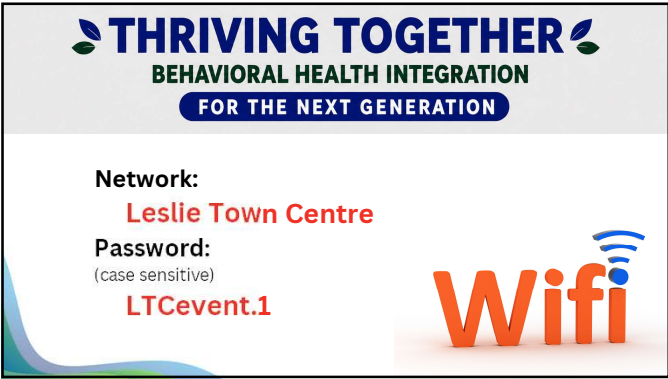


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This training event is sponsored by TDMHSAS in partnership with the Tennessee Association of Mental Health Organizations (TAMHO). Funding has been provided [in part] under grant number SM90006, the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

SAMHSA
Substance Abuse and Mental Health
Services Administration

THRIVING TOGETHER
BEHAVIORAL HEALTH INTEGRATION
FOR THE NEXT GENERATION

**SESSION
handouts**

Visit www.tamho.org/educational-events
to print or download these items to your
electronic device.

Presentations



Agenda



**NETWORKING BREAK
AND RESOURCE TABLE VISITS**

**LUNCH BREAK
AND RESOURCE TABLE VISITS**



THIS TRAINING IS SUPPORTED BY GRANT FUNDING THAT DOES NOT PERMIT THE PROVISION OF FOOD OR BEVERAGES.

Feel welcome during the event to enjoy a snack or beverage that you brought with you today.

A one-hour and 15-minute lunch break has been built into the agenda to allow participants time to purchase lunch at nearby locations and return for the afternoon session.

Feel welcome to enjoy a lunch you brought with you today or bring one into the Centre to enjoy while networking with other attendees and visiting the resource tables.

Chartwells
Higher Education
TN TECH
DINING
SERVICES

Cookeville
Pregnancy
Center

Heart of the
Cumberland

Mental
Health
Cooperative
*First Episode
Psychiatric
Initiative Team*

Office of
Faith-Based
Initiatives
TDMHSAS

Office of
Wellness and
Employment
TDMHSAS

Park
Center

Tennessee
Kidney
Foundation

Tennessee
Mental Health
Consumers'
Association

RESOURCE
TABLES

THRIVING TOGETHER
BEHAVIORAL HEALTH INTEGRATION
FOR THE NEXT GENERATION

THANK
YOU

We would like to
express our
appreciation to
each of these
organizations for
providing
valuable
information and
resources.

Tennessee
Department of
Mental Health &
Substance Abuse Services

CONTINUING PROFESSIONAL DEVELOPMENT

A certificate of continuing professional development for up to 5.00 contact/clock hours will be made available by TAMHO to all participants upon request for documentation of clock/contact hours earned.

National Association of Social Workers - Tennessee Chapter

This program has been approved by the National Association of Social Workers - Tennessee Chapter for 5.00 CE units/contact/clock hours.
Approved member #6280206-6173

Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists

As stated within the rules and regulations of the State of Tennessee Board for Professional Counselors (0400-01-12-03-(a)-1-vi and vii), Marital and Family Therapists (0400-02-12-03-(a)-1-vi and vii), and Clinical Pastoral Therapists (0400-03-12-03-(a)-1-vi and vii), the hours approved for this conference by APR and/or ACP are considered pre-approved hours acceptable for submission of documentation for continuing professional development for individuals licensed by this Board.

State of Tennessee - Health Related Boards - Board of Licensed Alcohol and Drug Abuse Counselors (LADAC)

As stated within the rules and regulations of the State of Tennessee Board of Alcohol and Drug Abuse Counselors (0300-00-01-10), TAMHO is considered an authorized entity for continuing education courses, events, and activities related to the practice of alcohol and drug abuse counseling. Individuals are responsible for assessing and determining the appropriateness of session content as relates to LADAC continuing professional development requirements.

Tennessee Certified Family Support Specialist (CFSS)

This program has been approved by the Tennessee Certified Family Support Specialists for up to 5.00 CE units/contact/clock hours.

Tennessee Certified Peer Recovery Specialist (CPRS)

This program has been approved by the Tennessee Certified Peer Recovery Specialists for up to 5.00 contact/clock hours.

Tennessee Certified Young Adult Peer Support Specialist (CYAPSS)

This program has been approved by the Tennessee Certified Young Adult Peer Support Specialists for up to 5.00 contact/clock hours.

