

Jeff Sheen 0:04

(Intro Music) Hello, and welcome to the Mental Health Crossroads Podcast. I'm your host Jeff sheen. Today I'm visiting with Dr. Ty Aller. Dr. Aller is a licensed Marriage and Family Therapist in private practice. He's also an essential member of the Mental Health and Developmental Disabilities National Training Center. So, Ty, thanks for joining us today.

Ty Aller 0:27

Yeah, thank you. I'm happy to be here.

Jeff Sheen 0:29

Can you tell us a little bit about your educational and professional background?

Ty Aller 0:32

Yeah, I'd love to. So, I have a bachelor's degree in psychology of political science, little bit of an aside, but I was originally thinking of being a family lawyer, something to that effect and then got into psychology and was really, really loving it. And then started an early childhood development program, then went into marriage and family therapy, and a master's degree, and now I have a PhD in Human Development and Family Studies. I've worked in nonprofit organizations doing therapy for survivors of domestic violence as well as children that have experienced physical and sexual abuse. Now I own a private practice in northern Utah working primarily with adolescents.

Jeff Sheen 1:12

So, what was it that drew you into the mental health field? You know, versus the law field? How did you end up here?

Ty Aller 1:19

Yeah, it was actually really funny. I was talking to some of my professors when I was an undergrad, and I kind of told them what my value was of connecting with people and trying to help, and also lawyers basically told me run for the hills, don't go into law, go into therapy, rather than pursuing a law degree. And, you know, my grandma's actually a therapist, my aunt's a psychiatric nurse on a behavioral health unit, so it's, kind of runs in the family to work in the mental health field. And I also, you know, experienced a lot of anxiety growing up, so I went to therapy myself, and it was really, really beneficial. And I wanted to have the opportunity to try to give back to my community, as both a self-advocate and a provider.

Jeff Sheen 1:57

So, tell me a little bit about what you enjoy the most about working in this field.

Ty Aller 2:01

That's really tough. I think, you know, for me, it usually comes down to two or three things. So first is being able to connect with people, I really think it's fun learning about their stories and trying to learn more about them. And the second piece is, I really do think the field's challenging to do well in. And I really, really love the mental challenge of trying to find ways to connect with different ways of thinking, in people, in individuals of different, you know, backgrounds, and trying to figure out how do we help them, you know, thrive in their own life circumstances, which is both really rewarding, and really challenging at the same time.

Jeff Sheen 2:40

Along this path to-to work in this field and kind of the things that you enjoy and the challenges you're talking about. Have you had any mentors that have really kind of supported you in this journey?

Ty Aller 2:52

Oh, yeah, absolutely. You know, everything I've ever done, I really feel like it's a credit to someone helping push me in a different direction. I think for me it started in high school with two teachers that started believing me, Allison Finehour and Margaret O'Brien. And then in my undergrad you know, Dr. Ken Anderson was super, super influential and try and help me learn about the therapy field. Dr. Lori Rodman, who's at Utah State University, and Dr. Sheila Anderson really mentored me on how to do research and get engaged. I think, you know, each one of those mentors helped me develop an identity to kind of foster my own strengths and my own personality to then go off into the field and try to give back in ways that are really meaningful, and meaningful to me.

Jeff Sheen 3:32

So, as you have, as you went through your kind of education and forming your professional identity and actually engaging in therapy and-and serving clients in a private practice, what have you found to be one of the most significant challenges and how did you kind of address that challenge?

Ty Aller 3:48

Yeah, so the significant challenge I think, for me personally, in my role in providing, is I'm young, so 27 years old, and I started practicing therapy at 21. And a lot of the people I was serving were considerably older than me. And so, there was a lot of credibility issues, I think at the beginning. But what that really challenged me to do was just be okay and meet people where they're at, and really respect self-advocacy, which I think has really complimented, kind of, the experiences that I now have working with the Mental Health and Developmental Disabilities National Training Center with our emphasis on self-advocacy. Current challenges, I think, that I'm experiencing now is, how do you stay balanced with the work because I really care about the people I work for. And it can become all-consuming because there you know, there are mental health shortages, especially in rural areas where we live here. So, if I opened up my schedule to 80 hours a week, I'd be full 80 hours a week, and it's not necessarily speaking to my skill set, it's speaking to the need. So, finding balance to stay healthy so I can keep giving back in a way that's meaningful.

