturalism as a positive opportunity for growth and advancement

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Resiliency at Work

- Use familial wisdom/ancestor memories to address historical and intergenerational traumas and their impacts → how traumas effect the person, the body, and his/her being?
- Soul wounding? When all supportive systems failed → spiritual healing
  - Integrate spirituality into the concept of wholeness
- Integration of emotional, cognitive, and physical aspects with spiritual aspects
  - Use cultural beliefs and practices to address trauma
  - Utilize traditional sacred rituals to facilitate healing

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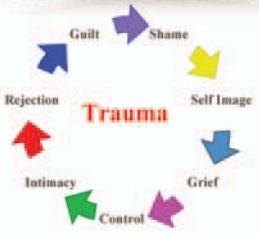
Understand Cultural Trauma



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The Helper

- Compassion: wishing for others to be ease of suffering
- When we strongly disagree with another culture → we learn about our values and discover a part of our true self
- When we reach out and learn about another culture → we learn about our values and recover a part of ourselves
- When we find another culture that we love, we find a part of ourselves
- Our background influences our perspectives and our way of life – be aware of our biases, beliefs, and values

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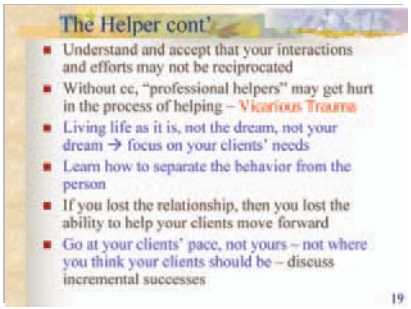
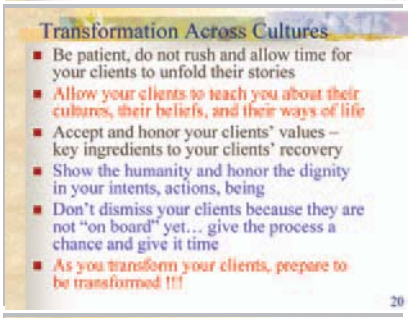
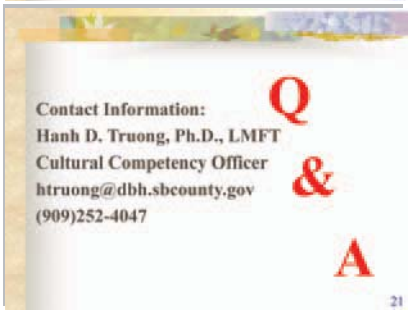
Resiliency Within (PAGE 4)







A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 1)

For Use with Dr. Amanda Gutierrez's presentation, A Life Interrupted: Adolescent Development and the Impact of Mental Illness.

A Life Interrupted: Adolescent Development and the Impact of Mental Illness.

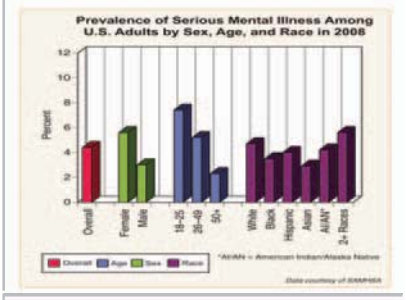
Dr. Amanda Gutierrez
Licensed Clinical Psychologist
Sharp Mesa Vista Hospital

What is Adolescent Mental Illness?

- Mental Illness- Generally refers to an emotional or psychological state.
- The term is fluid and is used to discuss:
- A positive state of emotional and psychological well-being and the conditions that foster it.
  - The absence of mental illness or
  - The presence of mental imbalances that affect overall psychological well-being.

How Common is Adolescent Onset of Mental Illness?

- At least ½ of Americans will meet DSM-IV criteria for a mental illness at some point in their life.
- 1 in 5 young people will experience mental health problems at any given time.
- 1 in 10 young people will experience serious emotional/mental disturbance in their life time.
- Serious Emotional Disturbance is defined by: the mental disorder seriously disrupts functioning in the adolescents school, home, or community.



What Causes a Mental Illness?

- It is believed in many cases that Mental Illness is a consequence of both genetic and environmental factors.
- A predisposition for disorders such as schizophrenia, bipolar disorder, and depression that are genetically heritable + particular environments = onset of the illness.
- Environmental factors that lead to chemical imbalances in the body or damage to the central nervous system may also create biological vulnerabilities.
- When these vulnerabilities are coupled with environmental conditions high in chaos and low in security and safety mental disorders may result (Perry, 2002).

When does it start?

- Researchers supported by the National Institute of Mental Health (NIMH) have found that half (if not more) of all lifetime cases of mental illness begin by age 14 (if not earlier).
  - ¼ begin by 24 years old.
- Despite effective treatments, there are long delays -- sometimes decades -- between first onset of symptoms and when people seek and receive treatment.
- The average delay between onset and contact with mental health treatment:
  - 6-8 years for mood disorders
  - 9-23 years for anxiety disorders

A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 2)

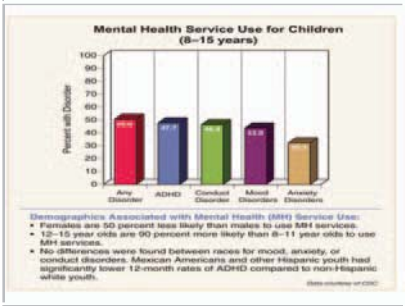
On Average:

- Anxiety Disorders begin in late childhood with a median age for diagnosis of 15 years old
- Mood disorders begin in early adolescents with a median age for diagnosis of 24 years old.
- Substance abuse disorders by late teens with a median age for diagnosis of 21 years old.
- In addition- if the person is between the ages of 18-30 with an Anxiety and/or Mood disorder the chances of a substance abuse disorder DOUBLES.
- 1 in every 100 adults with schizophrenia developed it in childhood before the age of 13.

Why the delay?

Factors associated with the delay between onset of a mental illness and contact with a mental health professional

- Early age of Onset
- Being in an older cohort
- Number of socio-demographic characteristics
  - Male
  - Married
  - Low SES
  - Racial/Ethnic Minority



The Consequences of Waiting

- Approximately 80 percent of all people in the U.S. with a mental disorder eventually seek treatment.
- Untreated psychiatric disorders can lead to:
  - More frequent and more severe episodes
  - Are more likely to become resistant to treatment.
  - Early-onset mental disorders that are left untreated are associated with school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.

Early Intervention

Early intervention is key:

- More effective course of treatment
- More positive prognosis for the young adult/adolescent
- More positive prognosis for the family of the person diagnosed with the mental illness

Assessing for Mental Illness in Adolescents

- How do we know if an individual is psychologically and emotionally thriving, thus enjoying positive "mental health"?
- How do we know if a person is struggling with a mental health disorder?
- The task of evaluating whether a young person is experiencing chronically negative trends in psychological and emotional well-being is complicated by the fact that fluctuations in mood and behavior are normal in adolescence.

A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 3)

Look Familiar??

Normal Versus Abnormal Behavior

Key Differences:

- symptom severity and duration
- the extent to which the behavior causes disruption to daily life.

Note: perceptions of what constitutes good or poor mental health will vary from culture to culture.

Abnormal: moving away from the "norm" or what is considered acceptable behavior.

- It is maladaptive
- Causes personal distress
- Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.

Typical Late Adolescent (17-21)

Movement towards Independence

- Increased independent functioning
- Firmer and more cohesive sense of identity
- Examination of inner experiences
- Ability to think ideas through
- Conflict with parents begins to decrease
- Increased ability for delayed gratification and compromise
- Increased emotional stability
- Increased concern for others
- Increased self-reliance
- Peer relationships remain important and take an appropriate place among other interests

Typical Stages continued

Future Interests and Cognitive Changes

- Work habits become more defined
- Increased concern for the future
- More importance is placed on one's role in life

Sexuality

- Feelings of love and passion
- Development of more serious relationships
- Firmer sense of sexual identity
- Increased capacity for tender and sensual love

Typical Stages continued

Morals, Values, and Self-Direction

- Greater capacity for setting goals
- Interest in moral reasoning
- Capacity to use insight
- Increased emphasis on personal dignity and self-esteem
- Social and cultural traditions regain some of their previous importance

Causes for Concern

- Marked decline in school performance
- Inability to cope with problems and daily activities
- Marked changes in sleeping and/or eating habits
- Extreme difficulties in concentrating that get in the way at school or at home
- Sexually acting out
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death
- Severe mood swings
- Strong worries or anxieties that get in the way of daily life, such as at school or socializing

A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 4)

More Causes for Concern

- Repeated use of alcohol and/or drugs
- Intense fear of becoming obese with no relationship to actual body weight, excessive dieting, throwing up or using laxatives to loose weight
- Persistent nightmares
- Threats of self-harm or harm to others
- Self-injury or self destructive behavior
- Frequent outbursts of anger, aggression
- Repeated threats to run away
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism
- Strange thoughts, beliefs, feelings, or unusual behaviors

Symptoms: Adolescent Onset: Depression

Symptoms of Major Depressive Disorder Common to Adults, Children & Adolescents

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide
- Five or more of these symptoms must persist for 2 or more weeks before a diagnosis of major depression is indicated.

Signs Associated with Depression

Signs That May Be Associated with Depression in Children and Adolescents

- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomachaches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored
- Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Reckless behavior
- Difficulty with relationships

Anxiety Disorders

Anxiety is the fearful anticipation of further danger or problems accompanied by an intense unpleasant feeling (dysphoria) or physical symptoms. Anxiety is not uncommon in youth and adolescents. Anxiety in youth may present as:

- **Separation Anxiety Disorder:** Excessive anxiety concerning separation from home or from those to whom the person is attached. The youth may develop excessive worrying to the point of being reluctant or refusing to go to school, being alone, or sleeping alone. Repeated nightmares and complaints of physical symptoms (such as headaches, stomach aches, nausea, or vomiting) may occur.
- **Generalized Anxiety Disorder:** Excessive anxiety and worry about events or activities such as school. The adolescent has difficulty controlling worries. There may also be restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep difficulties.
- **Panic Disorder:** The presence of recurrent, unexpected panic attacks and persistent worries about having attacks. Panic Attack refers to the sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. These may also be shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of "going crazy" or losing control.
- **Phobias:** Persistent, irrational fears of a specific object, activity, or situation (such as flying, heights, animals, receiving an injection, seeing blood). These intense fears cause the adolescent to avoid the object, activity, or situation.

Symptoms of Adolescent Onset Anxiety Disorders

- Excessive fears and worries
- Feelings of inner restlessness
- Tendency to be excessively wary and vigilant.
- Generally in the absence of an actual threat, feelings of continual nervousness, restlessness, or extreme stress.
- In a social setting, may appear dependent, withdrawn
- Overly restrained or overly emotional.
- Preoccupied with worries about losing control or unrealistic concerns about social competence.

Symptoms of Adolescent Onset: Bipolar Disorder

- **Elation.** Elated children may laugh hysterically and act infectiously happy without any reason.
- **Grandiose behaviors.** Grandiose behaviors are when children act as if the rules do not pertain to them. For example, they believe they are so smart that they can tell the teacher what to teach, tell other students what to learn and call the school principal to complain about teachers they do not like. Some children are convinced that they can do superhuman deeds (e.g., that they are Superman) without getting seriously hurt, e.g. "flying" out of windows.
- **Flight of ideas.** Children display flight of ideas when they jump from topic to topic in rapid succession during a normal conversation--not just when a special event has happened.
- **Decreased need for sleep.** Children who sleep only 4-6 hours and are not tired the next day display a decreased need for sleep.
- **Hypersexuality.** Hypersexual behavior can occur in children without any evidence of physical or sexual abuse in children who are manic. These children act flirtatious beyond their years, may try to touch the private areas of adults and use explicit sexual language.

A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 5)

Symptoms: Adolescent Onset Schizophrenia

- Schizophrenia is diagnosed by the presence of two of the symptoms described above.
- For a diagnosis of schizophrenia, two of these symptoms must be present for at least six months and must be accompanied by increased difficulty in daily living in areas such as school, friendships and self-care.

Symptoms: Adolescent Onset Schizophrenia

- **Positive symptoms** include
  - hallucinations, usually voices which are critical or threatening;
  - delusions, which are firm beliefs that are out of touch with reality and which commonly include the fear that people are watching, harassing or plotting against the individual
  - disorganized speech, which is often seen as an inability to maintain a conversation, usually as a result of difficulty staying on topic and
  - disorganized or catatonic behavior, which can include behavior that is unusual and bizarre, or can be demonstrated by difficulty planning and completing activities in an organized fashion.
- **Negative symptoms** include
  - reduction in emotional expression
  - lack of motivation and energy and
  - loss of enjoyment and interest in activities, including social interaction

Suicide and Adolescent Mental Illness

- Suicide is the 3rd leading cause of death amongst teenagers (followed by accidents and homicide)
- 11th leading cause of death in the country
- Every year over 5000 teenagers commit suicide
- Every 15 minutes someone dies by suicide
- It is thought that over 1 million people attempt
- 90 percent of people who die by suicide have a diagnosable psychiatric disorder at the time of their death, most often unrecognized or untreated depression.
- Unlike accidents and homicide Suicide is 100% preventable.
- For more information: www.afsp.org

Age Group	Number of Suicides	Population	Rate
5-14	184	40,128,842	0.5
15-24	4,140	42,407,421	9.7
25-34	5,278	40,401,199	13.0
35-44	6,722	43,082,460	15.6
45-54	7,778	43,871,845	17.7
55-64	5,069	32,725,938	15.5
65-74	2,444	19,369,726	12.6
75-84	2,119	13,057,435	16.3
85+	858	5,515,250	15.6
Unknown	6		
Total	34,598	280,560,116	11.5

Treatment Course

- Get help early!!!
- Early intervention has proven to help with overall prognosis, relapse, and the severity of the symptoms.
- Consult with a pediatrician or primary care doctor who specializes in adolescent issues.
- Consult with a therapist, program, or other mental health professional who specialize in adolescent issues.
- Reach out for support. Family support and psycho-education has been proven to affect the course of mental illness.
- Get educated- Recovery and symptom relief takes time, patience, and consistent treatment.

Types of Evidence Based Psychotherapies

- **Cognitive Behavior Therapy** (CBT) helps improve a child's moods, anxiety and behavior by examining confused or distorted patterns of thinking. CBT therapists teach children that thoughts cause feelings and moods which can influence behavior. During CBT, a child learns to identify harmful thought patterns. The therapist then helps the child replace this thinking with thoughts that result in more appropriate feelings and behaviors.
- **Dialectical Behavior Therapy** (DBT) can be used to treat older adolescents who have chronic suicidal feelings/thoughts, engage in intentionally self-harmful behaviors or have Borderline Personality Disorder. DBT emphasizes taking responsibility for one's problems and helps the person examine how they deal with conflict and intense negative emotions. This involves a combination of group and individual sessions.
- **Family Therapy** focuses on helping the family function in more positive and constructive ways by exploring patterns of communication and providing support and education. Family therapy sessions can include the child or adolescent along with parents, siblings, and grandparents.

Cont...

A Life Interrupted: Adolescent Development and the Impact of Mental Illness (Page 6)

Types of Evidence Based Psychotherapies

- **Group Therapy** is a form of psychotherapy where there are multiple patients led by one or more therapists. It uses the power of group dynamics and peer interactions to increase understanding of mental illness and/or improve social skills. There are many different types of group therapy (e.g. psychodynamic, social skills, substance abuse, multi-family, parent support, etc.).
- **Interpersonal Therapy (IPT)** is a brief treatment specifically developed and tested for depression, but also used to treat a variety of other clinical conditions. IPT therapists focus on how interpersonal events affect an individual's emotional state. Individual difficulties are framed in interpersonal terms, and then problematic relationships are addressed

Questions, Comments, Concerns?

