



Find our publications on topics relevant to the behavioral health field which contain informative perspectives and pragmatic strategies.



SUPPORTING THE YOUTH PEER WORKFORCE

Youth peer support specialists are a growing workforce yet face challenges with role definition and support. Learn how organizations can mitigate these challenges with specific training and supervision strategies.

CULTURAL CONSIDERATIONS IN APPLYING CBT

TO RACIAL AND ETHNIC MINORITY GROUPS WITH SERIOUS MENTAL ILLNESS

Adapting evidence-based interventions like Cognitive Behavioral Therapy (CBT) to better consider culture may help to reduce mental health disparities among racial/ethnic minority groups. Discover how to make appropriate changes to how therapy is delivered without altering the theoretical underpinnings of CBT.

EFFECTIVE PROGRAMS TO ADDRESS TRAUMA IN SCHOOLS

School-based interventions are essential to providing youth with necessary support to address trauma. Learn about effective school-based interventions for trauma and the importance of creating a “trauma-informed” school community to optimize these interventions.

THE IMPORTANCE OF HUMAN RELATIONSHIPS, ETHICS, AND RECOVERY-ORIENTATED VALUES

IN DELIVERY OF CBT FOR PSYCHOSIS

Though Cognitive Behavioral Therapy for psychosis (CBTp) is an accepted evidence-based treatment, it can be perceived by providers as lacking emphasis on human relationships. Discover how CBTp can meet the stated needs of individuals seeking mental health services.

INTEGRATED CARE FOR OLDER ADULTS WITH SMI AND MEDICAL COMORBIDITY:

EVIDENCE-BASED MODELS AND FUTURE RESEARCH DIRECTIONS

Despite higher acute and long-term healthcare costs, adults with Serious Mental Illness (SMI) experience greater barriers to preventive and routine health care. Read about how integrated health homes may increase access to preventive care and improve the quality of care for chronic medical conditions, but inconsistently achieve clinically significant results.

CULTURALLY AND LINGUISTICALLY RESPONSIVE CARE FOR EARLY PSYCHOSIS

Culturally Responsive Care (CRC) is an approach that is both respectful and responsive to cultural beliefs and practices, preferred languages, health literacy levels, and communication needs. Learn more about the principles and practice of CRC.



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PUBLISHED ARTICLES



- Training and Supporting Healthcare Leadership during the COVID Pandemic
- Applying Implementation Science in Mental Health Services: Technical Assistance Cases from the Mental Health Technology Transfer Center (MHTTC) Network
- Effects of Online Distance Learning on Clinicians' Violence Risk Knowledge and Competencies

TRAINING SUMMARIES



- School Mental Health Topics
- For Supervisors & Leadership
- Series Collections
- Provider Well-being
- Evidence-based Practices
- Disaster Behavioral Health
- Brief Behavioral Skills Modules
- Cultural Considerations and Equity
- Integrated Care
- Peer Support
- Substance Use-related Topics
- And more!

POSTERS PRESENTED



- Supporting Implementation Outcomes through Online Learning Communities: Lessons Learned from the Northwest Mental Health Technology Transfer Center
- Supporting Practitioners through Workforce Development: How do Training Strategies Impact Implementation Outcomes?
- Family Bridger Pilot Program: Preliminary Feasibility and Acceptability of a Peer Navigator Model of Support for Caregivers of Loved Ones Experiencing Early Psychosis
- Tailoring Evaluation Designs to Training & Technical Assistance Delivery Formats





FREE ONLINE SELF-PACED COURSES

Find our courses and dozens of others on topics relevant to people working in the behavioral health field and more:

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS

CBTP E-PRIMER

WHO: All providers who want a foundation in CBTp.
WHY: Provides the foundational concepts related to cognitive behavioral therapy (CBT) and its application to psychotic symptoms and experiences.

EMPOWERING WELLNESS IN MENTAL HEALTH

HELPING PEOPLE WITH
 LIFESTYLE CHANGES

WHO: All providers serving people with serious mental health issues and taking antipsychotic medications.
WHY: This group is at greater risk of developing obesity and related health conditions like diabetes which contribute to substantial cardiovascular health disparities. But there are things you can do!

INTRODUCTION TO ASSERTIVE COMMUNITY TREATMENT (ACT)

WHO: All providers who serve on ACT teams or are looking to learn about the foundations of this evidence-based practice.
WHY: Covering the origins, philosophy, and core elements of high-fidelity ACT, this course provides an overview for those new to or who have limited experience with ACT.