Jeff Sheen 4:52

Yeah, that's-that's absolutely important discussion, I know that you and I've had several times about the balance between work and the rest of our lives. Does your private practice have, do you have like a focus area?

Ty Aller 5:04

Yeah, so my background is in trauma focused cognitive behavioral therapy. And I do, what that model is, is working with kids that have experienced abuse. It's probably the gold standard currently for an evidence-based treatment in helping kiddos work through PTSD symptoms that have experienced physical, sexual or emotional abuse. Primarily, I love working with adolescents. I try to stay connected with, kind of, the school counselors in the community and a lot of the pediatricians. I love working with adolescents because I get to be more myself.

Jeff Sheen 5:38

So Ty, one of the issues that we see in the mental health and dual diagnosis of developmental disability area is that a lot of mental health providers don't necessarily get any training in disability, generally, let alone training on how to work with individuals with developmental or intellectual disabilities. We talked to Dr. Eisenbaum about her training experience as a social worker. What was your experience? Were you ever given any kind of formal training or education around how to work with individuals that experienced developmental disabilities and a mental health issue?

Ty Aller 6:11

Yeah, I really appreciate that question. And, you know, when I got hired on in this position, I was very forthright in my interviews of saying, you know, my training is from the mental health perspective, and I didn't have a lot of exposure to developmental disabilities. Not to be too long winded here; but in my, my all my background has been in either human development across the lifespan, or psychology and, as I've, you know, gotten integrated into the field worked with, you know, you, Jeff and with Dr. Matt Wappett, I've realized, Wow, I've never even really had exposure to developmental disabilities or the historic, or like the historical background on individuals that have developmental disabilities and kind of the experiences they've had. It does seem to parallel a lot of serious mental illness which I'm more familiar with.

Ty Aller 7:00

But long-winded answer short is no, I didn't have a lot of experience. And honestly, that is one of the pieces that I feel like I can contribute to the mental health field because I don't think most mental health providers, and if you look at the curriculum in schools, they're not getting the training. I don't think they have a lot of training. And so, then they feel inadequate, and then they go, I just can't work with this population. I don't know how. So, we refer out. But there's really nowhere to refer out to, especially in our rural communities, like we're living in here, in Utah. And so, it kind of creates this problem, and it's one of the things that I'm passionate about is, how do we help build competency for our providers? And how do we help them you know, work more compassionately and more effectively with this population and really respect the self-advocacy movement, to help inform our practice? And so, it's a current process that I'm going through and I'm constantly striving, you know, constantly striving to learn about, but it's something that, yeah, it definitely was a deficit.

Jeff Sheen 7:57

So, you know, you mentioned competency in this area. What are some of your thoughts on how other mental health professionals can begin to develop some competency in this area? What can they do, kind of, in a concrete way that, instead of turning away clients that they're not comfortable working with because they don't feel like they have an understanding of developmental disability, where would you start? If you're a new practitioner that wants to serve this population, you're in a rural area, you realize that I've got to learn how to serve this population more effectively. Where would you have them start? Where would you suggest?

Ty Aller 8:28

Yeah, I think that's a great question. And it's really hard because individuals that are providing services on the front line don't have a ton of extra time because they're busy serving. So, I think some of our, you know, best education to come from the people that are sitting in front of us. I, you know, was working with an individual with an intellectual disability last year, and, honestly, I didn't necessarily fully

understand how they were experiencing some of the mental health issues they were going through. So, I just asked. And then I sat down and listened. And then I asked family members and I sat down and listened. So, I invested the time to just start listening more, rather than trying to force the model of my education onto them. And I really think that was a helpful first step, was being curious and trying to be more humble to learn again.