Presenter contact information:
Dr. Amanda Gutierrez
Sharp Mesa Vista Hospital: [redacted]

- For Outpatient Admission Information, please call: 858-836-8309
- Sharp Mesa Vista, Outpatient Services has 3 convenient San Diego locations:
  - Kearney Mesa
    7850 Vista Hill Avenue, San Diego 92123
  - Mid-City
    4275 El Cajon Blvd., #100, San Diego 92105
  - El Cajon
    1460 E. Main Street, El Cajon 92021

TRAINING RESOURCE GUIDE

Tab 5 • County Resources

County Resources All Counties

General Information

Increasingly Community College staff could benefit from gaining awareness of the specific mental health resources that are available through county Mental Health Services Act (MHSA) funding. While useful for other purposes, a community resource number (like 2-1-1) most likely would not have this information in referral lists.

When the school health office or student services refers a student to a county mental health office or crisis center – they may discover that these offices will typically only serve those who have a medical necessity, are experiencing acute psychosis, etc. Students referred may have the option to pay for services, but this may not be covered by insurance or be accessible financially.

Prevention and Early Intervention services would be appropriate for individuals who have stressors that could lead to more serious issues or are exhibiting early signs of a behavioral/mental health condition. These individuals may not be seeking help due to lack of awareness or stigma. PEI programs throughout Southern California offer resources for individuals who do not meet medical necessity (No DSM IV Diagnosis), are typically low-cost or no-cost, and may benefit students, veterans, LGBTQ and culture specific populations.

General resources that may be beneficial to all campus responders include:

- A list of local crisis walk-in clinics
- A general guide to the different types of mental illness
- Information on QPR/ASIST/Suicide Prevention
- A tip sheet on warning signs to be concerned about for (ie. Depression, etc.)
- Accurate list of community referrals
- One sheet fliers for local resources to be posted at the different campus department offices
- A resource guide for students on where they can get help for family members who may be experiencing mental illness

Campus responders are encouraged to check with their county partners for any of these tools that may already be available. If additional resources are needed, information provided in this Training Resource Guide and/or distributed at the Support Students Conference may be useful.

Statewide Suicide Prevention Network Program

Didi Hirsch Mental Health Services Suicide Prevention Center and a consortium of nine other crisis centers will achieve a suicide prevention informed California. Each region will organize a regional suicide prevention task force which will constitute the California Suicide Prevention Network (CSPN), through the California Mental Health Services Authority (CalMHSA) (www.calmhsa.org). The purpose of the CSPN is to bring together stakeholders throughout the state to identify needs and develop actionable steps to reduce suicide and its devastating consequences. To build the California Suicide Prevention Network, each regional head will sponsor regional meetings to develop and refine prevention practices and reduce suicide in the communities we serve. The issues that will be addressed include:

- Community-wide suicide prevention education
- Community specific suicide prevention education
- Risk assessment and contagion
- Facts and myths about suicide
- Early intervention
- Restricting access to lethal means

With representatives from schools, nonprofits, government, medical centers and others, the task forces will take concrete steps to address service gaps/underserved populations. Each region will submit programs to the Best Practice Registry for Suicide Prevention that will be available statewide.

Regional Heads

Superior Region — Steve Smith
Helpline, Inc.
Executive Director
530-244-2211
helpshasta@yahoo.com
Counties include: Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Tehama, Glenn, Colusa, Butte, Plumas, Sierra

Bay Area Region — Paul Muller
San Francisco Suicide Prevention
Consultant
415-288-7145
pmuller@mullerandsmith.com
Counties include: Mendocino, Lake, Sonoma, Napa, Marin, Solano, Contra Costa, Alameda, San Mateo, San Francisco, Santa Cruz, Santa Clara, San Benito, Monterey.

Central Region — Lynn Zender
The Effort
Consultant
916-737-5520
lzender@theeffort.org
Counties include: Yolo, Sutter, Yuba, Nevada, Placer, Sacramento, El Dorado, Amador, Alpine, San Joaquin, Calaveras, Stanislaus, Tuolumne, Mono, Merced, Madera, Mariposa, Fresno, Kings, Tulare, Inyo.

Southern Counties (Kern) — Meghan Boaz
Kern County Crisis Hotline& Access Center
Kern County Mental Health
(661) 868-8007
mboaz@co.kern.ca.us
Counties include: San Luis Obispo, Santa Barbara, Ventura, Kern

Los Angeles Region — Lyn Morris
Didi Hirsch Mental Health Services
Division Director, Suicide Prevention Center
310-895-2305
lmorris@didihirsch.org
Counties include: Los Angeles

Southern Counties (San Diego) — Holly Salazar
Community Health Improvement Partners
Director of Strategic Outcomes
858.609.7966
www.sdchip.org
Counties include: Riverside, San Bernardino, San Diego, Orange and Imperial

Alameda County Resources

The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

ALAMEDA COUNTY Mental Health Partners		
Tracy Hazleton, Prevention Coordinator Alameda County Behavioral HealthCare Services (ACBHCS) thazelton@acbhcs.org 510.420.2460	Jay Mahler Director of Consumer Relations Pool of Consumer Champions, ACBHCS jmahler@acbhcs.org 510.567.8135	Dr. Mary Thomas ACBHCS Director 510.567.8100
Nancy Salamy, Executive Director Alameda Crisis Support Services nancysalamy@crisissupport.org 510.420.2460	Dr. Robert Ratner Primary and Behavioral Health Care Integration rratner@acbhcs.org 510.567.8124	
Khatera Aslami Executive Director PEERS- Stigma Reduction k.aslami.tamplen@gmail.com 510.832.7337	Freddie Smith SAMHSA Primary and Behavioral Health Care Integration Project fsmith@acbhcs.org 510.567.8137	

Crisis Numbers:

Alameda Crisis Support Services local line	800.309.2131
Suicide Prevention Lifeline (Crisis Center is a member)	800.273.TALK (8255)

Resource Referral Numbers:

Alameda Crisis Support Services local line	800.309.2131
National Suicide Prevention Line (Crisis Center is a member)	800.273.TALK (8255)
County Behavioral Health Access Line 800.491.9099	
Contracted Service for Crisis Response (3 locations)	
North County	510.268.7837
South County	510.667.4901
Sausal Creek Outpatient Clinic	510.437.2363

Websites:

http://www.crisissupport.org
www.acbhcs.org (Resource Directory)

Additional Resources:

Bay Area Suicide and Crisis Intervention Alliance – Bay Area Crisis Centers Consortium
Alameda Crisis Support Services participation in statewide suicide prevention network coalition
Pool of Consumer Champions Advisory Committee
PEERS Subcommittee
ACBHCS Criminal Justice and Mental Health Committee, includes representation from both systems

Campaigns and Programs:

Suicide Prevention- Multiple community outreach and education activities are partially or fully funded by Alameda Co. BHCS, including:

- 1-day conference held in June; this year will focus on older adults
- Gatekeeper training for schools, community organizations and groups. These are advertise via web sites, direct mail, and newsletters
- Run/Walk event for May Suicide Prevention Awareness month
- Newsletter is published twice per year and sent to a list of affiliated individuals and groups
- Golf event in October to raise awareness and funds for Teens for Life program
- Text messaging service is being piloted in Teens for Life program specifically for middle and high school youth (started in November)
- Cards are printed and disseminated with basic suicide prevention information and including crisis lines and text codes. These were reviewed by Suicide Prevention Resource Center (SPRC)

Campaign is being marketed through website (county and crisis center; also Family Education Resource Center which focuses on supporting family members of people with mental health issues), events, community outreach, and cards and caters to the general population, mental health consumers and families, youth, transition age youth, older adults and trauma survivors. Certain components are also carried out in English, Mandarin, Cantonese, Farsi, Spanish and Vietnamese with plans to translate into even more languages in 2013. Materials were developed by the Crisis Center. Several materials including training materials have been reviewed by the SPRC or submitted to the SPRC Best Practices Registry. Most activities are ongoing. A new 3-year contract starting in FY 11/12 has expanded activities considerably (funded through MHSA PEI funds to county). Newer activities include a 1-day conference, run/walk event, expanded outreach and training including gatekeeper training and Mental Health First Aid (this training uses national materials whereas others were developed locally). Activities funded by MHSA PEI will be evaluated by a contractor as part of a 10% set aside by the county; evaluation is under development. The crisis center evaluates multiple activities, including pre/post-test evaluation for Teens for Life activities, text line, trauma informed care services, gatekeeper training.

Suicide Prevention:

Primary Contact contractor for all county suicide prevention services: Nancy Salamy

Stigma Reduction:

The Crisis Center has a community education component that includes speakers and two consumer run organizations maintain speakers' bureaus. There are media protest/praise efforts via PEERS, a consumer-run organization that does a lot of advocacy work including monitoring media coverage and outreach to media on stigma and mental health issues. Additionally, there are trainings provided by the crisis center that provide multiple gatekeeper trainings developed internally that address multiple audiences and settings including suicide prevention, law enforcement, schools, anti-bullying, older adults, hostage negotiation, grief and loss, jails, unemployment and job stress.

There is a stigma reduction media campaign as a part of a PEI project that funds $1M contracted to PEERS (Peers Envisioning and Engaging in Recovery Services), a consumer-run organization that the Alameda County Social Inclusion Campaign. The organization maintains a website (www.peersnet.org). The website provides a calendar of events, links to news and research, fact sheets, videos with testimonials, and a blog. PEERS includes a program for monitoring and responding to media portrayals of mental health issues. The PEERS website includes digital story testimonials. Local NAMI chapter also recently developed CDs with testimonials.

The Pool of Consumer Champions is a component of the Consumer Relations division for the county Behavioral Health Department that does a lot of community advocacy and training. It includes subcommittees that focus on specific populations and issues.

Khatera Aslami and Jay Mahler are the primary contacts for this campaign. The campaign features billboards, busses, websites, events, community outreach and other methods and targets mental health consumers and families, general population/community, law enforcement and criminal justice, transition age youth, and youth. The specific focus of activities may change from year to year; for example, this year, PEERS is targeting African Americans and landlords. Materials were developed specifically for this campaign; Mental Health First Aid materials were developed nationally. The campaign is ongoing. A PEI funded evaluation is under development; PEERS, Family Education Resource Center, and Crisis Center evaluate some activities.

The collaboration between Behavioral Health, Health Care Services, and schools is very well organized in the student mental health initiative. An evaluation framework is being developed. There is a cultural competency committee. The county has been successful at pulling in grants e.g. SAMHSA primary care integration, children's system of care, etc. There is a commitment from the top (Directors of Health Care Services, Behavioral Health both consider suicide prevention and stigma reduction important).

Imperial County Resources

The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

IMPERIAL COUNTY Mental Health Partners	
Michael Horn, MFT Mental Health Director Behavioral Health michaelhorn@co.imperial.ca.us 760.482.4068	Andrea Kuhlen Out-of-County Placement Coordinator Imperial County Behavioral Health Services andreakuhlen@co.imperial.ca.gov 760.482.4096

Crisis Numbers:

SURE 24-hour crisis line	760.352.7873

Resource Referral Numbers:

Mental Health Hotline	800.273.TALK (8255)
Imperial County Mental Health Crisis Number	760.482.4504

Websites:

http://imperial.networkofcare.org/mh/index.aspx (Network of Care)

Additional Resources:

The inter-agency steering committee discusses multiple issues and includes representation from groups such as probation, schools, social services, law enforcement, and the Department of Mental Health.

Campaigns and Programs:

Suicide Prevention:

No official campaign. There are some trainings and specific events during Suicide Prevention Week/Month. The Department of Mental Health has been training school personnel and community members in suicide prevention. Currently there are 12 ASIST trainings, and the training process is being expanded. The Yellow Ribbon Suicide Prevention Club has activities during suicide prevention week.

Stigma Reduction:

There is a media campaign that targets the general public, Hispanics, underserved populations, Asians/Pacific Islanders, and women and utilizes television, radio, bus-stop ads, posters, newspaper ads, podcasts, local magazines and features Spanish and English translations. All materials were developed in conjunction with a local ad agency and evaluation is based on the rate of penetration.

Los Angeles County Resources

The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

LOS ANGELES COUNTY Mental Health Partners		
Tracy Hazleton, Prevention Coordinator Alameda County Behavioral HealthCare Services (ACBHCS) thazelton@acbhcs.org 510.420.2460	Debbie Innes Gomberg District Chief LA County Department of Mental Health digomberg@dmh.lacounty.gov 213.251.6817	Kathleen Kerrigan Manager Healthy LA kkerrigan@dmh.lacounty.gov 213.738.3111
Kathleen Pische Public Information Officer LA County Department of Mental health kpische@dmh.lacounty.gov 213.738.4041	James Cunningham, Ph.D. M.H.C. Program Head LA County Department of Mental Health jcunningham@dmh.lacounty.gov 213.351.5103	Tony Beliz Deputy Director Student Mental Health 213.738.4924

Crisis Numbers:

Crisis Access Center	1.877.727.4747

Resource Referral Numbers:

Mental Health Crisis Hotline	1.800.854.7771

Websites:

http://dmh.lacounty.gov/wps/portal/dmh
http://portal.lacounty.gov/wps/portal/lac/directory#28afae004d1897b896d4deea9ffa29c0
(Reference Rainbow directory; L.A. Social Services)
www.facebook.com/pages/Los-Angeles-County-Department-of-Mental-Health/142800925785600
http://www.youtube.com/watch?v=v1XtXiGm8j4
http://preventsuicide.lacoe.edu/ (Youth Suicide Prevention Program)

Additional Resources:

Resources Directory:
http://portal.lacounty.gov/wps/portal/lac/directory#28afae004d1897b896d4deea9ffa29c0

Campaigns and Programs:

Suicide Prevention:

There is no official campaign but there is a walk/run, events, speaker's bureau, media protest/praise, outreach, trainings, and other methods. L.A. County endeavors to get an early start on suicide prevention by educating people in the signs and symptoms and to promote the message that suicide is preventable. In September, 2011, L.A. County DMH hosted the Saving Lives: Suicide Prevention Summit during National Suicide Prevention Week. The Department also created a Suicide Prevention Network that brought together diverse community agencies such as schools, fire and police , youth and senior agencies to develop collaborative efforts to reduce suicide. .The Department has the resources of a number of qualified trainers to provide ASIST (Applied Suicide Intervention Skills Training) and QPR (Question, Persuade and Refer). LA County has Youth component to their program titles the Youth Suicide Prevention Program which provides outreach and support to districts, schools, parents and high risk populations. (http://preventsuicide.lacoe.edu/)

Stigma Reduction:

There is no official media campaign, but there is an unofficial campaign that consists of a picture featuring Ron Artest and a logo as well as occasional events and two PSAs by congresswoman Grace Napolitano. Several events including NAMIWalks, family education programs and speaker events in local communities.

The Public Information Officer is a participant on a weekly AM radio show highlighting mental health issues. She brings in guest speakers, often from the LA County Department of Mental Health. There are plans for a larger media campaign that will initiate this spring.

Profiles of Hope is a series of videos that airs daily on the county channel. They feature vets, stars, and the founder of the American Foundation of Suicide Prevention, Mariette Hartley. There are also stories of impact on the L.A. County DMH website, a Facebook and e-news weekly, and a link to a radio show on the website.