THE PSYCHIATRIST'S GUIDE TO POPULATION MANAGEMENT OF DIABETES

WHO: Psychiatric prescribers who treat people with serious mental illnesses.
WHY: Increases prescriber knowledge of and confidence in the identification and management of diabetes and other cardiovascular risk factors.

VIOLENCE RISK ASSESSMENT & MANAGEMENT

IN CLINICAL SETTINGS

WHO: All providers who manage risk, safety and boundaries.
WHY: Provides the necessary tools for clinicians to assess, manage, and stabilize threats of violence in clinical and other settings.



FREE ONLINE SELF-PACED COURSES

Find our courses and dozens of others on topics relevant to people working in the behavioral health field and more:

SPECIAL TOPICS IN MENTAL HEALTH SERVICES:

STRIDE Group Facilitator Training	Behavioral Health and Substance Use Awareness in the Workplace
Introduction to Assertive Community Treatment (ACT)	Wellness Matters: Self-Care for Mental Health Providers
Illness Management and Recovery	Religion, Spirituality and Mental Health
Cognitive Behavioral Therapy for psychosis (CBTp) E-PRIMER	Violence Risk Assessment and Management
The Psychiatrist's Guide to Population Management of Diabetes	Empowering Wellness in Mental Health: Helping People with their Lifestyle Changes

MENTAL HEALTH SERVICES TOPICS

Special Topics in Mental Health Services (10 courses)	Suicide Prevention Across the Educational Continuum: A Five-Part Series
School Mental Health (6 courses)	New Employees in Mental Health Services -- A Training Series (7 courses)
Integrated Pediatric Primary Care: A Primer Series (2 courses)	... and more in development!

- And other topics, including:**
- Clinical supervision
 - Substance use disorders and treatment
 - Pharmacology
 - Suicide prevention

BUILDING CONNECTIONS: VIRTUAL LEARNING COMMUNITIES

Our Approach

Based on adult learning principles, our learning communities provide opportunities to learn new skills and process shared learning, featuring interactive sessions, engaging activities and follow-up reminders of key concepts and skills. After training and supporting the workforce through the COVID-19 pandemic, we were determined to offer learning opportunities that would **enhance the virtual learning experience with greater connection between people**-- knowing that teams will continue to face new stressors. Results from our tailored evaluations show that these virtual learning communities are well-received and provide interactive learning opportunities for participants.

ENGAGING



STRATEGIES

PRACTICAL



TOOLS

LASTING



CONNECTIONS

Our design keeps connection in mind:

- Share practical skills via live, virtual experiences e.g. didactic segments and breakout sessions
- Equitably reach our regional workforce and leadership, bringing priority topics to you
- Facilitate connections through engaging online tools and rich resource pages
- Supporting presenters with instructional design principles and hands-on logistics
- Offer post-series tailored communications so concepts are reinforced
- Measure the impact through tailored evaluations across projects

Our model responds to learning needs:

- Collaborating with speakers on effective and relevant topics, goals and learning objectives
- Plan with presenters to use engaging methods and interactive tools
- Attending and noting themes, questions and resources that surface for each session
- Messaging between sessions to look back and look ahead to connect learners' experiences
- Send tailored "make it stick" reminders of key ideas participants can use in their daily work
- Detail our evaluation data to get insights and feedback to presenters and our team



Scan to learn more about our learning communities

BUILDING CONNECTIONS: VIRTUAL LEARNING COMMUNITIES

PUBLICATIONS AND PRESENTATIONS

Poster: Supporting Implementation Outcomes through Online Learning Communities

- **Results:** Online learning communities can be an effective form of support for the behavioral health workforce when they challenge current professional practices, focus on relevant topics, have skilled facilitators, and encourage connections among participants.
- **Implications:** Learning communities can be successfully implemented in online formats. They lead to positive outcomes, especially when the topics are novel and relevant, training quality is high, and there are opportunities to form connections with other participants

Article: Training and Supporting Healthcare Leadership During the COVID Pandemic

- **Article Overview:** The Northwest Mental Health Technology Transfer Center developed resources for leaders in public health to support and train during the COVID-19 pandemic. The Provider Well-Being Initiative was created with two goals in mind: building strategies for individual self-care and assisting health and behavioral healthcare agencies in implementing well-being interventions for their organizations. Learn more about how Northwest MHTTC's initiative helped leaders in public health tackle the specific hardships faced by leadership in public health and what tactics led to a 100% recommendation rate among participants.