Ty Aller 9:15

I think, for me, what's been probably most impactful is learning about the history, some historical injustices both for the serious mental illness and with individuals with developmental disabilities. So, finding people that may be able to teach you or you know, watching documentaries on YouTube, I think it's a great resource. And so just trying to really orient us back to, what are some of the historical injustices and how might that influence how individuals will interact with mental health providers and the medical system? Because we, you know, even within mental health, the mental health world, the medical system has had a lot of detriments to individuals with mental health issues. There's been some benefits as well. But understanding that nuance there I think is probably the first step, and once you get there, then you can start crafting new questions to learn more. And then just continually being curious and passionate about learning.

Jeff Sheen 10:06

I really appreciate your perspective, I think one of the things that is interesting in working with you, I come more from the developmental disabilities side of things. I do have a background in social work, but not a clinical background. I'm more of a community development, program development side of things. And recognizing that, as much as mental health practitioners don't always have a good understanding of developmental disabilities, those of us that are on the developmental disability side of the equation, don't always have a good understanding of current best practice on the mental health side. And so, I think the nice thing is having you as a clinician weigh in on these things, and then we're also, we're also talking to individuals with the lived experience, and folks that work on the developmental disability side of things, so that we can kind of all get on the same page and provide better care for the population that we're interested in serving.

Jeff Sheen 10:54

So, I do want to switch gears just a little bit and I know that you've been a huge advocate for mental health resources and advocacy on college campuses. And I'm curious if you could just tell us a little bit about what you've been doing in that area over the last several years.

Ty Aller 11:08

Yeah, it's been probably a five-year experience. So, I'll try to be just as brief as possible. But about five years ago, when I was going through my marriage and family therapy training, I was meeting with one of my good friends, Lacey Hagen, who was in the program, and we were talking with a clinical psych student, Lester Papa, and we're talking about how we were seeing students on campus are experiencing mental health issues and suicidal ideation and we were just going, "wow!", we could see 40 students a week and still not even make a dent in this problem. And so, that's when my mind started shifting more towards a macro perspective of how do we help self-advocates kind of serve one another; similar idea to like mental health literacy, you know, put out by Jorm (Anthony F. Jorm), the World Health Organization often calls for these similar approaches. But we tried to start implementing that here at USU and through being involved with student government, I was able to kind of help work with other passionate self-advocates to get more resources on campus, campus here at Utah State.

Ty Aller 12:04

And I was appointed by the governor of Utah, Gary Herbert, to serve on the Board of Regents, which governs, kind of, the whole Utah system of higher education. And we were able to pass policy there that helped address mental health needs of students on our campuses. And this kind of launched into creating a course on our campus called mental health awareness and advocacy. And we teach it to our undergrads here. It's really kind of a community-based model that we've evaluated and it seems to be preliminarily effective at improving students ability to identify mental health issues, locate evidence based resources, and respond to mental health issues effectively. We're hoping to grow that model and that's one of the areas of research that I'm now doing here at the CPD. But that's been kind of the overall, you know, mental health, student's mental health approach that we've used, but the emphasis has always been back to, what do actually the students need, and how do we include them in the solution rather than just throwing everyone to their therapist, because that doesn't necessarily fix the problem either.

Jeff Sheen 13:04

Yeah, I want to visit a little bit about this, what you've done on the campus because I'm involved with a program called Aggies Elevated, which is a college experience for individuals with intellectual disabilities. And as more and more of the programs from Think College are out there and available to a population of individuals and students that have intellectual disabilities, they're also that same age group on college campus where a lot of mental health issues maybe first start to manifest. Do you see applicability or how what you've worked on with the mental health things on campus so far, could support that population as more and more students with ID are on our college campuses?