Orange County Resources

The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

ORANGE COUNTY Mental Health Partners		
Dr. Clayton Chau Associate Medical Director OC Health Care Agency cchau@ochca.com 714.480.6767	Dori Malloy Administrative Manager OC Health Care Agency dmalloy@ochca.com 714.796.0453	Jason Austin Administrative Manager OC HealthCare Agency jaustin@ochca.com 714.834.4730
Mary Hale Chief of Behavioral Health Operations OC HCA Behavioral Health mhale@ochca.com 714.834.7024	Deanne Thompson Public Information and Communications OC HCA, Quality Management Division dthompson@ochca.com 714.834.7649	Dr. Allen Edwards Healthcare providers 714.834.6900

Crisis Numbers:

Orange County Crisis Prevention Hotline	877.727.4747

Resource Referral Numbers:

Centralized Assessment Team (CAT)	866.830.6011
Evaluation and Treatment Services	714.834.6900
The OC Warm Line	877.910.WARM (9276)
or live chat at www.namioc.org	
The 9 Line (teens)	800.999.9999
Boys Town California	800.448.3000
Trevor Line (LGBTQ)	866.488.7386
College Hospital Crisis Response Team	800.773.8001

Websites:

www.ochealthinfo.com/mhsa/pei
www.orange.networkofcare.org (Network of Care)
www.ochealthinfo.com/docs/behavioral/BHS-Directory.pdf

Additional Resources:

Supportive political environment; in addition, the following groups work on SP and SDR efforts in OC:

- OC Stigma Elimination Task Force
- Mental Health Board Older Adult Services Committee
- Depression Coalition of OC
- Racial and Ethnic Disparity in Mental Health by Statewide Advocacy organization with OC participation (REDMHCO)

Resource Directory is available. Please contact Anthony Perera at 714.667.5621/Adriana Quintana at 714.834.4402 to discuss the Network of Care (www.orange.networkofcare.org)
and Minh-Ha Pham at 714-796-0459 for Behavioral Health Directory
www.ochealthinfo.com/docs/behavioral/BHS-Directory.pdf

Campaigns and Programs:

Suicide Prevention:

There is no official campaign though there are some events, outreach efforts and trainings.

Stigma Reduction:

There is no official campaign but there are events, outreach and trainings. Past events focusing on stigma reduction and the prevention of mental illness include: Erase Stigma Art Campaign in OC (coordinated by MHSA Mental Health Board & OC Stigma Elimination Task Force) in 2009 and Drawing Out Stigma event at Bower Museum (coordinated by MECCA) in 2011. At the 2009 Erase Stigma Arts Festival, Artist in Residence Janice DeLoof installed words Stigma in five languages which were "erased" with drawings and paintings by various artists in Orange County mental health community (http://grandcentralartcenter.com/artistResidency.php?id=70)

Digital Stories:

- Film "Inside/Out" exhibit video by Amy Caterina of the 2009 Erase Stigma Arts Festival
  Contact: Caterina.amy@gmail.com
- Digital interviews with Orange County consumer and family-member professionals for CiMH-E-Learning course entitled "Overcoming Stigma and Discrimination in the Behavioral Health Workplace"http://www.cimh.org/Learning/Online-Learning/E-Learning.aspx
- Psychiatrist Clayton Chau, M.D., Ph.D. gave personal interview "Profiles of Hope" for television on PTSD for LA County
  http://lacdmh.lacounty.gov/News/Media_Coverage/engine/swf/player.swf?url=
  http://file.lacounty.gov/dmh/cms1_162445.flv&volume=100

Riverside County Resources

The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

RIVERSIDE COUNTY Mental Health Partners		
Bill Brenneman, LCSW MHSA Coordinator Riverside County Department of Mental Health bhbrenneman@rcmhd.org 951.955.7123	Janine Moore, LMFT PEI Coordinator Riverside County Department of Mental Health jamoore@rcmhd.org 951.955.7125	Jerry L. Dennis, MD RCDMH Medical Director Riverside County Department of Mental Health jldennis@rcmhd.org 951.358.4621
Erlys Daily, RN, MPH Children's Coordinator eadaily@rcmhd.org 951.358.4520	Ray Smith Public Information Officer raysmith@rceo.org 951.955.1110	

Crisis Numbers:

Helpline:
The Helpline provides psychiatric emergency services 24 hours a day, 7 days a week for all ages.
951.686.HELP (4357)

Resource Referral Numbers:
Riverside County Regional Medical Center ETS
Services include clinical evaluation, crisis intervention, and referrals for psychiatric hospitalization as needed for adults, children, and adolescents 951.358.4881
CARES Line 800.706.7500
2-1-1

Websites:

www.Up2Riverside.org
http://rcdmh.org/opencms (Resource Directory)
www.riverside.networkofcare.org

Campaigns and Programs:

Suicide Prevention:

"Send Silence Packing" program sponsored by Active Minds, Inc.: Active Minds, Inc. sponsored the "Send Silence Packing" program on three local college campuses featuring a display of 1,100 backpacks with stories or letters from individuals who were impacted by suicide, along with a resource table from Active Minds and local resources.

Middle and High School Suicide Prevention Campaigns: Riverside County Community Health Agency, Injury Prevention Services is working with middle schools and high schools to implement student led suicide prevention awareness activities on their campus.

Gatekeeper Trainings: Jefferson Transitional Programs has been trained in ASIST and will host four trainings. There are also plans to implement QPR in the future.

Stigma Reduction:

It's Up To Us Campaign: This is a targeted media campaign that started in July 2011 and targets the general public, transition age youth, older adults, Spanish-speaking residents and medical professionals. It was developed based on focus-tested creative messaging targeting individuals experiencing mental health challenges. Using positive, uplifting language, the creative provides resources and support for those seeking help and recovery. The goal is to disseminate the creative throughout the county via television, radio, print, direct mail, outdoor, online, and public outreach.
Stigma Reduction Activities: There is a speaker's bureau, trainings, and specific events for Mental Health Awareness month. Current outreach efforts include participation in an annual walk sponsored by NAMI, as well as a range of community events (film series, community fair, theater, and art) hosted throughout the year. NAMI sponsors the "In Our Own Voice" program, Riverside County also hosts an annual "Dare To Be Aware" Youth Conference for 1,000 middle and high school students with the purpose of eliminating the stigma surrounding mental illness.

Digital stories: Riverside County DMH just completed a digital story workshop where consumers who have been challenged by mental illness shared their life experiences on film. Stories are posted at www.Up2Riverside.org.

County Resources
Supporting Students With Behavioral Heath Challenges Conference
April 17 & 18, 2012

SPECIFIC INFORMATION FOR SACRAMENTO COUNTY

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The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

SACRAMENTO COUNTY Mental Health Partners		
Kathryn Skrabo, MSW PEI Coordinator Sacramento Department of Health and Human Services skrabok@saccounty.net 916.875.4179	Frances Freitas MHSA Program Planner Sacramento Department of Health and Human Services freitasf@saccounty.net 916.875.5847	Jane Anne LeBlanc MHSA Program Planner leblancj@saccounty.net 916.875.0188
Frances Freitas MHSA Program Planner Sacramento Department of Health and Human Services freitasf@saccounty.net 916.875.5847	Laura McCasland Public Information Officer Sacramento Department of Health and Human Services mccaslandla@saccounty.net 916.875.2008	Monin Mendoza Program Planner Sacramento Department of Health and Human Services Mmendoza@saccounty.net 916.875.6349

Crisis Numbers:

24-hour Crisis Line through The Effort	916.368.3111
Toll Free 24-hour Crisis Line through The Effort	800.273.8255

Resource Referral Numbers:

2-1-1 Sacramento	www.211sacramento.org

Websites: Sacramento utilizes Facebook, Twitter, and YouTube.

www.StopStigmaSacramento.org
https://www.facebook.com/StopStigmaSacramento
https://twitter.com/#!/StopStigmaSac
http://www.youtube.com/user/StopStigmaSacramento

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County Resources
Supporting Students With Behavioral Heath Challenges Conference
April 17 & 18, 2012

SPECIFIC INFORMATION FOR SACRAMENTO COUNTY

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Campaigns and Programs:

Suicide Prevention:

There is no official campaign but there is a walk/run, events, outreach, trainings, specific events during suicide prevention week/month and other methods.

Sacramento County has a Suicide Prevention project that encompasses many facets, including a contract with 'The Effort, for a 24-hour nationally accredited suicide prevention crisis line. Additional activities include postvention services and continuing community education, Contract with Friends for Survival for postvention work and services, Nine Supporting Community Connections Programs provide cultural and ethnic specific outreach activities and support services targeting specific communities in Sacramento County, specifically targets un-served and underserved communities. The Supporting Community Connections Agencies are community-based and proactive in relationship marketing to underserved populations (i.e., Native American, Latino, older adults, etc.).

There is also a component for education more tied to messaging on how to address suicide; Sacramento County recently completed a regional conference with eight other counties in collaboration with other national and local suicide prevention partners. Other community activities include the "Out of the Darkness" walk and training courses (ASIST and AMSR.)

There is a speaker's bureau currently in development, but it will not be solely focused on Suicide Prevention.

Stigma Reduction:

There is a campaign through the Mental Health Services Act. Sacramento is involved in a variety of programs including Law Enforcement Training and Mental Health First Aid. Additionally, a mental health stigma and discrimination reduction muliti-media campaign launched in January 2012 to help encompass and promote the ideals within these programs and to inform county residents to have positive attitudes and accurate education on mental health. This campaign targets the general public as well as the African American, American Indian, LGBTQ, transition age youth, older adults and translates into specific threshold languages of Hmong, Vietnamese, Cantonese, Russian and Spanish.

The Sacramento Division of Behavioral Health developed this anti-stigma outreach program through Edelman. Components include a Facebook page, Twitter account, a speaker's bureau, public domains, a website and culminated in a media campaign (T.V., Radio, Busses, Billboards,

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County Resources
Supporting Students With Behavioral Heath Challenges Conference
April 17 & 18, 2012

SPECIFIC INFORMATION FOR SACRAMENTO COUNTY

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Newspaper, Web, Literature). Materials take a self-wellness approach with messaging around hope, recovery, health and wellness. The expected media budget for stigma and discrimination reduction is $840,000 through 6/30/2012. The initiative is contracted out to Edelman in Sacramento (contact Stephanie Yoder for more information). There is a random online evaluation with a total sample size of 1600 individuals comprised of a baseline analysis, mid-year check-point and final assessment.
Currently there is a county-wide Anti-Bullying campaign in the 13 school districts.

There is a component of the Supporting Community Connections program whereby specific diverse cultural groups work with their media outlets to have media attention drawn to the county's suicide prevention and stigma reduction efforts. The Public Information Officer also works with various people in the local media to help identify and respond to negative or praise worthy media response.

There is a great amount of political support. Recently 300+ mailers were sent to stakeholders, community members/advocates, elected and appointed officials, city councils, state representatives, etc., asking for willingness to participate in various activities. There was a roughly 40% positive response. Additionally one of the Sacramento Board of Supervisors sits on the Mental Health Board. Recently at the Stigma and Discrimination Reduction Campaign kick-off ("Changing Attitudes, Changing Lives") there were two state legislators, a representative from the Board of Supervisors, and the agency director as well as representatives from specific cities.

Sacramento DBHS is interested in developing activities for May is Mental Health Month. The Supporting Community Connections agencies are doing a needs assessment to determine appropriate services for their Suicide Prevention program. A mental health promotion speaker's bureau is being developed, but not specific to suicide prevention

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County Resources
Supporting Students With Behavioral Heath Challenges Conference
April 17 & 18, 2012

SPECIFIC INFORMATION FOR SAN BERNARDINO COUNTY

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The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

SAN BERNARDINO COUNTY Mental Health Partners	
Michelle Dusick Program Manager San Bernardino County Department of Behavioral Health mdusick@dbh.sbcounty.gov 909.252.4046	Kathy Estes Program Coordinator San Bernardino County Superintendent of Schools Kathy_estes@sbcss.k12.ca.us 909.228.9963
Dianne Sceranka Department of Behavioral Health dsceranka@dbh.sbcounty.gov 909.382.3036	Lynn Neuenswander Public Information Officer Department of Behavioral Health lneuenswander@dbh.sbcounty.gov 909.382.3179

Crisis Numbers:

None Listed

Resource Referral Numbers:

Mental Health Crisis Hotline (24-hours/day; 7 days/week)	1.888.743.1478
TDD for the Deaf and Hard of Hearing	1.888.743.1481
East Valley Region	909.421.9233 (office) 909.420.0560 (pager)
West Valley Region	909.458.9628 (office) 909.535.1316 (pager)
High Desert Region)	760.956.2345 (office) 760.734.8093 (pager)
Morongo Basin Region 24-hour Crisis Line	760.365.6558

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Websites:

http://www.sbcounty.gov/dbh/
https://www.facebook.com/pages/County-of-San-Bernardino-Department-of-Behavioral-Health/134757589910334
https://twitter.com/#!/sbdbh

Additional Resources:

None Listed

Campaigns and Programs:

Suicide Prevention:

No official campaign but there is a walk/run, events, speaker's bureau, and trainings.

Stigma Reduction:

No official campaign but there is a walk/run, events, speaker's bureau, and specific events for Mental Health Awareness Week/Month. San Bernardino County participates in approximately 80-100 community events in which state materials are made available to those in attendance (which may range from 80-3,000 people). During May is Mental Health Month, there is a month-long art show and a "Stomp Out Stigma" rally as well as a club house display, a military services program, an art calendar that addresses issues distributed statewide, and dinner/events with celebrities which partners with NAMI. In September, San Bernardino County celebrates "Recovery Happens" and in November they recognize Suicide Prevention Week. Additionally, to outreach specific unserved, under served and inappropriately served populations, San Bernardino County holds numerous heritage month activities to help outreach and familiarize diverse communities with prevention & early intervention services as well as to decrease overall stigma. These include African American Mental Health Awareness Week in February, API Mental Health Awareness Day in May, Latino behavioral Health Week in September and Native American Heritage Month in November. There is also a budget/PIO sponsorship set aside for marketing suicide prevention and/or stigma reduction efforts.

San Bernardino County partners with VA quarterly events. There is a recovery program featuring Jai John and additional speakers with approximately 100-200 people in attendance.
There is also a Health Education Component that follows the community resilience model and includes innovations programs, work force, and promoters.

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There is also a Gatekeeper Education Program, a Health Promotions program. And a Home Retentions Program with crisis staff. There is no media training per se, but rather, one-on-one training with Lynn Neuenswander, who is the PIO.

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SPECIFIC INFORMATION FOR SAN DIEGO COUNTY

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The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

SAN DIEGO COUNTY Mental Health Partners	
Karen Ventimiglia MHSA Coordinator/Analyst III San Diego County, HHSA Karen.ventimiglia@sdcounty.ca.gov 619.584.3012	Donna Ascano Peterson Analyst II San Diego County, HHSA Donna.peterson@sdcounty.ca.gov 619.584.5095
Jose Alvarez Lisa Contreras Primary/Behavioral HealthCare Integration San Diego County Communications Office, HHSA Jose.alvarez@sdcounty.ca.gov Lisa.contreras@sdcounty.ca.gov 619.515.6635	Dr. Marshall Lewis SD Health Services Clinical Director Marshall.lewis@sdcounty.ca.gov 619.584.5092 *Can also contact Jeff Rowe and Eric McDonald

Crisis Numbers:

Optum Health Access and Crisis Line	888.724.7240

Resource Referral Numbers:

Optum Health Access and Crisis Line	888.724.7240

Websites:

www.Up2SD.org	www.facebook.com/SDCountyHSHA
www.twitter.com/#!?sdcountyhhsa	www.facebook.com/up2sd
www.twitter.com/up2sd	www.youtube.com/countysandiego
www.ToughTimesSD.org	www.youtube.com/user/up2sd
www.sdchip.org (CHIP)	

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Additional Resources:

CHIP – Suicide Prevention Action Plan
Suicide Prevention Council (SPC)
Suicide Prevention Training Subcommittee
Family & Youth Round Table
Active Minds
Yellow Ribbon
Kick Start
SPEAK
Resource Directory- http://www.up2sd.org
Resource Directory- http://www.sandiego.networkofcare.org/mh/home/index.cfm

Campaigns and Programs:

Suicide Prevention:

Targeted media campaign started July 2011 and will run through June 2014. Campaign targets the general public and middle aged white men and encourages education on the warning signs/risk factors of suicide and how to reach out to someone in need. Campaign is marketed through television, cable, radio, outdoor, digital, narrowcast, and websites. Most materials were developed specifically for the campaign but some came from the SPRC and MHA. Content for the www.ToughTimesSD.org website was adapted from the Men's Health Network, The Shed Online, and Your Head: An Owner's Manual. The suicide prevention campaign is part of San Diego's contract for both mental illness stigma reduction and suicide prevention. Prior to the development of the It's Up to Us campaign we completed a comprehensive formative research phase which consisted of a baseline study, stakeholder interviews and analysis of other mental health campaigns worldwide. We have also had feedback from focus group testing and a community input committee to guide messaging. Future campaign decisions will be based on needs from an annual study compared to the baseline and a previous 6th month study completed in April 2011. The Suicide Prevention Council is currently developing a Speaker's Bureau for Suicide Prevention. Additionally there is a walk/run, events, outreach, trainings, specific events for suicide awareness

Stigma Reduction:

There is a media campaign that targets the general public, Hispanics, older adults, transition age youth, primary care physicians and nurse practitioners. The campaign commenced in September 2010 and will run through June 2014. Campaign utilizes television, radio, cable,

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outdoor, digital, cinema, print/newsletters and narrowcasting with materials developed in English, Spanish, Vietnamese, and Filipino. Materials were developed specifically for the campaign and are based on thorough research promising approaches and community input. They are developed around the word "Up" and promote social justice, social inclusion and whole-self wellness. There was a comprehensive formative research phase which consisted of a Baseline study, stakeholder interviews and analysis of other mental health campaigns worldwide. There was also feedback from focus group testing and a community input committee to guide messaging. Future campaign decisions will be based on needs from an annual study compared to the baseline and a previous 6th month study completed in April 2011. Additionally there is a walk/run, events, outreach, trainings, specific events for Mental Health Awareness Week/Month, and other methods.