Conference Presentations

- "Supporting Our Well-Being: Workforce Equity, Training and Resilience"
- "Virtual Learning Works! Building resilience, supporting leadership and connecting our field"
- "Hidden in Plain Sight: How racism & bias demands effective training"



LEARNING COMMUNITY PROJECTS COMPLETED TO DATE

Operationalizing Resilience for Crisis Response Workers

Examining Bias and Ideologies to Improve Care

Essentials of Care for Supporting Individuals with Serious Mental Illness

Challenging Stigma Through Understanding and Intentional Action

Cultural Adaptations of EBPs in Treating Hispanic and Latinx with Mental Health Disorders

LGBTQ+ Youth/YA Suicide Awareness & Prevention for Families Learning Community

Knowing Head, Heart, and Gut: A Live Learning Community for Supervisors

Skills for Psychological Recovery (SPR) for Direct Service Providers

Vitality for Behavioral Health Care Supervisors and Leadership

Kaleidoscope: Using Our Multicultural Lens to Learn, Heal and Thrive

Crisis Response, Management & Recovery

Taming Turbulent Times

Interactive Ideas To Engage Your Audience During A Virtual Session

Start with Strategy, Not Technology

First think about the strategy you'll pursue to facilitate learning, connection, and interaction. Then find the activity and corresponding tool that will facilitate your goal. Don't put the technology at the center. Here are some key strategies:

Ice breakers & discovering who's present

Presenter connecting with audience

Assessing & activating prior knowledge

Brainstorming ideas or sharing associations

Connect audience with each other

Assessing or reviewing the session's learning, emphasizing take-aways

Reactions or responses to shared content

Brain breaks to refresh

Interactive Ideas To Engage Your Audience During A Virtual Session

Matching Strategies to Activities

<p>Ice breakers & discovering who's present</p>	<p>Presenter connecting with audience</p>	<p>Assessing & activating prior knowledge</p>
<ul style="list-style-type: none"> • Word cloud • Chat or respond to • Ask for audience's reactions with emojis • Annotating the slide being shared • Polls 	<ul style="list-style-type: none"> • Word cloud • Chat • Ask for audience's emoji reactions • Q&A 	<ul style="list-style-type: none"> • Poll • Quiz • Discussion • Respond to knowledge questions
<p>Brainstorming ideas or sharing associations</p>	<p>Connect audience with each other</p>	<p>Reactions or responses to shared content</p>
<ul style="list-style-type: none"> • Word cloud • Whiteboard • Annotating the slide being shared • Working together outside of live sessions • Type your ideas into chat 	<ul style="list-style-type: none"> • Breakout rooms • Chat • Ask for audience's emoji reactions • Working together outside of live sessions 	<ul style="list-style-type: none"> • Word cloud • Ask for audience's emoji reactions • Chat • Annotating the slide being shared • Whiteboard
<p>Assessing or reviewing the session's learning, emphasizing take-aways</p>	<p>Brain breaks to refresh</p>	<p>Tools We Love:</p> <ul style="list-style-type: none"> • Zoom (polls, quizzes, whiteboard, breakout rooms, chat, emojis) • Mentimeter (word clouds, quizzes, comment walls) • Padlet (online bulletin board) • Answergarden.ch (word clouds) • Google Jamboard (digital whiteboard, requires Google account)
<ul style="list-style-type: none"> • Poll • Quiz • Working together outside of live sessions in shared workspace • Type your ideas into chat • Whiteboard 	<ul style="list-style-type: none"> • 5-4-3-2-1 Activity: name 5 things you can see; 4 things you can touch; 3 things you can hear; 2 things you can smell; 1 thing you can taste • Riddles, puzzles, images • Pause screentime 	

About Us

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

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

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



Contact Us

FREE TRAINING & RESOURCES

Visit our website

MHTTCnetwork.org/northwest



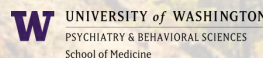
Reach us

northwest@mhttcnetwork.org

206-744-9327

Follow us

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Ver: April 2023



Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PROUDLY SERVING
ALASKA, IDAHO
OREGON & WASHINGTON

Focus Areas



Evidence-Based Practices for Psychosis

Including CBT for psychosis and assertive community treatment (ACT).