Ty Aller 13:43

Yeah, I think what is probably the most salient thing, you know, in our conversations, Jeff, that you've never said to me is, you know, developmental disabilities are a natural occurring piece of the human experience, and that is really much how I conceptualize mental health issues, is that it's a natural occurring piece of the human experience. And so, in my mind, absolutely. I think mental health literacy or helping educate individuals about how to recognize and how to locate resources is effective for everyone from a community-based model, because then we build up more community-based supports, and we have more social support.

Ty Aller 14:18

I think this is especially important for populations that have specifically lacked resources, especially coming onto a college campus. One of the things that I struggle with most with working in academia is how there are so many barriers, especially for first generation college students. As a first-generation college student, myself, I didn't understand the system and it developed, it created a lot of inherent stress that added on to the student, I mean, like, the student experience. And you know, as I haven't worked with Aggies Elevated population, myself, I can just imagine that those stressors have got to be there too. Because the whole system, the family system is dramatically changing, which is pretty normal for every transition age student, which those are the type of students I like working with is transition students, I think it's fun. So long winded answer again. But yes, I do think it would be, be a useful kind of model to figure out how we can interplay and how can we get, you know, these kiddos more aware of, kind of, mental health issues.

Jeff Sheen 15:15

Yeah, really appreciate the depth that you're getting into and kind of sharing your experience and your perspective. I think it's valuable for our listeners. I do want, I know that you're very interested in Acceptance and Commitment Therapy or ACT. And you have a couple different projects around that. I'm wondering if you could tell us briefly what it is about ACT that you're fond of, or how it kind of operates? And then what are the projects that you're working on that involve that?

Ty Aller 15:39

Yeah, yeah. You know, this has been an evolution. I was actually first introduced to ACT in my psychology undergrad by Dr. Michael Twohig who's, you know, really prominent researcher in the field, studies OCD, and I was in his abnormal psych course. And that model really spoke to me and I went, "wow, this is powerful stuff." And just to be, you know, very honest, I've actually used it a lot for myself, a book called The Happiness Trap by Dr. Russ Harris, really, I think fundamentally changed my life and how I experienced my relationship with my own feelings, helped me connect me back to my own personal values and has really helped drive my work now. And, you know, in my own personal

experience, and through the literature base, I've seen it can really do wonders for not only clinical populations, but for organizations, and for industry, and for workers.

Ty Aller 16:25

And so, currently, the two kind of projects we're looking at, one is, you know, collaborating with Dr. Mike Levin here at Utah State, and Dr. Beth Fauth, who have an online caregivers' intervention for parents with children with complex developmental disabilities with complex medical problems. And we're looking at launching that with the Utah Parent Center. And the other one is this Leadership Institute that we're developing for the MHDD:NTC that's really based on ACT training, which is the non-therapy model of Acceptance Commitment Therapy that really helps workers get more committed or re-in touch, I guess, with their values, helps them, kind of, learn how to manage some of the stressors that's inherent in this work, and then make more workable action to make lasting systems change.

Jeff Sheen 17:12

So, you mentioned the-the Leadership Institute being based around ACT training. Can you tell us a little, little bit more about what the Leadership Institute is geared toward doing? Who, who it's for, when it's going to be, a little bit of background on that?

Ty Aller 17:27

Yeah. So just shortly, the Leadership Institute, they were originally targeting professionals that work for University Centers for Excellence in Developmental Disabilities. The idea behind it is that to build capacity in the mental health aspects of individuals with intellectual and developmental disabilities, we need to make systems change because there are a lot of systems that are in the world around mental health and developmental disabilities that aren't necessarily meeting the needs. To do this well, we've really got to understand, what are our values in doing this, and how do we make more meaningful action that kind of creates this change. ACT training lends itself well to that because it helps these professionals explore their values, why they got into this field.