The It's Up To Us campaign launched the suicide prevention component in July 2011 as a two-pronged approach. It not only targets the general population to increase the knowledge of warning signs and risk factors, but it also targets middle aged men (the largest at-risk population when considering numbers of suicides) with a micro-campaign branded Tough Times SD. Other SP and SDR activities or programs in San Diego County include specific HHSA efforts like:

- Fotonovela
- Housing Matters Campaign
- Suicide Prevention Action Plan – CHIP (Trainings/QPR)
- Courage to Call
- Access & Crisis Line – Optum Health
- May is Mental Health Month Event – Drumming out Stigma
- SPEAK
- UPAC – Positive Solutions Program
- Aging Well
- Bridge to Recovery
- Suicide Prevention Council

Other PEI initiatives include:

- San Diego Youth Services
- Conferences (FYRT/ MHA/NAMI)
- Walks (Save a Life/ Out of the darkness)
- Yellow Ribbon Suicide Prevention / Kick Start – curriculum in schools
- Survivors of Suicide Loss – support groups
- Trevor Project

The "It's Up to Us" campaign posts digital stories on its website (http://www.up2sd.org/personal-stories/view-personal-stories). A new set of 5 stories specifically related to suicide are currently in production. The following resources also provide access to digital stories:

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•Housing Matters http://housingmatterssd.org/media-gallery.html
•Make the connection – VA campaign with testimonials www.MakeTheConnection.net/stories-of-connection

San Diego County is currently working on the next phase of Physician Outreach. The preliminary plan is to get on existing meeting agendas to garner information and buy in from medical professionals, then initiate 50 ambassador meetings to local offices/clinics to train and disseminate information. As part of the It's Up to Us campaign a micro-site was created with screening tools and resources at www.MDhelpSD.org

By raising awareness, educating the community and providing easy access to local resources, the "It's Up to Us" campaign is designed to initiate change in perception, inspire wellness, reduce the stigma surrounding mental health challenges and prevent suicide.

The San Diego County campaign has been fortunate to have multiple years of funding to conduct activities and to not need to rely on donated ad space. However, key elements of the process used can be replicated by others, even in the absence of such resources. The process of conducting informant interviews early on also secured buy-in from important sectors and leaders in the community. Their sense of ownership of the campaign ensured their assistance in disseminating materials to their own constituents and clients. Each campaign element and ad was grounded in solid theories of stigma reduction and behavior change. Also, the suicide prevention component messaging conveyed greater acceptance of suicidal individuals, but not their suicidal behavior.

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SAN FRANCISCO COUNTY Mental Health Partners		
Kimberly Ganade-Torres, MSW Program Manager San Francisco Department of Public Health Community Behavioral Health Services Mental Health Services Act Unit Kimberly.ganade-torres@sfdph.org 415.255.3551	David Paisley Deputy Director San Francisco Suicide Prevention davidp@sfsuicide.org 415.984.1900 x106	Dr. David Pine Department of Mental Health Mobile Crisis David.pine@sfdph.org 415.355.8300
Michelle Thomas Communications/Outreach Coordinator San Francisco Suicide Prevention michellet@sfsuicide.org 415.984.1900 x117	Therese Garrett Medical Director Mobile Crisis Therese.garrett@sfdph.org 415.355.8300	Stacey Blankenbaker Director SFUSD Wellness Centers sblankenbaker@dcyf.org 415.554.2507
Eileen Shields Public Information Officer Department of Public Health Eileen.shields@sfdph.org 415.554.2507		

Crisis Numbers:

San Francisco Suicide Prevention 24-hour Crisis Hotline	415.781.0500
San Francisco General Hospital Psychiatric Emergency Services	415.206.8125

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National Suicide Prevention Lifeline	1.800.273.TALK (8255)

Resource Referral Numbers:

Child Crisis SVC	415.970.3800
Mobile Crisis Line	415.970.4000
Westside Community Crisis Clinic	415.355.0311
San Francisco General Hospital Psychiatric Emergency Services	415.206.8125

Websites:

www.mha-sf.org

Additional Resources:

Resource Directory	http://www.mhbsf.org/resources/
Resource Directory	www.211.org

Campaigns and Programs:

Suicide Prevention:

There is a campaign managed by San Francisco Suicide Prevention. The campaign is ongoing and targets general public and the LGBTQ community. Elements of the campaign include subway posters, outreach posters, display ads in targeted publications (primarily LGBTQ), radio ads, community papers, and planning a 2012 media campaign to include promotional items and events such as street fairs. San Francisco Suicide Prevention has also compiled a task force of staff, volunteers and partner agencies to develop the projects involved in this outreach campaign. Some specific goals were to develop a series of drop-in LGBTQ community trainings for agencies, community groups and to the public. All materials were developed in-house with some design services donated. Pre-evaluation and testing on advertising materials took place using focus groups. There has not been any post-campaign evaluation.

Additionally there is a walk/run, speaker's bureau, outreach and specific events during Suicide Awareness Week/Month. San Francisco Mental Health Department makes presentations in schools.

There are training courses and partnerships being developed with San Mateo and Sacramento. ASIST staff training will take place in March, 2012. Google donates banner ads targeted at San Francisco, and there is a chat room centered on suicide prevention. San Francisco's Suicide Prevention's Crisis Lines Chat Services are available through www.sfsuicide.org. Frequent mental

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health first aid training sessions are conducted for county staff.

Stigma Reduction:

There is no official campaign but there is a walk/run, events, speaker's bureau, outreach, and specific events during Mental Health Awareness Week/Month. There are also grassroots marketing efforts. The American Foundation organizes an annual walk, and this will be hosted in San Francisco on June 9-10, 2012. San Francisco Count conducts frequent mental health first aid training sessions for county staff.

Media toolkits are sent out from the San Francisco Mental Health Department office.

Digital stories: Available via the Seneco Center. http://www.senecacenter.org/home

There are some events in the local schools and colleges during May is Mental Health Month. Additionally, the Mental Health Association of San Francisco County offers several resources for support groups, counseling and additional help. San Francisco's SOLVE (Sharing Our Lives: Voices and Experiences) Speaker's Bureau is run through the Mental Health Association. Of note- several schools have their own wellness centers.

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The information that follows was provided by members of the Conference planning committee and/or derived from public website information. It is point-in-time information compiled in Spring 2012. Campus responders are encouraged to confirm accuracy and availability before utilizing the resources that follow.

SAN LUIS OBISPO COUNTY Mental Health Partners		
Frank Warren Division Manager Mental Health Services Act San Luis Obispo County Health Agency, Behavioral Health fwarren@co.slo.ca.us 805.788.2055	Darci Rourke Administrative Services Officer II, San Luis Obispo County Health Agency, Behavioral Health drourke@co.slo.ca.us 805.788.2156	Cami Rouse Prevention Specialist II San Luis Obispo County Health Agency, Behavioral Health crouse@co.slo.ca.us 805.781.4291
Jill Bolster-White Executive Director Transitions-Mental health Association jbw@t-mha.org 805.540.6510	Barry Johnson Division Director Rehabilitation and Advocacy Services Transitions-Mental Health bjohnson@t-mha.org 805.540.6540	

Crisis Numbers:

SLO Hotline (The SLO Hotline offers emotional and mental health support, a suicide prevention, &mental health crisis line 24/7)	1.800.549.4499
Suicide Prevention Center Crisis Line (Administered through Didi Hirsch)	877.727.4747

Resource Referral Numbers:

Access and Crisis Line	866.998.2243
Adult Crisis Team	866.327.4747
Children's Crisis Team	866.431.2478
SLO Hotline	1.800.549.4499

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National Suicide Prevention Lifeline	800.273.TALK (8255)
Parent Connection Helpline	805.904.1411

Websites:

www.slothestigma.org
www.t-mha.org

Additional Resources:

The Peer Advisory and Advocacy Team (PAAT), a committee of peers that works to advocate for those served by the mental health system, educate the community about mental illness, provide support, and reduce stigma

PAAT Contact: Jessica Vieira	805.540.6576.
Parent Connection of San Luis Obispo County	www.sloparents.org
211 San Luis Obispo	www.unitedwayslo.org/211/211slo.html
Transitions-Mental Health Association:	www.t-mha.org

Campaigns and Programs:

Suicide Prevention:

No specific campaign but there is a walk/run, events, outreach, trainings and other methods. Following the model of the "SLOtheStigma" documentary, Cal Poly University Week of Welcome Awareness committee in collaboration with Transitions-Mental Health Association developed the video "Our Personal Journeys Mental Health Awareness on Campus." The video discusses topics such as stress and the seriousness of depression and suicide aimed at college-age youth and is shown to all incoming students (about 4000). For the past two years the annual event "Journey of Hope" focused on suicide prevention and local resources. (The 2012 event will focus on stigma featuring the "Bring Change to Mind" campaign.) Annual suicide prevention forums in different parts of the county feature a panel, keynote speaker, and resources, reaching mostly providers and students. A Cal Poly University sorority hosts an annual Memorial Awareness Walk "Forward for Francis" honoring a student who committed suicide.

At this point no QPR or ASIST trainings are offered, but the crisis line manager provides suicide prevention trainings in the community and with service providers.

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There is a campaign that started in January 2010 and targets the general public, homeless, LGBTQ community and Veterans. "SLOtheStigma" is an awareness campaign designed to put the brakes on the stigma surrounding mental illness, raise public awareness about mental illness, and to guide those in need to resources. Mediums include TV, radio, billboards, print advertisements, social media, guerilla marketing (posters, banners, t-shirts), community outreach, and a website: www.slothestigma.org. A 15-minute documentary is featured on the website and tells the story of four San Luis Obispo County residents with depression, bi-polar disorder, or schizophrenia. The campaign strategy introduces creative in phases, built on the notion of darkness to light. The first wave of the campaign, implemented in January 2010, provides general information (e.g., symptoms, website, resources) but no language specific to mental illness. The second wave, implemented in January 2011, features the individuals from the previous materials coming out of the shadow and into the light, and materials begin to include the statement: Understand Mental Health. The campaign feels local and people reflect the average person on the street. The media campaign is in English, but the website, documentary, and presentations are available in Spanish. Materials were developed for this campaign. All efforts related to the campaign are closely tracked and monitored, including media impressions and reach, website visitors, social media followers, the number of people reached through emails, presentations, and outreach efforts. In addition, surveys are utilized to evaluate the campaign. More information can be requested from Shannon McOuat, who shared that billboards and the distribution of T-shirts are two of their most effective strategies.

Additionally, there is a walk/run, events, outreach, trainings, specific events during Mental Health Awareness Week, and other methods. In addition to media campaign activities reaching the general public, additional priority populations (homeless, LGBTQ, and veterans) are reached through a large number of outreach efforts, trainings, and presentations. For example, to reach LGBTQ individuals a partnership has been established with Cal Poly and the Pride Center to do outreach and provide an LGBTQ cultural competency training to mental health service providers.

Several events and walks take place in the county each year, including NAMI's "A Beautiful Mind" walk, and Transitions-Mental Health Association "Walk for Wellness." In addition to the "Journey of Hope" event mentioned above, the crisis hotline hosts an annual "Bowl-a-thon" to raise funds and awareness. "The Shaken Tree" is a locally produced documentary which illuminates the journey families experience when a loved one has a chronic and persistent mental illness, available in English and Spanish. Different activities take place during Mental Health Awareness Month in May. In 2010, for example, supporters of the "SLOtheStigma" campaign picketed during Thursday night's Farmers Market to increase awareness and encourage the community to visit the website and view the documentary, and the documentary was shown as part of the "Art after Dark" event.

In addition to a range of informational, educational, and support services offered by both Transitions-Mental Health Association and NAMI (www.namislo.org/), "Stamp Out Stigma" and

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"In Our Own Voice" are both being implemented in San Luis Obispo County. Individuals featured in the "SLOtheStigma" documentary are often asked to speak to the media or at local events.

In addition to trainings already mentioned above, crisis intervention trainings are offered to law enforcement and mental health first aid training will be offered beginning in March 2012.

Frank Warren is the PR contact for the San Luis Obispo County Health Agency, Behavioral Health and Shannon McOuat for Transitions-Mental Health Association. Both very actively reach out to the local media. Shannon McOuat is actively working with journalists and editors on how to report on incidences and how to reduce stigmatizing language. She is very interested in receiving information on safe messaging guidelines on suicide reporting.

A number of documentaries and videos including personal testimony have been produced including: "SLOtheStigma," "Our Personal Journeys," and "The Shaken Tree."

Interview participants noted that one of the noticeable impacts/outcomes of the media campaign model has been the dialogue and interest it has generated in the community and the numerous partnerships that have been created as a result of the initial documentary. For example: Cal Poly created its own video but suitable for college students and the health agency produced a video for substance abuse.

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Ventura

Contacts:

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Ventura County Behavioral Health
Susan.kelly@ventura.org
805.981.6440

Luis Tovar, MPA
Ethnic Services Manager
Ventura County Behavioral Health
Luis.tovar@ventura.org
805.981.1101

KerryAnn Schuette, MMS
Prevention and Early Intervention Manager
Ventura County Behavioral health
Kerryann.schuette@ventura.org
805.981.8463

Sheila Murphy
Public Information Officer
Health Care Agency
Sheila.murphy@ventura.org
805.677.5274

Karilyn Bock
Ventura County Office of Education
kbock@vcoe.org
805.437.1370

Crisis Numbers:
Suicide Prevention Center Crisis Line (Administered through Didi Hirsch) 877.727.4747

Resource Referral Numbers:
Access and Crisis Line 866.998.2243
Adult Crisis Team 866.327.4747
Children's Crisis Team 866.431.2478
National Suicide Prevention Lifeline 800.273.TALK (8255)

Websites:
www.wellnesseveryday.org
www.vchca.org
Ventura County Health Care Agency uses Facebook and Twitter-
https://www.facebook.com/pages/Ventura-County-Health-Care-Agency/186410021385691

Resources:
Ventura County Behavioral Health Department- www.vchca.org/bh/mhsa.aspx
211- www.icfs.org/2-1-1-information-referral.html

Campaigns and Programs:
Suicide Prevention- There is no specific campaign but there is some outreach and other methods. The Yellow Ribbon program is administered in schools throughout the county in collaboration with the Mental Health Board Children's Committee, Ventura County Office of Education, SELPA, and United Parents. Through the "Yellow Ribbon Train the Trainer" program, staff, parents, and community members are trained in how to respond if they are handed the yellow ribbon card by a child or youth.