MHTTC National Area of Focus



Integrated Care

Integrating mental health, substance abuse, and primary care services to care for people with multiple healthcare needs.



Equity & Resiliency

Addressing the well-being of providers. Supporting topics & speakers to impact health disparities and inequities.



School Mental Health

Provide training, build infrastructure, and promote mental health services in schools and systems.

...and many more!

Free Resources

Live, informative learning

- Webinars
- Learning Communities
- Culturally-specific topics
- Speaker Series
- Focus on equity
- Intensive Implementation
- Leadership events



Dozens of Online courses

- Violence Risk Assessment and Management
- The Psychiatrist's Guide to Population Management of Diabetes
- CBT for Psychosis e-Primer
- Empowering Wellness in Mental Health
- Introduction to Assertive Community Treatment

 HealthKnowledge.org

...and more in development!

Available on our website

- Archived webinars, slides & tip sheets
- Our Podcast: "Putting It Together"
- Training announcements
- Resource library & network products
- News from the field



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTCnetwork.org/northwest

Our Goals



Practices that work

Accelerate adoption and implementation of culturally-relevant and evidence-based practices (EBPs)



Workforce Support

Heighten awareness, knowledge, and skills of the workforce addressing the needs of individuals living with mental health issues.



Build Connections

Foster alliances with culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services.



Training Access

Ensure availability and delivery of free, publicly available training and technical assistance to Region 10 providers and beyond.



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

IMPLEMENTING AN EVIDENCE-BASED LIFESTYLE INTERVENTION

STRIDE 

OVERVIEW

People with serious mental illness have a life expectancy that is on average 10-15 years shorter than that of the general population. Cardiovascular disease (CVD) is the leading cause of this premature mortality;¹ obesity and diabetes are major risk factors for CVD, and all antipsychotic medications are associated with increased risks of both obesity and diabetes.²

STRIDE is an evidence-based lifestyle intervention that has been shown to promote clinically significant weight loss and reduce the risk of diabetes among people taking antipsychotic medications. The program was developed by Kaiser Permanente Center for Health Research.

[Read more about the trial.](#) STRIDE and other similar evidence-based lifestyle programs have not been widely implemented in routine community mental health settings. A pilot implementation of STRIDE in a Certified Community Behavioral Health Center (CCBHC) was conducted to inform larger efforts to disseminate the program.

PROJECT

Dr. Lydia Chwastiak and Dr. Bobbi Jo Yarborough are established researchers in the area of integrated care in community mental health settings. In joining forces, the Northwest MHTTC and Kaiser Permanente Center for Health Research aimed to develop the research and training materials for a wider audience to support the implementation of the STRIDE program in mental health settings.

Starting with training materials from a research study, we provided intensive technical assistance (TA) to a single Certified Community Behavioral Health Clinic (CCBHC) in Tacoma, WA. This training equipped a small group of clinicians with the skills necessary to facilitate STRIDE groups independently. This project was initiated during the COVID-19 pandemic and was adapted in response to the evolving situation. These adaptations also led to the development of training materials for a wider delivery than initially scoped.

1. Olfson M, Gerhard T, Huang C, Crystal S, Stroup TS. Premature Mortality Among Adults With Schizophrenia in the United States. *JAMA Psychiatry*. 2015 Dec;72(12):1172-81.

2. Ijaz S, Bolea B, Davies S, Savović J, Richards A, Sullivan S, Moran P. Antipsychotic polypharmacy and metabolic syndrome in schizophrenia: a review of systematic reviews. *BMC Psychiatry*. 2018 Sep 3;18(1):275.

OUR PARTNERS

 KAISER PERMANENTE.
Center for Health Research



Bobbi Jo Yarborough, PsyD.
Senior Investigator



Christine Catlin, BS
Research Associate

STRIDE



EBP Lifestyle Program
Implementation Support

GOALS FOR PROJECT

- 1 **Develop materials and resources to provide virtual training and technical assistance for implementation of the STRIDE program**
- 2 **Tailor longitudinal consultation by an expert trainer to target barriers in the early implementation period**
- 3 **Evaluate the acceptability of the virtual training materials and the feasibility of longitudinal consultation as an implementation strategy**

CHALLENGES TO DISSEMINATION

STRIDE is an effective program for promoting a healthy lifestyle among people taking antipsychotic medications, but the experts who developed the program have limited capacity to respond to requests for training.