Ty Aller 18:13

So, in our Leadership Institute, it's composed of three kind of components. The first is a pre-Institute workshop that's done online, it's about six weeks long, probably takes about 12 hours. And in that they're really exploring why they got into this field, get a little bit of an introduction to the mental health aspects of individuals with IDD, and then it really kind of helps them identify maybe some of the action that they're doing that's not bringing about the change that they want. Then we invite them out here to Utah State University on the week of May 10 through May 16 of 2020, and they're going to come to the university and we have content experts in this field that are really going to be delivering content in a way that complements ACT training to get people reoriented to the problems that they're experiencing

for systems change and helping them identify more workable action based on models that are working well. And then lastly, we have this post-Institute follow up, which is about three months' worth of work where our team is actually going to reach back out to participants to identify the system change plans that they've outlined during the Institute, and then try to problem solve so we can really actually make some meaningful, workable action that creates systems change. And so, the overall idea is, is to get us recommitted back to these values, help us figure out how to manage the stress, and then make action that moves us closer, pivots us toward our values, to kind of make the work that we need to develop systems change and build capacity.

Jeff Sheen 18:14

One of the, then I understand that you'll be recruiting for the first cohort here in, around November, around the AUCD annual conference, for those of our listeners who are familiar with the Association of University Centers on Disability. We'll put a link in that, to that in our show notes. I do want to kind of now pull back to the bigger picture. When you think about the overall field of mental health and developmental disabilities, what are some of the biggest challenges that you see facing both sides of that equation?

Ty Aller 20:12

Yeah, it's a very complex question. And so, this is my limited podcast length answer. I think the two things that I think would help most dramatically changed the system is first is finding a way to address how we pay for mental health services for those that need active, ongoing services. Currently, kind of how our system works with insurance, and Medicaid, it's very hard for people to be able to afford these services as regularly as they need to. And then there are, there are obviously, provider shortages, especially in rural areas, which is what I'm most interested in. So, finding a way to, how do we actually pay for these services? And the second one is trying to shift this mentality away from the therapists are going to fix it all. That's one thing that as a therapist and provider that's booked down a ways. And as always, you know, try my best to serve a population, I go, man, isn't there a way we can get at kind of this in a better way, and I think prevention services or at least education. The K through 12 system, you see, I think the K through 12 system is leverage to really address this need. If you look at New York, they just passed legislation in the last three years that requires, you know, mental health or social emotional education in their system. I know the State of Utah Board of Education has been looking at this for the last few years, and, hopefully, will start to kind of implement more curriculum changes to help students start understanding how to identify and regulate emotions, because therapists can't do it all. So, if we can get two kiddos before these problems really manifest and develop, I think we can start serving them better. And then the third piece would be this mentality of it's not us or them. It's all of us. We're all humans going through this human condition and human experience. How can we build more communities of support without labeling it as, "you've got problem, go fix it," it's, "no we've all got this problem with the human experience and human condition, let's figure out ways to be more flexible with experiencing it."

Jeff Sheen 22:08

I appreciate that. You know, one of the things I enjoy when we visit, since we just live down the hall from each other in our office space, and I get to talk to you more than just in a podcast format, is kind of your authenticity around what your own experience is, what the, what it's like to just be a human and, and navigate that and be with whatever is in the present moment. And I think that's, you know, obviously from some of the ACT background that you have, and that you've embraced and use in your own life. I think that's really refreshing to have everybody kind of talk about their own background with mental health issues and really normalize that as the, as you said, it's just a natural part of the human experience, which-which is how I often refer to disability.

Jeff Sheen 22:52

That's one of the core values in the disability field is, it's just a natural part of the human experience. There's this variation in how people experience this world and I think that's a really valuable thing for professionals with a background that are providing therapy to talk about, you know, I've gone to counseling, I've seen a therapist, this is how it helped me, these are the things that I learned and integrating that into your own life. And then the authenticity of just being willing to share that with other people, I think is what makes you really good at your job. And I appreciate the conversations we have around these big topics. And I want to just ask you, kind of, in all of this, you-you seem to have a pretty generally pretty cheerful attitude about things. Despite some of the realities and challenges and difficulties. What do you see are the bright spots that are, that are working, what are the things that are working well, right now around mental health and developmental disabilities?