Stigma Reduction- There is a media campaign that started in January 2012 and is set to last for three years, targeting the general public. Ventura County is implementing a three-year media campaign.

Developed as a universal strategy, the campaign includes a website focused on "Mind, Body and Relationships" which emphasizes a holistic approach to wellness. The "Wellness Everyday" campaign is committed to engaging the community in a dialogue around health by providing Ventura County residents with information, tools, and resources to take care of their mental, physical, and social health. Media include a website, TV, radio, print advertisements, outdoor ads, buses, social media, outreach, and more. All campaign materials drive community members to the website which is maintained jointly by behavioral health and primary care providers and offers rich information about a variety of physical and mental health issues. Personal stories and spotlights on local resources and programs are integrated throughout the site. Mental health pages integrate helpful tips provided by peer advocates and information about local programs. The website includes a section on suicide prevention. www.wellnesseveryday.org . Materials are being developed specifically for this campaign. There will be use of website analytics and media reach for evaluation. Additionally, there is a walk/run, events, speaker's bureau, media protest/praise efforts, outreach, trainings, specific events during Mental Health Awareness Month, and other methods.

In addition to the media campaign reaching the general public, Ventura County is implementing grassroots outreach efforts to targeted populations in partnership with local organizations. Efforts include outreach and engagement projects in specific communities where underserved families reside and participate, such as in churches and schools. Community Coalition projects provide outreach and education to the community on the importance of prevention and early intervention. There is a strong emphasis on recognizing the signs and symptoms of stressors that can lead to mental health issues and how to access support before that takes place. The agencies involved reach people impacted by domestic violence, people going through the immigration process, the indigenous community (Mixteco), faith-based leaders and members, kinship families (grandparents raising grandchildren), and youth. Another unique program is "En Sus Palabras," a collection of collected words of wisdom from community members for the monolingual Spanish community, older adults, and African Americans. Each publication includes photos, words of wisdom, and a community member's favorite food recipes to promote the importance of both physical and emotional health. The publications are distributed (along with posters and other outreach materials), and posted online. In addition, a fotonovela focused on depression symptoms and steps to access services—while decreasing stigma—is distributed throughout the county and available in primary care settings. Speakers are available through the local NAMI and RICA chapters, as well as the Client Network. NAMI facilitates an annual stigma reduction walk and offers a range of educational classes and support groups as well as media advocacy. The Behavioral Health Department puts on an annual conference (Mental Health and Spirituality) attracting, on average, over 500 participants. Behavioral Health outreach staff participates in a large number of events and health fairs every year, and partners with other organizations such as the public health department and the Mexican Consulate to provide outreach and integrate physical health and mental health.

To reach deaf and hard-of-hearing individuals, a brochure and monthly video logs, or vlogs, on mental health topics have been developed by Tri-County GLAD. In addition, their website (www.tcglad.org/mentalhealth.htm) hosts dates of their monthly workshops and a mental health link to the monthly vlog.

In efforts to increase the Spanish-speaking community's access to mental health services the county is implementing a mnemonic device called "La Clave" as an effective psycho-educational program. It was developed by Dr. Steven R. Lopez, Ph.D. of the University of Southern California to increase literacy of psychosis, by identifying symptoms and resources to promote help-seeking efforts. Through the use of cultural appropriate mediums of music, video, and movie clips, it's hoped that it will lead to an increase in un-served monolingual communities accessing mental health services.

Beginning in 2011 the Behavioral Health Department implemented Mental Health First Aid (Train the Trainer curriculum). In the first year of implementation over 500 people were trained. The target audience was internal county staff and staff of partnering agencies such as the National Guard, Red Cross, Public Health, and Sheriff's Department. Next year's focus will include community members and partners such as churches and homeless shelters.

The Health Care Agency's Public Information Officer, Sheila Murphy, generally takes care of all media requests and press releases, although content related to mental health and suicide prevention is often put together by Susan Kelly. In general, Susan Kelly noted a positive working relationship with their local media and that they reach out to the media when there is an anticipated story or new initiative.

The county is working with a regionally funded CalMHSA program through the Ventura County Office of Education regarding the student mental health initiative.

Digital stories promoting recovery "Listen to Real Recovery" are available from RICA.

TRAINING RESOURCE GUIDE

Tab 6 • Additional Resources

Table of Contents

Web Resources for Supporting Students

Behavioral Health Challenges - College Students

Name of Resource	*Brief Description of Resource / Website*
The Jed Foundation	The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students. To achieve this end, the organization collaborates with the public and leaders in higher education, mental health. Resources and publications for parents, students and campus professionals (www.jedfoundation.org). See also: *A Guide to Mental Health Action Planning* (http://www.sprc.org/sites/sprc.org/files/library/CampusMHAP_Web%20final.pdf).
Substance Abuse and Mental Health Services Administration	Substance Abuse and Mental Health Services Administration (www.samhsa.gov) sponsored by the federal government, offers a wealth of information related to behavioral health including free publications on specific mental health and substance abuse topics.
Half Of Us	This engaging and modern student friendly site provides mental health resources and support for students for anxiety disorders, depression, eating disorders, bi-polar, cutting, substance abuse, suicide and more. (www.halfofus.com). See also: uplifting inspiration public service announcements and video personal stories from famous musicians, actors and other personalities.
Active Minds	Active Minds is the only organization which utilizes the student voice to change the conversation about mental health on college campuses. By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community. (www.activeminds.org). Through campus-wide events and national programs, Active Minds aims to remove the stigma that surrounds mental health issues, and create a comfortable environment for an open conversation about mental health issues on campuses throughout North America.
ReachOut	A youth-friendly information, resource and blog site to support students in their struggle with to mental health and other challenging issues like low self-esteem, being bullied, cutting, suicide ideation, and attempts. ReachOut is run by the Inspire USA Foundation, whose mission is to help millions of young people lead happier lives. (http://us.reachout.com). See also: real stories about school pressures, eating issues, loss, grief, anxiety, becoming independent, violence and sexual assault, and other issues.

Strength of Us	A community social site providing education and support for students with mental health challenges. It offers a series of tip sheets for students as they move into adulthood, as well as a page specifically related to college life. Site goers have the opportunity to connect with others through discussion groups, blogs and more. (http://strengthofus.org).
California Community College Industrial &Technical Education Collaborative	A resource site for Educators providing resources on effective practices, special populations and more. See also: a full power point presentation entitled: *The Road Home – From Combat to College and Beyond ~ How Your Campus Can Better Serve Student Veterans*, and other resources and is are funded in part by the Chancellor's Office, California Community Colleges. (http://www.cccindustrialtech.org)

PTSD Trauma and Veterans

Name of Resource	*Brief Description of Resource / Website*
United States Department of Veterans Affairs	US Department of Veterans Affairs provides support and resources for veterans and those working with veterans, including crisis prevention, mental health, trauma and post-traumatic stress disorder, and more. (http://www.va.gov/)
Gift From Within	Gift From Within is an international nonprofit organization for survivors of trauma and victimization, and includes PTSD Resources for Survivors and Caregivers. The site develops and disseminates educational material, including videotapes, articles, books, and other resources through its website, maintains a roster of survivors who are willing to participate in an international network of peer support, and provides resources and information for military families. (http://www.giftfromwithin.org/). See also: PTSD and Trauma Bookstore!
Partners In Learning Educators Crisis Resource List	Provided by Partners In Learning, a non-profit organization (http://performancepyramid.muohio.edu/pil.html) includes links to Crisis Communications Guide and Tookit, PBS Classroom Resource Lesson Plans that cover concerns and issues during a time of crisis for students and teachers, and other websites relating to trauma and crisis support and recovery. Go to: http://performancepyramid.muohio.edu/pyramid/shared-best-practices/Teaching-in-a-Time-of-Crisis/Additional-Teacher-Resources.html

Suicide Prevention

Name of Resource	*Brief Description of Resource / Website*
American Foundation for Suicide Prevention	The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. (www.afsp.org). See Also: *The Truth about Suicide: Real Stories of Depression in College*, a 27 minute Film and Facilitator's guide, and Resource List for Students.
Suicide Prevention Resource Center	SPRC is the nation's only federally supported resource center devoted to advancing the National Strategy for Suicide *Prevention* providing technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. The SPRC Online Library is a searchable collection of resource materials on suicide and suicide prevention. In addition to SPRC products, the library contains selected materials developed by other organizations and professionals. (http://www.sprc.org) . See also: *Promoting Mental Health and Preventing Suicide in College and University Settings.* (http://www.sprc.org/library/college_sp_whitepaper.pdf).
The Campus Suicide Prevention Resource Center of Virginia	The Campus Suicide Prevention Resource Center of Virginia is a model organization designed to reduce risk for suicide across Virginia's higher education settings by providing campuses with training, consultation and prevention resources. (http://www.campussuicidepreventionva.org/) See also*: Peer Involvement in Campus-Based Suicide Prevention: Key Considerations.* (http://www.campussuicidepreventionva.org/PeerInvolvementCompleteAug16.pdf)
The Trevor Project	The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth. (www.thetrevorproject.com). The Trevor Project is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources including our nationwide, 24/7 crisis intervention lifeline, digital community and advocacy/educational programs that create a safe, supportive and positive environment for everyone.

Trauma-Informed Care

Name of Resource	*Brief Description of Resource / Website*
National Child Traumatic Stress Network	The National Child Traumatic Stress Network (NCTSN), funded by the Substance Abuse and Mental Health Services Administration, is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. The NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. www.NCTSN.org or the Learning Center at http://learn.nctsn.org
The Child Trauma Academy (CTA)	The CTA offers a variety of educational videos and materials, many by Dr. Bruce Perry. By creating biologically-informed child and family respectful practice, programs and policy, CTA seeks to help maltreated and traumatized children. http://childtrauma.org/
Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services	This report identifies criteria for building a trauma-informed mental health service system, summarizes the evolution of trauma-informed and trauma-specific services in state mental health systems, and describes a range of trauma-based service models and approaches implemented by increasing numbers of state systems and localities across the country. http://www.nsvrc.org/publications/reports/models-developing-trauma-informed-behavioral-health-systems-and-trauma-specific
Adverse Childhood Experiences (ACE) Study (Centers for Disease Control)	http://www.cdc.gov/ace/about.htm The World Health Organization has included the ACE Study questionnaires as an addendum to the document *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence.* (October 2006 [PDF - 2.44MB]) Additionally, efforts are underway in many municipalities and treatment communities to apply ACE Study findings to improve the health of adult survivors. Notable efforts are included in the "Related links." In 2010, five states collected ACE information on the Behavioral Risk Factor Surveillance Survey (BRFSS). More detailed scientific information about the study design can be found in "The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction," published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245–258.
SAMHSA National Center for Trauma-Informed Care (NCTIC)	SAMHSA's National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services. http://www.samhsa.gov/nctic

Gang Involvement

Parents Quick Reference Card	This quick reference guide provides common warning signs of gang involvement, but may not be all-encompassing. Parents should look for multiple signs to indicate possible gang involvement because some of these indicators alone, such as clothes or musical preferences, are also common among youth not involved in gangs. http://www.cops.usdoj.gov/files/RIC/Publications/GangsCard_FBI.pdf
Fact Sheet: Gang Violence (LA County)	Developed by the Violence Prevention Coalition of Greater Los Angeles. Lays out myths and facts. http://www.ph.ucla.edu/sciprc/pdf/GANG_VIOLENCE.pdf
Tariq Khamisa Foundation	The mission of the Tariq Khamisa Foundation (TKF) is to transform violence prone, at-risk youth into nonviolent achieving individuals and create safe and productive schools. TKF offers education (school assemblies and classroom curriculum), mentoring programs, and community service opportunities. http://tkf.org/program/

Bullying in Schools

The Olweus Bullying Prevention Program (OBPP)	The Olweus Program is a comprehensive, school-wide program designed and evaluated for use in elementary, middle, or junior high schools. The program's goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The program has been found to reduce bullying among children, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. Schools are also gathering data about OBPP implementation at the High School level. The Olweus Program has been implemented in more than a dozen countries around the world, and in thousands of schools in the United States. http://www.clemson.edu/olweus/ At Olweus.org, you will find general information about bullying behavior and its impact on school climate and student health and academic achievement. You will find basic information about the Olweus Program's components, a suggested timeline, information on required program materials, cost of the program, state anti-bullying laws, grant writing support and much more. www.Olweus.org.

STRYVE, or Striving To Reduce Youth Violence Everywhere	**STRYVE**, or **Striving To Reduce Youth Violence Everywhere**, is a national initiative led by the Centers for Disease Control and Prevention (CDC) to prevent youth violence before it starts among young people ages 10 to 24. **STRYVE's** vision is safe and healthy youth who can achieve their full potential as connected and contributing members of thriving, violence-free families, schools, and communities. **STRYVE's** goals are to: • Increase awareness that youth violence can and should be prevented. • Promote the use of youth violence prevention approaches that are based upon the best available evidence. • Provide guidance to communities on how to prevent youth violence. www.safeyouth.gov
Stop Bullying StopBullying.gov	**Stop Bullying StopBullying.gov** provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how you can prevent and respond to bullying. www.stopbullying.gov

Domestic Violence

National Center for Children Exposed to Violence (NCCEV)	The NCCEV Resource Center at the Yale Child Study Center provides public access to a wide variety of materials on children's exposure to violence within homes, schools, and communities. The collections – both virtual and physical – address research, public awareness, and the application of principles and practices in intervention and prevention. http://www.nccev.org/resources/index.html
The Safe Start Center	The Safe Start Initiative is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. The goal of the Safe Start Initiative is to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence. www.safestartcenter.org
National Coalition Against Domestic Violence	The Mission of the National Coalition Against Domestic Violence (NCADV) is to organize for collective power by advancing transformative work, thinking and leadership of communities and individuals working to end the violence in our lives. www.ncadv.org

Wellness/Self-Care

WRAP for the Effects of Trauma Mary Ellen Copeland	WRAP is a great tool that you can develop for yourself to do just that. This book is an adaptation of the basic WRAP program for people who recognize trauma as the cause of their mental health difficulties. It includes information specific to the experience of being a trauma survivor, examples of signs of distress that may be trauma-related, and lots of ideas for Wellness Tools and Action Plans that work. http://www.mentalhealthrecovery.com/store/product43.html
Mindfulness	**Jon Kabat-Zinn**, Ph.D. is internationally known for his work as a scientist, writer, and meditation teacher engaged in bringing mindfulness into the mainstream of medicine and society. He is Professor of Medicine emeritus at the University of Massachusetts Medical School, where he was founding executive director of the Center for Mindfulness in Medicine, Health Care, and Society, and founder (in 1979) and former director of its world-renowned Stress Reduction Clinic. He is the author of two best-selling books: *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness* (Dell, 1990). www.youtube.com/watch?v=3nwwKbM_vJc

Suicide Prevention

Understanding Suicide

Suicide occurs when a person ends their life. It is the 11th leading cause of death among Americans. But suicide deaths are only part of the problem. More people survive suicide attempts than actually die. They are often seriously injured and need medical care.

Most people feel uncomfortable talking about suicide. Often, victims are blamed. Their friends, families, and communities are left devastated.

Why is suicide a public health problem?

- More than 34,000 people kill themselves each year.[1]
- More than 376,000 people with self-inflicted injuries are treated in emergency rooms each year.1

How does suicide affect health?

Suicide, by definition, is fatal. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems.
Suicide also affects the health of the community. Family and friends of people who commit suicide may feel shock, anger, guilt, and depression. The medical costs and lost wages associated with suicide also take their toll on the community.

Who is at risk for suicide?

Suicide affects everyone, but some groups are at higher risk than others. Men are about 4 times more likely than women to die from suicide.1 However, 3 times more women than men report attempting suicide.[2] In addition, suicide rates are high among middle aged and older adults.