In-person training is resource-intensive and some individuals and groups face barriers to accessing (e.g., limited funds for travel long distances or hosting a training), but there is limited guidance for the development of interactive and engaging virtual training activities.

Training on evidence-based practices involves acquisition of both knowledge and skills. Staff in most clinical settings have limited time available for live training, so face-to-face time should prioritize skill building, but foundational information must also be available.

STRIDE group facilitators need ongoing support after the initial training, but the longitudinal implementation support provided in research studies is not feasible in routine clinical settings.

IMPLEMENTATION STEPS



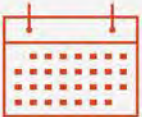
Partnered with Kaiser Permanente Center for Health Research, Portland, OR



Project took place in a new CCBHC in Tacoma, WA



Clinical staff trained as STRIDE group facilitators



2 live virtual sessions
6 months of consult calls



[View summary and resources](#)

1

Transformed the foundational manual of the clinical evidence & principles underpinning STRIDE into the free, widely available e-course [Empowering Wellness in Mental Health: Helping People with Their Lifestyle Changes](#).

2

Led organizational readiness exploration with CCBHC leadership for implementation.

3

Adapted existing training materials from clinical trials into curriculum for an engaging live 8-hour skills training session, delivered virtually over two days.

4

Provided longitudinal training and coaching to CCBHC STRIDE group leaders.

5

Created a curriculum package including [training videos](#), [learning guide](#) and a 5-hour e-course for STRIDE Group Facilitation.



PROJECT RESULTS



After being trained, the CCBHC's STRIDE group facilitators completed STRIDE's 24-session curriculum with a first group, then launched two other groups within the first 6 months of implementation. A wide range of providers with varying levels of education, including social workers, a nurse, peer specialists, recreation/occupational therapists, a case manager, and substance use disorder professionals all successfully facilitated engaging groups.

MEETING OUR GOALS

- Developed free-to-access training materials that could be used with a wider audience, including an e-course, curriculum package, and 5-hour STRIDE group facilitator training.
- Held meetings and interviews with staff and CCBHC leadership to tailor implementation strategies to target identified barriers.
- The first STRIDE group launched in January 2022, and from March to June 2022 three subsequent groups launched. Attendance has been lower than anticipated, however interest remained to continue expanding access.

DRIVERS

Key drivers during the implementation process included:

- Buy-in from leadership
- Interest from clients
- Engagement from staff
- Staffing capacity
- Organizational data tracking tools that aided in identifying eligible clients
- Grant funding support
- Access to highly skilled trainers
- Structured and implementable training materials

BARRIERS

While COVID was the major barrier to engagement, participants and staff also reported other challenges:

- Accessibility/lack of time for training
- Staff turnover
- Unfilled key staff positions at the time of the STRIDE training
- Competing organizational demands
- No protocol developed to support referrals from outside practitioners
- Challenges following the manualized curriculum under time constraints

LESSONS LEARNED

This intensive TA project addressed integrated care, a priority topic in Region 10. For community mental health organizations wishing to implement evidence-based lifestyle programs, major barriers include awareness of specific evidence-based interventions and access to training materials. Accordingly, this project's primary goal was the development of scalable training materials for the STRIDE intervention. These materials have been well received and the foundational online course we developed has been among the most popular [MHTTC online courses in the HealthKnowledge platform](#).

93.4% Overall quality as rated by participants

Longitudinal consultation was key to addressing other implementation barriers. In many clinical settings, lifestyle groups are not sustained because there is no systematic process to identify clients who might benefit. The pilot organization did have these data available, but there was no protocol to incorporate the data into a referral workflow. No individual staff was accountable for monitoring whether referral numbers met pre-specified targets. Specific attention to key determinants of program sustainment—clinical champion, multi-disciplinary implementation team, accountability for key implementation tasks and capacity to use data to improve care—should be emphasized in longitudinal consultation activities.

“

What I found most helpful about this training was...

- The variety of ways you can use materials to reach clients
- Being able to use some of the skills in a one-on-one setting
- Having detailed explanations of each group lesson and how to lead them

”

Participants of the Initial STRIDE Facilitator Training



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CONTACT

Northwest MHTTC

www.mhttcnetwork.org.northwest 

northwest@mhttcnetwork.org 

[@northwestMHTTC](https://www.facebook.com/northwestMHTTC) 

[@Northwestmhttc](https://twitter.com/Northwestmhttc) 