Ty Aller 23:43

Yeah, that's a fun question. I don't know if I'd qualify myself as someone that's always bright and cheerful, but I appreciate that. The bright spots, you know, when I accepted this position here at the CPD, I-I really advocated for myself to be able to continue doing therapy because I feel like that's the work that's most meaningful to me and connects me back with those bright spots. Watching people really master being able to identify their own feelings and going, oh, this is just a normal part of the experience. And they're being labeled as having anxiety or depression, and they're still living a very, very meaningful life based on their values that helps them feel successful. I think that, to me, is the most rewarding bright spot.

Ty Aller 24:24

One of the cool shifts I've seen from a policy level, are projects like this, where we're actually advocating and talking and opening up about the conversations, you know. When I was doing a lot of the mental health advocacy on our college campus, we couldn't get administrators to talk to us often. And it's, I don't necessarily think it was because they didn't recognize it as a problem. It was just because they didn't have the resources to devote to it. And now it's a common conversation. I think there are, you

know, not going back to the negative. I think there are some downsides to that, is that we want to be sure we're not romanticizing these experiences and mental health issues because it's not a fun experience. It's very uncomfortable at times and there are, you know, components of experiencing, you know, these mental health issues that can really cause life to be bad. But by having conversations about social support, I think that's the best thing we could do, so it's walking that fine line of balance. And seeing students do that, you know, have the opportunity to teach undergrads right now, and I think it's so fun to watch them come from diverse backgrounds. So, you know, we never even talked about emotions, and now, this just makes so much sense to me and has enriched my life. Super meaningful and really rewarding.

Jeff Sheen 25:31

Yeah, I think one of the things that we're, we are trying to do with this project and with this podcast, and we're excited for some of our upcoming interviews, is amplify the lived experience around mental health issues. And having professionals on the podcast that are willing to share their own experience, their own lived experience with mental health issues, I think is an important part of that story that a lot of us have dealt with serious depression or anxiety, or other mental health diagnoses. And by connecting to our values have been through some very difficult things, which makes us passionate about this thing. And then recognizing that, for a long time, individuals with developmental disabilities haven't been, it hasn't been recognized in the profession, that they also have a rich inner life that may be complicated by some of these mental health issues that are part of that human experience. And so, I appreciate you sharing some of your lived experience. I enjoyed visiting with you. I want to just wrap up by asking if there's any other things, or thoughts that you've had, while we've talked that you really wanted to share with the audience before we conclude.

Ty Aller 26:39

Yeah, I think just the last point I would put is that the work really needs to be done by all of us, not just by providers or people at universities. And so, some of the best things you can do is just start by having conversations and being curious. So, if you're a self-advocate or a family member, best thing you can do is just start talking more openly about mental health issues to learn, because that's how we build these communities of support. And I think that's really what's going to move the needle, as far as systems change. And we've seen that historically in both the developmental disabilities populations and serious mental illness is that the most meaningful policy changes come from self-advocates. So, I think it's really important to recognize the strength and power that they have, and we have, as a collective group, and really rallying together to make meaningful change. (Music)

Alexandra Schiwal 27:28

Thank you for listening to this week's episode of the Mental Health Crossroads Podcast. A takeaway from this interview with Dr. Aller is to get involved. Becoming an advocate can improve our community

supports for mental health issues and you can do this by learning to identify mental health issues, locate effective resources and respond appropriately by making helpful referrals and being supportive. (Music)

Alexandra Schiwal 27:50

If you're interested in learning more, you can check out the MHDD centers training page for community members to learn about mental health issues and other resources mentioned in this episode are linked in the show notes. If you're looking for more stories from self-advocates, check out the Digital Storytelling on our Voices page, where you can also find past episodes and transcripts of the podcast. Look for members of the MHDD team at our table at the AUCD national conference in Washington DC, November 17th to the 20th and follow us on social media @MHDDcenter. Thanks for tuning in. (Music)