Several factors can put a person at risk for attempting or committing suicide. But, having these risk factors does not always mean that suicide will occur.

Risk factors for suicide include:

- Previous suicide attempt(s)
- Alcohol or drug abuse
- Physical illness
- History of depression or other mental illness
- Family history of suicide or violence
- Feeling alone

Note: These are only some risk factors. To learn more, go to www.cdc.gov/injury/violenceprevention.

How can we prevent suicide?
The goal is to stop suicide attempts.

- **Learn the warning signs of suicide.**
  Warning signs can include changes in a person's mood, diet, or sleeping pattern. The American Association of Suicidology (www.suicidology.org) has detailed information on what to look for and how to respond.

- **Get involved in community efforts.**
  The National Strategy for Suicide Prevention lays out a plan for action. It guides the development of programs and seeks to bring about social change.
  For more information, go to www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp.

How does CDC approach suicide prevention?
CDC uses a 4-step approach to address public health problems like suicide.

Step 1: Define the problem
Before we can prevent suicide, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers send resources where needed most.

Step 2: Identify risk and protective factors
It is not enough to know that suicide affects certain people in certain areas. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors.

Step 3: Develop and test prevention strategies
Using information gathered in research, CDC develops and tests strategies to prevent suicide.

Step 4: Ensure widespread adoption
In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

Where can I learn more?
If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

National Institute for Mental Health (ww.nimh.nih.gov)
Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
Suicide Prevention Resource Center (ww.sprc.org)
Surgeon General's Call to Action to Prevent Suicide (ww.surgeongeneral.gov/library/calltoaction/default.htm)
For a list of CDC activities, see *Preventing Suicide: Program Activities Guide*
(www.cdc.gov/violenceprevention/suicide/index.html).

References

1. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [cited 2010 June 23]. Available from: URL: www.cdc.gov/injury/wisqars/index.html..
2. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health [serial online]. 2004 May. [cited 2006 Aug 9]. Available from: URL: www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en.

For more information, please contact:
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
1-800-CDC-INFO • www.cdc.gov/violenceprevention • cdcinfo@cdc.gov

Fact Sheets:

The following fact sheets were developed by Mental Health First Aid USA and may be used as additional resources for handouts to public audiences, or as a quick reference guide for certified instructors.

Anxiety Disorders

Everybody experiences anxiety from time to time. Normal anxiety is a natural reaction that can help avoid danger and motivate a person to solve everyday problems. Anxiety varies in severity from mild uneasiness to terrifying panic attacks. It also varies in how long it lasts, from a few minutes to many years. However, normal anxiety differs from an anxiety disorder. Anxiety disorders are more severe, long lasting and often interfere significantly with a person's life.

Anxiety disorders are the most common type of mental health problem, affecting up to 18.1% of Americans. They often co-occur with depression, with no clear indication whether or which one causes the other.

Disorder	Total %
All Anxiety Disorders	18.1
Generalized Anxiety Disorder	3.1
Panic Disorder	2.7
Phobias	8.8
Post-Traumatic Stress Disorder	3.5
Obsessive Compulsive Disorder	1

Perceived threats in the environment usually cause anxiety. Some people are more likely to react with anxiety when they feel threatened, especially women and individuals who have an overly anxious parent, a more sensitive emotional nature, experienced a difficult childhood. Anxiety disorders can also result from medical conditions (e.g., hyperthyroidism, vitamin B12 deficiency, seizures and cardiac conditions), prescription drug side effects and non-prescription drugs (e.g., caffeine, cocaine, LSD, ecstasy and speed).

Symptoms of anxiety disorders are physical, psychological and behavioral.

Physical symptoms

- Cardiovascular: palpitations, chest pain, rapid heartbeat, flushing
- Respiratory: hyperventilation, shortness of breath
- Neurological: dizziness, headache, sweating, tingling and numbness
- Gastrointestinal: choking, dry mouth, nausea, vomiting, diarrhea
- Musculoskeletal: muscle aches and pains, restlessness, tremors and shaking

Psychological symptoms

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Indecisiveness
- Irritability, impatience and anger
- Confusion
- Restlessness, feeling 'on edge' or nervousness
- Tiredness, sleep disturbances, vivid dreams

Behavioral Symptoms

- Avoidance of situations
- Obsessive or compulsive behavior
- Distress in social situations
- Phobic behavior

There are several types of anxiety disorders.

- **Generalized Anxiety Disorder** affects 3.1% of Americans. The primary symptom is overwhelming,

unfounded anxiety and worry (e.g., worry of things that may go wrong) accompanied by multiple physical and psychological symptoms that occur more days than not for at least six months. People living with GAD worry excessively about money, health, family and work – even when there are no signs of trouble.

- **Panic Disorder** affects 2.7% of Americans. A person with a panic disorder typically experiences panic attacks, or a sudden onset of intense feelings of apprehension, fear or terror that are inappropriate for the circumstances in which it occurs. Many of the symptoms of panic attacks are physical -- such as dizziness, shaking, perspiration, nausea, hyperventilation and rapid heartbeat. Once a person experiences a panic attack, they often fear another one and may avoid places where one has occurred. They may also avoid exercise or other activities with physical sensations similar to those of a panic attack.

- **Phobias** affect 8.8% of Americans. A person with a phobia avoids or restricts activities because of persistent, excessive and unreasonable fear. Common phobias include agoraphobia, which involves avoidance of public situations due to fear of having a panic attack, or social phobia (also known as social anxiety disorder), which involves a fear of any situation where public scrutiny is possible. Social phobia affects 6.8% of Americans, while specific phobias, where a person fears specific objects or situations such as spiders or heights affect nearly 9% of Americans.

- **Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder** affect 3.5% of Americans. They occur after a distressing or catastrophic event that may involve threatened death or serious injury, witnessing the death or injury of others or learning about such an experience of loved ones. Feelings of intense fear, helplessness or horror increase a person's likelihood of developing PTSD. A major symptom of PTSD is "re-experiencing" a trauma. This includes recurring dreams of the trauma, flashbacks, intrusive memories or disease in situations that bring back memories of the original trauma. Acute stress disorder lasts for only about one month after a traumatic event, whereas PTSD lasts longer. PTSD is common among people who have experienced abuse and who have been in combat.

- **Obsessive-Compulsive Disorder (OCD)** is the least common type of anxiety disorder, and affects 1% of American adults. It is a very disabling condition marked by obsessive thoughts and compulsive behaviors accompanying feelings of anxiety. The compulsive behaviors are repetitive behaviors or mental acts that a person feels driven to perform to reduce the anxiety associated with obsessive thoughts. Common compulsions include the need to wash, check and count. Most are about fear of contamination, germs or harm. This disorder typically begins in adolescence and waxes and wanes throughout a person's life.

Treatment works to manage anxiety. Common interventions include talk therapy, prescription medications, exercise and relaxation methods. If you or a loved one shows signs of an anxiety disorder, seek help from your community behavioral healthcare center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Bipolar Disorders

Did You Know?
Bipolar disorder is a serious mental health problem marked by extreme mood swings that fluctuate between periods of depression, mania and normal mood. This illness is also known as "manic depressive disorder" or "manic depression."

People with bipolar disorder have episodes of both depression and mania.

Bipolar disorder can happen to anyone – 2.6% of American adults have the disorder each year regardless of sex, race, ethnicity or socioeconomic status. In some cases, it can take years for correct diagnosis because individuals may only see their mental health provider when they feel depressed.

Many factors increase the risk of developing bipolar disorder. Interplay between different genetic and biochemical factors of a person and their environment are believed to cause the illness.

Common symptoms of mania:

- *Excessive energy and over-activity, elated mood* – feeling high, happy, overconfident, full of energy, on top of the world, invincible
- *Need for less sleep than usual* – going days with very little sleep
- *Irritability or Distractibility*
- *Racing thoughts and rapid speech* – talking too much, too fast and changing topics often
- *Lack of inhibitions* – disregarding risks, spending money extravagantly, abusing substances or being very sexually active
- *Grandiose delusions* – experiencing a very inflated self-esteem
- *Lack of insight* – not recognizing their medical illness because their delusions seem real

Symptoms of depression:

- *Sad mood* – persistently feeling anxious, empty, pessimistic or hopeless
- *Loss of enjoyment and interest in activities once enjoyed*
- *Fatigue* – loss of energy, sleeping too much or too little
- *Loss of confidence* or *poor self-esteem* -
- Feelings of guilt
- *Difficulty concentrating, remembering or making decisions*
- *Slowed movement*
- *Irritability* – feelings of restlessness, agitation, or tendency to cry frequently
- *Changes in eating habits/weight*
- *Thoughts of death and/or suicide* - including suicide attempts

Treatment is available for bipolar disorder. Many people with the disorder go on to live productive lives with the help of treatment. Common treatments include talk therapy, mood stabilizers and antipsychotic medications. No matter what the cause of bipolar disorder, if you or a loved one shows signs, seek help from your community behavioral healthcare center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Depression

Depression is one of the most common mental health problems in the United States, affecting more than 9.5% of American adults. While common, it is never a 'normal' part of life – it is a serious health problem that can affect a person's ability to work or to have satisfying personal relationships.

Untreated depression can lead to a host of problems in a person's life – ranging from displeasure with life, divorce, substance use, unemployment or problems at work and even suicide. In fact, more than 90% of people who complete suicide have a mental health problem, often depression.

There is no single cause of depression. It often involves the interaction of several biological, psychological and social factors. Some people may become depressed after a distressing event, such as the loss of a loved one or job, development of a chronic physical illness or disability, or having a baby (known as post-partum depression). Regardless of which factors contribute to a person's depression, changes in hormone production or natural brain chemicals, called neuro-transmitters, cause the symptoms. These chemicals send messages from one nerve cell to another in the brain. When a person becomes depressed, the brain may have fewer of certain of these chemical messengers, such as serotonin, which regulates mood.

Depression can happen to anyone. While women experience depression nearly twice as often as men do, it can happen to anyone, at any age and of any race or ethnicity.

Symptoms and warning signs of depression include:

- Sad mood
- Loss of enjoyment and interest in activities once enjoyed
- Fatigue
- Loss of confidence or poor self-esteem
- Feelings of guilt
- Difficulty concentrating or making decisions
- Slowed movement or agitation
- Difficulty sleeping or oversleeping
- Changes in eating habits/weight
- Thoughts of death and/or suicide

A few common treatments include:

- Cognitive behavioral therapy, psychotherapy and other "talk" therapies
- Antidepressant medications
- Self-help and support strategies, such as support groups

Depression is one of the most treatable mental disorders – treatment works more than 80% of the time. If you or a loved one shows signs of depression, seek help from your community behavioral healthcare center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Mental Health and Substance Abuse Problems

Did You Know?
More than **one in four** American adults has a mental health problem each year.

Mental illness ranks second in the burden of disease in established market economies such as the United States.

A **mental disorder** is a diagnosable illness which causes major changes in a person's ability to work and carry on their usual personal relationships.

A **mental health problem** is a broader term including both mental disorders and symptoms of mental disorders which may not be severe enough to warrant the diagnosis of a mental disorder.

Disability from Mental Health Problems:

The disability caused by **moderate depression** is similar to that of **relapsing multiple sclerosis, severe asthma, chronic hepatitis B or deafness.**

DATA SPOTLIGHT

Percentage of the Adult Population with Mental Health Problems

Mental Health Problem	Total %
Anxiety Disorders	18.1
Mood Disorders	9.5
Impulse Control Disorders	8.9
Substance Use Disorders	9.1

Treatment
Mental health problems are treatable. Treatments for mental health problems are **successful up to 80%** of the time. More than 14% of patients seeing a primary care doctor have symptoms of depression, and more than 19% have at least one anxiety disorder.

Despite this, too many go without treatment. Of adults who experienced **major depressive disorder** in 2005, only about **69%** received **treatment** during the same time-period. Similarly, of the 23.6 million individuals who needed treatment for **an illicit drug or alcohol use problem**, **10.8% received treatment** in a specialty facility.

Treatment works for people experiencing mental health or substance use problems. If you think you or a loved one shows signs of a mental health problem, seek help from your community behavioral health center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Schizophrenia

Did You Know?
Schizophrenia is a disease that severely affects thoughts and perceptions. Approximately one percent of Americans experience the disorder in their lifetime.

The disease usually develops between the ages of 13 and 25, with males slightly more at risk.

A variety of factors contribute to schizophrenia. Genetics are one cause. However, the interaction between genes and environmental factors (e.g., exposure to viruses or malnutrition in the womb) and psychosocial factors (e.g., a stressful environment) lead to increased risk of development.

Common symptoms include:

- *Delusions* – false beliefs of persecution, guilt, special mission or exalted birth, or being under outside control
- *Hallucinations* – false perceptions that most commonly involve hearing voices, but can also include seeing, feeling, tasting or smelling things that are not real
- *Thinking difficulties* – difficulties with concentration, memory and ability to plan that make it more difficult for a person to reason, communicate and complete daily tasks
- *Loss of drive* – lack of motivation, even for self-care
- *Blunted emotions* – lack of emotions or inappropriate affect
- *Social withdrawal* – avoidance of others, likely due to loss of social skills or fear of interacting with others

Treatment works to manage schizophrenia. The most common treatments include antipsychotic medications, 'talk therapy' and support groups. A combination of these treatments generally works best to help people recover. If you or a loved one shows signs, seek help from your community behavioral healthcare center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Substance Use Disorders

Substance use is common in America.

In fact, more than 9% of Americans are dependent or abusing alcohol or other drugs. That's nearly 23 million Americans – 15.6 million who are dependent or abusing alcohol only; 3.8 million dependent or abusing illicit drugs only; and 3.2 million dependent or abusing both.

Prevalence of Substance Abuse, by type

Substance	Total %
Alcohol Only	6.4
Illicit Drugs Only	1.6
Both Alcohol & Illicit Drugs	1.3

Substance use typically starts in adolescence or young adulthood, with some users going on to develop a substance use disorder.

People with mental health problems are at increased risk of addiction. Alcohol and drugs can have a calming effect leading some people to "self-medicate" in an attempt to manage symptoms of anxiety, depression or psychosis. However, substance use can cause other problems and heavy use may contribute to or exacerbate a mental health problem.

Common symptoms include:

- Dependence on alcohol or a drug
- Substance use that leads to problems at work, school or home, or to legal problems
- Use of alcohol or a drug so heavily that it causes damage to health – either physical (e.g., hepatitis from injecting drugs) or mental (e.g., depression)

There is no single cause of substance use disorders. Contributing factors differ by drug, but a few common factors that increase a person's chances of developing a disorder include:

- Strong family history of substance dependence
- Continued abuse of substances by friends or family
- Availability and lack of protection against substances in the community
- Untreated developmental delays or childhood problems

While anyone can abuse and become dependent on alcohol or drugs, men are twice as likely as women to do so.

Treatment can help people overcome a substance use problem. Common treatments include abstinence from alcohol or drugs, prescription medications, "talk therapy" and support groups, such as Alcoholics Anonymous. If you or a loved one may have a substance use disorder, seek help from your community behavioral healthcare center.

Visit www.thenationalcouncil.org to find a community behavioral health center near you.

Promoting Peace

In working to offset the impact of violence and trauma in our communities the desired outcome is peace. In this context, "peace" is being used to represent health and wellness for staff, providers, community partners, and for any individual or family who is directly or indirectly impacted by trauma. Peace is what gives us confidence and hope that individuals and families can become resilient and thus overcome the devastating effects of violence and trauma.

A Few Faces of Violence: Unique Contributors to Trauma

It is widely recognized that there are common underlying dynamics that link multiple forms of violence including child maltreatment, animal abuse, elder abuse, suicide and homicide. This Toolkit focuses on three forms of violence that are similarly linked: gangs, bullying in schools and domestic violence. Each form of violence contributes to trauma at the individual, family, and community levels in unique ways.

The Scope of the Problem

It is necessary and beneficial to understand how much and what types of violence we are confronted with. Knowing the statistics helps to focus our attention on contributing factors to violence and trauma. When we compare two neighborhoods that are similar in many ways, except for relative violent incidences, we can begin to look at what the one community is doing successfully to reduce its impact. As lessons learned are shared, we have a baseline from which to measure our progress towards a peaceful future.

The Problem Reframed

The "divide and conquer" approach to viewing the complexity of issues families present when in crisis and seeking services and support is no longer viable. The field is rapidly shifting to a culturally proficient, cross-sector collaborative team approach that views "issues" as normative and integrated, rather than isolated. Trauma Informed Care is a lens that affords the opportunity to see individuals, families and communities as resources.

Gang Involvement

Why do people join gangs?

Cultural, societal, and economic factors play a major role in creating a climate of risk for youth involvement in gangs. Failures in the educational, welfare, and immigration systems, including social upheaval, poverty, income inequality, and racism are examples of how inequality and social disadvantage may occur. In addition, the effects from gang culture, early substance use, antisocial/hostile/aggressive behavior, limited attachment to community, family history of gang involvement, parental neglect, low academic achievement or school dropout, and unemployment are contributing factors. Those who join gangs may desire a sense of power, respect, belonging, money, or social status, turning to gangs that initially appear to be able to meet these needs.

What is being done to address youth gangs?

Research generally agrees on a three pronged approach. ***Preventative measures*** include intervention for youth at risk, education of the public, persistence of youth social workers with youth gang members or those at risk, and specific school policies and procedures i.e. dress code, zero tolerance, etc. ***Intervention*** involves employment and skills training and recreational activities for individuals involved in gang activities. ***Suppression*** consists of "law enforcement, legislative action, punishment and removal of members from community, specialized gang units, and the development of systems to track gang information and activities, such as the Integrated *Gang Task Force*. Critically, cooperation of all members of the community is required to create an effective solution. Effectively addressing youth gangs requires attention to the specific risk factors that lead to gang involvement and which take gender, ethno-cultural, economic, and social considerations into account at their core.

Warning Signs for Gang Involvement

- Experimenting with drugs; Rebelling at school and home
- Dropping school grades, particularly if it is rather sudden
- Cutting classes regularly or just not going to school at all
- Avoiding family gatherings or share regular meals
- Changing friends, especially if the new friends don't hang around at your home
- Poor family bonding; Violating family curfew standards
- Having large sums of money or new expensive items of which you were unaware

Bullying in Schools

Bullying is a problem that affects many youth, and is a problem that has also left scars on adults. Over 90% of teens that get bullied say it affects them greatly emotionally, mentally, and physically. The trauma that a single or repeated incident of bullying can cause on an individual can be long lasting and have adverse effects on an individual's overall health and well-being. As technology continues to develop at a rapid pace, there are new and equally concerning venues for this kind of violence, including cyber bullying. Suicide rates, already staggeringly high in adolescents, is on the rise, particularly among youth who are victims of bullying, with rates of suicide among lesbian, gay, bi-sexual, transgender and queer (LGBTQ) youth who are bullied at the highest rates of all.

Bullying can occur in person or through technology (electronic aggression, or cyberbullying). A young person can be a bully, a victim, or both (bully-victim).

Who is at risk for bullying?

Some of the factors associated with <u>engaging in bullying behavior</u> include:

- **Impulsivity (poor self-control)**
- **Harsh parenting by caregivers**
- **Attitudes accepting of violence**

Some of the factors associated with <u>victimization</u> include:

- **Friendship difficulties**
- **Poor self-esteem**
- **Quiet, passive manner with lack of assertiveness**

How can we prevent bullying?

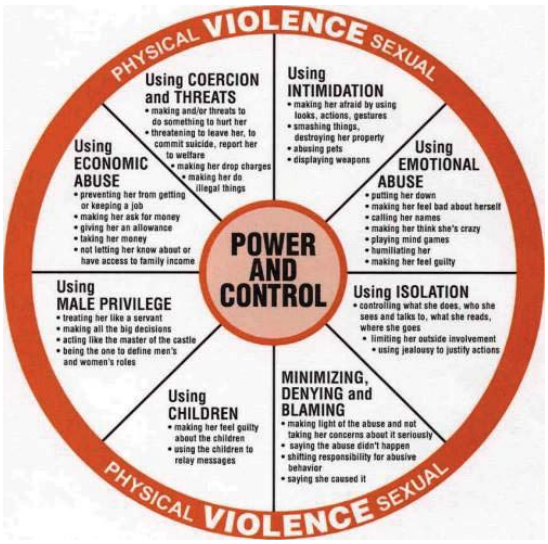
The ultimate goal is to stop bullying before it starts. Research on preventing and addressing bullying is still developing. School-based bullying prevention programs are widely implemented, but infrequently evaluated. Based on a review of the limited research on school-based bullying prevention, the following program elements are promising:

- Improving supervision of students
- Using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying, providing consequences for bullying
- Having a whole school anti-bullying policy, and enforcing that policy consistently
- Promoting cooperation among different professionals and between school staff and parents

Domestic Violence

Domestic violence is… the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. It is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences of domestic violence can cross generations and truly last a lifetime.

(image from www.deaf-hope.org)



This model was developed by the Domestic Abuse Intervention Project.

Children who witness: Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults. 30% to 60% of perpetrators of intimate partner violence also abuse children in the household.

The Economic Impact: The cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health services. Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them by current or former husbands, boyfriends and dates. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity as a result of violence. There are 16,800 homicides and $2.2 million (medically treated) injuries due to intimate partner violence annually, which costs $37 billion.

New Lens

We need a new lens through which to view the impact of violence and trauma so that new perspectives and emerging evidence-based or evidence-informed practices may be integrated and incorporated into our work. It is important for those implementing trauma-informed care to understand the impact violence and trauma has on the brain and lifespan development, particularly when coupled with early adverse childhood experiences.

Adverse Childhood Experiences (ACEs)

Traumatic life experiences in the first 18 years of life can lead to serious impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy. Adverse childhood experiences are common and powerfully influence health and well-being outcomes as adults.

Generational Cycles

Behavior patterns and risk for violence and trauma can be "passed down" from parent to child through **powerful and intense role modeling**. When a child is terrified, or in a heightened state of arousal during an adverse event, "learning" how to stay safe and what is expected comes quickly.

Trauma and Brain Development

According to Dr. Bruce Perry when trauma occurs in a very young child, there are significant and lasting changes in their brain development. As a result, the child's understanding of what is normal becomes distorted. Chronic exposure to violence and trauma can result in the following changes in one's brain functioning: (1) Frontal lobes shut down or decrease activity leading to instinctive responding; (2) high levels of irritability with increased sensitivity to "triggers"; and (3) **a**bility to perceive new information decreases.

Reducing the impact of Violence and Trauma

Fortunately, biology is not destiny. Despite adverse childhood experiences, generational cycles, and changes in brain development brought on by trauma, wholeness, health, and peace are still very much possible. The impact of violence and trauma may be overcome by applying a trauma informed approach.

Keys for Responding

To be trauma-informed is to incorporate a universal assumption that everyone is affected by trauma to one degree or another. It is important to keep in mind that each individual will respond to the traumatic experience in different ways. When first assessing an individual with a trauma history, a trauma-informed service provider needs to be sensitive to the possible "triggers" of a person who has been traumatized. (A "trigger" is anything that reminds an individual of the trauma they have experienced and can take the form of sights, sounds, smells, specific places or words.) Community partners must also express the same sensitivity.

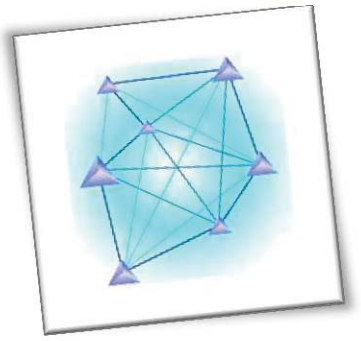
Trauma-Specific Care	**Provided by a trained clinician who treats the actual trauma and trauma symptoms. Examples of trauma-specific treatment modalities include, Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (Lieberman & Van Horn, 2005) and Seeking Safety etc.**
Trauma- Informed Care	Making services available to all people across systems and agencies. To be trauma-informed is to be aware that trauma in society is a reality, not a rare exception.

To truly accomplish implementing a universal trauma informed approach a change in our thinking, or paradigm shift needs to take place. Individuals/clients are to be assessed through a trauma informed lens with close attention paid to their trauma history, understanding of this history, and then allow services to be delivered, facilitating consumer participation in treatment and fostering a sense of safety.

Principles of Trauma Informed Care

1. Recognize the impact of violence and victimization on coping skills.
2. Establish recovery from trauma (or trauma-specific referral) as primary goal.
3. Employ an empowerment model to elicit and build on strengths.
4. Partner with the individual/client (relational collaboration).
5. Design the meeting environment to ensure safety, respect and acceptance.
6. Highlight strengths and resiliency.
7. Be culturally competent by understanding the individual/client from the context of his or her life experience(s).

Systems Response



Most communities, families and individuals are dealing with not just one, but a multitude of integrated dynamics that include both challenges and strengths. Viewing a family or individual from a trauma informed lens is one of the best practices that can be used by community organizations, schools, and governmental agencies.

Any organization that provides services to clients or the community will see benefits at both staff and client perspective as a result of adopting trauma-informed care practices. Systems that are comprised of multiple agencies which create an atmosphere "from the front door to the back door" of awareness of a trauma survivor's need for safety, respect and acceptance can foster improved client interactions, collaboration and can lead to improved outcomes.

Benefits of Trauma-Informed Services:

- Evidence-informed and effective
- Cost-effective
- Humane and responsive to real needs
- Aligned with over-arching goals
- Highlights glitches in the systems and offers solutions
- Works with other best practices

Recommendations for implementing a trauma-informed approach

1. **Design** programs based on trauma theory (safety, mourning, connection).
2. Focus on **client safety always.**
3. Screen for **lethality** (*Danger Assessment* by J. Campbell).
4. **Reduce** rules, make client policies positive.
5. **Train staff** on trauma theory and motivational interviewing plus ongoing training and review!
6. **Listen** to comments and complaints from the person you are working with.
7. Use the **No Services Available Form**. If you can't find a services/program, analyze trends.
8. **Cross-train** and develop tools to keep informed about local programs, eligibility requirements and referral processes.

Commitment to Wellness

Wellness is… an active process of becoming aware of and making choices toward a more healthy and holistic lifestyle. It is developmental in that improvement is always possible. Individuals can increase their own wellness by engaging in reflection as well as direct actions that increase their sense of well-being.

Vicarious trauma is a natural response to hearing about violence, trauma and adversity experienced by others. Additionally, professionals need to recognize the variables that increase their risk for compassion fatigue and burnout. Vicarious trauma often changes basic assumptions about yourself, others, and even the world. Further it can interfere with self-care or the provision of care to others. Fortunately it is possible to restore wellness by increasing resilience and positive coping.

The signs and symptoms of vicarious trauma include:

Preoccupation with the other person's traumatic events.	**Avoiding thinking about certain things and "numbing" out when certain topics come up.**	**Not functioning as well in life as one used to.**
Decreased ability to handle everyday frustrations.	Intrusive thoughts related to the trauma survivor's "story".	**Dread of being around or working with survivors.**
Feeling subjectively that you are not personally safe.	**Feeling that you are not helping at all.**	Less able to focus on the purpose or meaning of what you are doing.

Among the best ways to care for yourself when you are providing trauma informed care are:

1. **Be aware** of your limits, emotions you are experiencing, and resources you have available. Awareness and reliance on one's intuition are important tools for recognizing symptoms of compassion fatigue.
2. **Maintain balance** personally and professionally.
3. **Stay connected** to your inner self, others and your faith.
4. **Stay connected to others**, which breaks the silence of unacknowledged pain.

Additional Resources

- Campus Mental Health Action Planning
- Campus Mental Health Know Your Rights
- New data on the Nature of Suicidal Crises in College Students: Shift the Paradigm
- Off to College & Living with Mental Illness – Tips for deciding on the Right College or University
- Peer Involvement in Campus-Based Suicide Prevention Key Considerations
- Promoting Mental Health & preventing Suicide in College & University Setting
- Risk & Protective Factors for Mental, Emotional & Behavioral Disorders Across the Life Cycle
- Statewide Suicide Prevention Network Program
- The View from here Depression on College Campuses - (DVD)

TRAINING RESOURCE GUIDE

Tab 7 • Presenter Bios

Keynote Speaker

Mark Katz, Ph.D.

Mark Katz, Ph.D., is a clinical and consulting psychologist in San Diego, California, and author of the book On Playing a Poor Hand Well. In the book Mark explores the lessons learned from those who've overcome adverse childhood experiences and discusses ways of incorporating these lessons into our schools and existing systems of care. The book is gaining a great deal of attention and praise from health care providers, educators, policy makers and others from around the country.

For the past 28 years, Mark has served as the Director of Learning Development Services, an educational, psychological and neuropsychological center in San Diego, California. The center provides an array of services and resources to people of all ages and also offers a variety of different ongoing seminars and trainings to individuals and groups in the San Diego area and beyond. The center is also home to the Resilience Through the Lifespan Project, an endeavor dedicated to understanding the different ways in which people have been able to carve out meaningful and productive lives for themselves, despite having endured a range of adverse childhood experiences. Mark has been both a keynote and featured speaker at a number of regional and national conferences around the U.S. and continues to conduct training and workshops for a range of community-based organizations around the country. Most recently, Mark has worked with colleagues from around the country on the Stop Bullying Now! campaign, a federally sponsored multi-year media campaign designed to increase public awareness of bullying and other forms of school violence. The campaign is also designed to increase public awareness of research-validated prevention programs and practices that schools can incorporate in order to prevent and reduce bullying in particular and other forms of hurtful and violent behavior in general.

Mark serves on the Editorial Advisory Board of Attention Magazine, and is also a contributing editor. In addition, he writes the magazine's promising practices column, highlighting innovative programs and practices from around the U.S. that are effectively addressing the needs of children, youth, families and adults with attention and other behavioral and learning challenges.

Keynote Speaker

Hanh D. Truong, PhD, LMFT

Hanh D. Truong was a refugee from Vietnam, a war torn Southeast Asian country. Overcame his traumatic experiences of imprisonment and refugee camps, he arrived in California at 14 years old without his parents. Succeeding the challenges of his past, he became a mental health professional working in various professional settings. He severed on the California State University, Fullerton faculty in the Graduate and Undergraduate Programs for the Departments of Counseling and Human Services. He has worked internationally in Europe, Central America, and extensively in Asia providing clinical consultation and training for various Universities and organizations.

In California, he began his clinical career in San Jose where he served as a Behavioral Therapist working with Autism and Related Disorders. He moved to Lamont in Kern County and supervised the Crisis Assessment and Stabilization Center. His work then took him to Orange County where he worked as a Service Chief of Older Adult Services. He also worked in the Department of Cultural Competency for Orange County Health Care Agency in Santa Ana. Most recently, he took the Innovations lead for integrated health in the Vietnamese and Korean communities.

Currently, he is working as the Cultural Competency Officer overseeing the Office of Cultural Competency and Ethnic Services, Office of Innovation, and Office of Consumer and Family Affairs for the County of San Bernardino. In addition, Hanh serves as a cultural expert for the Orange County Public Defender's Office and the Federal Public Defender's Office. He testifies in court and provides trainings for mental health providers throughout the county on issues of trauma, spirituality, cultural competency, acculturation, and resettlement. He has worked as a psychotherapist, administrator, international trainer, and educator.

Plenary Speakers

Doug Figueroa

Active Minds, President

Doug is the president of Active Minds, and the founder of the Riverside City College (RCC) campus chapter. This is Doug's second year at Riverside City College after a long absence from school. Doug decided to return to school due to the challenging economy and to finally obtain his college degrees. His field of study is psychology with a focus on mental health research. Doug is a champion and advocate for changing the conversation of mental health on his campus. Working with students and the mental health issues they face is important to Doug as he was diagnosed with PTSD.

Lerone Matthis

Student, City College of San Francisco

Lerone Matthis is a student attending City College of San Francisco majoring in Business Administration. He is a former foster youth that has overcome significant challenges attaining his education. Lerone is a father of two children and is now graduating from CCSF w/honors and has been accepted into UC Santa Cruz, UC Santa Barbara, UC Davis, CSU San Jose and CSU San Francisco.

Michael J. McPartlin

Special Services Manager-Guardian Scholars Program, City College of San Francisco (CCSF)

With nearly 30 years of leadership roles in higher education, Michael led the effort to create a foster youth alumni support program at CCSF in 2006. With an extensive background in student services, he has been recognized by a variety of organizations for his efforts to expand access to higher education including the California Community College Chancellor's Office, HEY (Honoring Emancipated Youth), CCCSFAAA (California Community College Student Financial Aid Administrators Association) and the San Francisco ILSP (Independent Living Skills Program). He currently runs a student support program serving 200 foster youth alumni at CCSF.

Janine Moore, LMFT

PEI Coordinator, Riverside County Department of Mental Health

Janine Moore, M.S. is a Licensed Marriage and Family Therapist (LMFT). Mrs. Moore has worked for Riverside County Department of Mental Health since 1996. Mrs. Moore is currently the Mental Health Services Act, Prevention and Early Intervention (PEI) Coordinator for Riverside County Department of Mental Health. Her work focuses on the implementation of the county's PEI plan which includes 23 Evidence-Based Practices and other activities. She dedicates time to developing and maintaining relationships with non-traditional mental health partners and community stakeholders in order to ensure PEI services are provided to individuals in need.

Christopher Oneal

Supervisor, Optum Health Public Sector San Diego Access and Crisis Line

Christopher Oneal, is a licensed Marriage and Family Therapist. He has worked in Mental Health in San Diego for over 10 years. He has served as the Assistant Director of a Crisis House, Assistant Director of a Children's Mental Health Clinic and currently is a supervisor on the San Diego Access & Crisis Line. The Access & Crisis Line provides crisis intervention and assessment services for all residents of San Diego County. Counselors respond to callers in crisis regarding suicide, homicide, domestic violence and child abuse. The line is open 24/7 and all of the staff are masters level clinicians.

Lise Porter

National Train-the-Trainer

Lisa Porter (Lise) is a National Trainer for the National Council for Community Behavioral Healthcare in Washington, D.C. certifying individuals around the country to teach Mental Health First Aid. She is a licensed marriage and family therapist, board certified drama therapist and published author. In addition, she previously taught at Mira Costa College as an adjunct psychology instructor.

Jennifer Reyes

Active Minds, Secretary

Jennifer is a third year college student at Riverside City College. Her goal is to complete nursing classes and specialize in pediatrics or psychology. She has been a part of Active Minds at RCC from the beginning and is the current Secretary. Her passion is to help people and Active Minds not only allows her to do that, but it also helps her on a personal level. Prior to joining Active Minds, Jennifer had never been a part of any club or organization. She is one of the strongest leaders on our campus.

Alia Del Rossi, CIRS, CRS

Specialty Programs Coordinator, 2-1-1 San Diego

Alia Del Rossi has 5 years of experience working with 2-1-1. Alia spent two years in Tallahassee, Florida with 2-1-1 Big Bend as a Crisis Counselor and Program Specialist while attending Florida State University for her B.S. in Psychology. Alia has been with 2-1-1 San Diego for three years and began as a Client Service Representative in the phone center and moved on to be a Research and Data Specialist, getting chance assist in developing 2-1-1's Healthcare Navigation Program. Alia is now 2-1-1 San Diego's Specialty Programs Coordinator, and coordinates multiple programs within 2-1-1 with an emphasis on health.

Mariann Ruffolo

MHSA Coordinator, County of San Bernardino Department of Behavioral Health

Mariann Ruffolo is the Administrative Manager for the Workforce Education and Training Program for the Department of Behavioral Health in San Bernardino County. In this role she oversees the intern programs, training unit, volunteer program and regional partnership consisting of ten southern counties. She received her MBA from the University of Redlands and a Communications degree from University of California, Santa Barbara where she focused her studies on organizational communication. She had extensive training and management experience prior to coming to the county nine years ago.

AM Sharukh Khan

Active Minds, Vice President

This is Sharukh Khan's first year at RCC as he just graduated from high school a year ago. Sharukh is undecided about his major but knows that he will either get into a psychology or political science field. He is a new, but effective leader on campus as one of the vice presidents of Active Minds at RCC. He brings a lot of passion to our school about getting students to understand how they can minimize the stressors of every day college life.

Rose Stacy

Active Minds, Member

Rose is majoring in biology. She love animals and works with an animal rescue company. On her free time, she enjoys gardening. She has been at RCC for 4 years part time; she plans on transferring to UCR to continue her education. She joined Active Minds because mental health disorders have played a huge role in her life and the club is a place that is accepting with like minded people, where she does not have to pretend to be perfect all of the time.

Holly Salazar

Director of Strategic Outcomes, Community Health Improvement Partner

Improvement Partners (CHIP), and has been involved in suicide prevention for the past six years. She currently oversees the San Diego County Suicide Prevention Council and is the Regional Head for the Southern California Counties of San Diego, Imperial, Riverside, Orange, and San Bernardino in the development of a Statewide Suicide Prevention Network.

Betsy Sheldon

Coordinator

Betsy Sheldon works at the California Community Colleges Chancellor's Office (CCCCO) as a Mental Health Services Specialist. She has been at the Chancellor's Office since July 2009. Currently, she serves as the Coordinator for the California Community Colleges Student Mental Health Program (CCC SMHP), a project funded by The California Mental Health Services Authority (CalMHSA). CalMHSA administers programs funded by the Mental Health Services Act (Prop. 63) on a statewide, regional and local basis.

Betsy also worked as the project coordinator for a private grant from the Zellerbach Family Foundation (ZFF). In March 2010, the California Community Colleges Chancellor's Office (CCCCO) received a $75,000 grant from the Zellerbach Family Foundation (ZFF) to support the development, pilot testing, and implementation of a training program for faculty and staff about the mental health needs of student veterans.

Previously, Betsy has worked as the project manager at California Department of Education and the Little Hoover Commission, and as a supervisor and research specialist at the Department of Alcohol and Drug Programs. Betsy also participated in the development of the California Strategic Plan for Suicide Prevention.

Betsy has a B.A. in Sociology from the University of California at San Diego, and a Master's Degree in Sociology from the University of North Carolina at Chapel Hill.

She is married to Kenneth Terao and lives in Orangevale, California. To maintain her mental health, she volunteers as a coach for a local running group, Sac Fit. To date, she has completed 3 marathons and 11 half marathons. She also enjoys movies, reading, and her iPhone.

Adrienne Shilton, MPPA

California Institute for Mental Health, Policy Systems & Improvement, Associate

As Program Director for Workforce, Education and Training (WET) since 2007, Adrienne Shilton has played a critical role in the development of the workforce California will need to transform its public mental health system and meet the needs of consumers long into the future. Adrienne provides technical assistance to counties as they plan and implement their WET programs under the Mental Health Services Act (MHSA), and serves as a resource for counties in the implementation of the MHSA.

After working as transportation policy analyst and advocate, Adrienne joined the mental health movement in 2004, working on California's landmark Proposition 63 (MHSA) campaign. After Prop. 63's remarkable victory, Adrienne joined the California Council for Community Mental Health Agencies as the organization's Associate Director.

A graduate of Knox College, Adrienne earned her Bachelor's degree in Psychology with a minor in Spanish. She completed a Master's degree in Public Policy and Administration at California State University, Sacramento and served as an AmeriCorps Vista volunteer from 2001-2002, building affordable housing for underserved communities in California's Central Valley. Adrienne lives in Sacramento, California. She enjoys traveling, hiking, gastronomy and viticulture.

Karen Ventimiglia

MHSA Coordinator, County of San Diego Behavioral Health Services

Karen Ventimiglia, was appointed to the position of Mental Health Services Act (MHSA) Coordinator for the County of San Diego in 2008. She currently serves on the California Mental Health Directors Association MHSA Committee. Ms. Ventimiglia has been appointed as the San Diego County Liaison for the California Statewide Prevention and Early Intervention programs, and as an Alternate Voting Member of the California Mental Health Services Authority. She manages the award winning It's Up to Us Stigma Reduction and Suicide Prevention Campaign, and the Courage to Call program, a prevention program serving Veterans, Military, Reservists, and their families. Ms. Ventimiglia received the Mental Health Manager of the Year Award in 2010.

Workshop Presenters

Catherine M. Butler, MFT

Catherine Butler, MFT is in private practice in La Mesa, CA and specializes in treatment for PTSD for a variety of populations. She is on the faculty of the University of Phoenix, College of Social and Behavioral Sciences, and develops curriculum to help train on the special needs of returning veterans and their families. A doctoral candidate, she is studying the effects of treatment on military related PTSD for veterans with substance abuse and homelessness issues.

Courtney DeRosia - MFT Intern

Riverside City College

Courtney DeRosia is Registered Marriage and Family Therapist Intern who obtained her undergraduate degree in psychology at California State University, San Bernardino in 2009. She earned her Master's in Science in Clinical/Counseling in 2011 from California State University, San Bernardino. She is currently employed at Riverside Community College where she works one on one with students in both individual and group therapy settings, participates in campus outreach, and gives presentations about mental health to both classes and clubs on campus.

Lerone Matthis

Student, City College of San Francisco

Lerone Matthis is a student attending City College of San Francisco majoring in Business Administration. He is a former foster youth that has overcome significant challenges attaining his education. Lerone is a father of two children and is now graduating from CCSF w/honors and has been accepted into UC Santa Cruz, UC Santa Barbara, UC Davis, CSU San Jose and CSU San Francisco.

Traci Baillie Miller

Human Resource and Outreach Services, AdEase

Traci Miller is an Outreach and Human Resources professional with AdEase, a full service marketing, advertising and public relations firm with a focus on public health initiatives. She has a background in crafting and implementing successful training programs in both community and corporate environments including San Diego County's Health Sciences High & Middle College Mental Health Career Pathway Program. She is a certified trainer in both QPR and Mental Health First Aid.

Holly Salazar

Director of Strategic Outcomes, Community Health Improvement Partner

Improvement Partners (CHIP), and has been involved in suicide prevention for the past six years. She currently oversees the San Diego County Suicide Prevention Council and is the Regional Head for the Southern California Counties of San Diego, Imperial, Riverside, Orange, and San Bernardino in the development of a Statewide Suicide Prevention Network.

Kimberly Shultz

LCSW Mental Health Systems MHS Inc., San Diego Trauma informed Guide Team

Kimberly is an LCSW currently working as the Older Adult Lead Clinician at MHS Inc. NCMHC in Oceanside. She is the TAC Co-Chair of the MHS Inc. Gender Responsive Committee and facilitates TIS curriculum to MHS Inc. employees and community at large. Her focus and professional passion are aimed providing trauma informed clinical therapy to the geriatric population, the chronic and pervasively mentally ill adult and TAY populations. Kimberly graduated UCSD with a BA in Communication. She went on to pursue her MSW at SDSU, Graduate School of Social Work. In 2009 Kimberly became one of the founding members of the San Diego Trauma Informed Guide Team (SDTIGT), a grass roots community based group, focusing and disseminating core competencies of systemic trauma informed services. Kimberly is now the Co-Chair of TIGT and Chair of the training subcommittee.

Deborah Tull, PhD

Director Special Programs and Services, Los Angeles Harbor College

Deborah Tull, PhD has a doctorate in Clinical Psychology and a Master of Science Degree in Rehabilitation Counseling. She has a 35 year tenure with the Los Angeles Community College District serving as counselor, professor, DSPS Coordinator, and administrative director of the college mental health program. She has served in an advisory capacity with the Los Angeles County Department of Mental Health on college mental health program development. She has received numerous mental health program awards: L.A. County Mental Health Commission Most Innovative Program of the Year Award, Chancellor's Office Student Success Award and two Board of Governor's Awards.

Linda Williams

Sierra College Financial Aid Program Manager, Foster Youth Success Initiative (FYSI) Liaison

Linda has been a financial aid director for over 15 years. She is a prior veteran and veteran's counselor and has worked with former foster youth for over 10 years. Linda is just completing her dissertation on the impact of PTSD in foster youth who are attending a California Community College.

TRAINING RESOURCE GUIDE

Tab 8 • Attendee Directory

Name		Department	Phone	Email
Cecilia Alvarado	Dean, Riverside City College	Student Services	951-222-8122	cecilia.alvarado@rcc.edu
Hyman Alvia	General Counselor, Mt. San Jacinto College	Counseling Services	951-487-6752	halvia@msjc.edu
Butch Amaral	Psychologist, Southwestern College	Personal Wellness	619-421-6700	camaral@swccd.edu
Colleen Ammerman	Program Director, Foundation California Community Colleges		916-325-8572	cammerman@foundationccc.org
Randy Anderson	Dean of Student Services - Special Programs, Los Angeles City College	Office of Special Services	323-953-4000 ext. 2285	andersr@lacitycollege.edu
Rosie Antonecchia	Director of Career Center, Palomar College	Counseling Services	760-744-1150 ext. 2193	rantonecchia@palomar.edu
Tonia Arias	Admissions & Record Tech/Bilingual, Oxnard College	Student Services	805-986-5844	tarias@vcccd.edu
Michelle Arthur	Director, Acting Student Grievance Officer, El Camino	Enrollment Services	310-660-3593 ext. 6755	marthur@elcamino.edu
Donna Ascano Peterson	Analyst II, County of San Diego HHSA	Behavioral Health Services-MHSA	619-584-5095	donna.peterson@sdcounty.ca.gov
Maryam Azary-Dehkordi	CIT Coordinator, Saddleback College	Counseling and Special Programs	949-582-4682	mazarydehko@saddleback.edu
Rob Bachmann	Associate Dean, Golden West College	Student Health Services	714-732-5382	rbachmann@gwc.cccd.edu
Elizabeth Benne	Director, Pierce College	Student Health Center	818-719-6401	BenneEA@piercecollege.edu
Brenda Benson	Dean, Counseling and Retention, Santa Monica College	Counseling Services	310-434-4433	benson_brenda@smc.edu
Eric Betancourt	Veterans Services Technician, Norco Community College	Admissions & Records	951-372-7048	eric.betancourt@norcocollege.edu
Leisa Biggers	Director, El Camino	Staff and Student Diversity	310-660-3593 ext 3813	lbiggers@elcamino.edu
Emily Bill	Mental Health Counselor, Imperial Valley College	Student Health Center	760-355-6196	emily.bill@imperial.edu
Sara Blasetti	Counselor, Fullerton College	Veterans Resource Center	714-732-5374	sblasetti@fullcoll.edu
Angela Boland	Specialist, Riverside City College	Health Services	951-222-8000	angela.boland@rcc.edu
Zina Boratynec	Speical Services Counselor, Saddleback College	Counseling and Special Programs	949-582-4319	zboratynec@saddleback.edu
Eric Borin	DSPS Counselor, Mt. San Jacinto College	DSPS	951-639-5305	eborin@msjc.edu
David Bransky	Asst. Dean/Behavior Intervention Leader, Ventura College	Student Services	805-654-3138	dbransky@vcccd.edu
Brian Brautigam	Adaptive Technology Alternate Media Support, Riverside City College	Disabled Student Services	951-222-8187	Brian.Brautigam@rcc.edu
Sandra Buenrostro	Counselor, Norco Community College	Disabled Student Services	951-372-7000	sandra.buenrostro@norcocollege.edu
Bonnie Burstein	Clinical Director, Los Angeles Harbor College	Life Skills Center	310-233-4586	bursteb@lahc.edu

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