It is the responsibility of the event attendee to use their professional judgment, to justify the continuing educational programs attended or electronic or digital media viewed meet the guidelines of their respective licensure or certification board(s) agencies and is relevant to their professional practice.

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Organizations

Thank you for attending.

Your feedback is key to our growth and success.

Please be sure to complete the evaluation which is accessible using the link to the right of the screen.

The online form contains evaluations for each of the session and concludes with a Request for Documentation of CE units / contact / clock hours earned.

For assistance, please reach out to:

Teresa Fuqua
Director of Member Services
615-244-2220
TFuqua@tamho.org
<https://www.tamho.org>
205 Teakwood Lane
Franklin, TN 37067

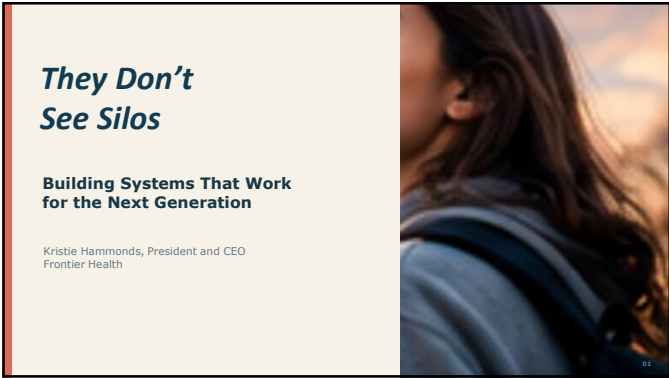
EVALUATION & CE
DOCUMENTATION
LINK

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Cookeville, TN

4







What does the system
look like from the other
side of the desk?

Begin with the person's experience.



A young person doesn't have a behavioral health problem



They have a life.

Money

Mental health

Family

Physical Health

Housing

School

A LIFE

Meet the Generations

Generations are not monoliths. These ranges provide context, not a complete identity.

GEN Z

Born 1997–2012

Adolescents, college students,
young adults, and emerging
professionals

GEN ALPHA

Born 2013 onward

Growing up in a fundamentally
digital environment

Meet Alex

19 years old

College student. Part-time worker.
Managing anxiety. Helping at home.
Trying to build a future.

Alex will guide our journey through the system.



They came of age differently

The context surrounding development has changed.

1

2

3

4

5

6

9/11
2001

Smartphones
2007

Social media
2010s

COVID-19
2020

Economic uncertainty
2020s

AI
Today

Every major transition arrived during formative years.

66

Their world is connected

Relationships

Housing

Technology

Money

Work

School

Physical health

Mental health

WELL-BEING

Why would we expect care to be different?

67

What we're seeing

1

Increasing behavioral health needs

1 in 5 U.S. teens ages 12–17 experience a mental health disorder.

2

Earlier recognition and willingness to talk

Many teens say they have felt too nervous or anxious for a sustained period.

3

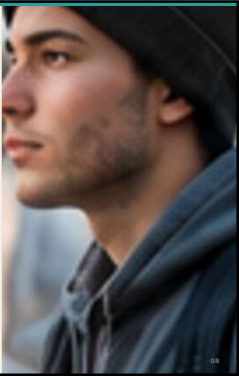
Demand for accessible, immediate care

Young adults prefer virtual options, simpler entry points, and faster responses.

4

Growing recognition of social determinants

Housing, relationships, school, work, and money shape mental health.



Mental health doesn't happen in a vacuum

The clinical concern may be only one piece of the picture.

Sleep

Housing

Academic pressure

Social connection

Relationships

Physical health

Substance use

Technology

Financial stress

MENTAL HEALTH

The expectation has changed

1

ACCESS

24/7 entry

2

IMMEDIACY

A response now

3

CHOICE

More than one door

4

CONVENIENCE

Care that fits life

5

PERSONALIZATION

Know my context

6

CONNECTION

Stay with me

We trained a generation to expect information, services, and relationships to be available almost instantly.

Why should healthcare be the exception?

[illegible][illegible]

The young person becomes the connector

Healthcare

Behavioral health

Higher education

Community

Workforce

Government

Family



We call it coordination. Alex experiences it as navigation.

14

Where do they fall through?

High school and college

Pediatric and adult care

Campus and community

Crisis and ongoing care

Student and workforce

What happens in the space between the boxes?



The seams

Eligibility

Insurance

Referral

Transportation

Scheduling

Data sharing

Communication

Funding

Privacy

Workforce

Stigma

Continuity of care

The system may work beautifully inside each organization and still fail at the seams.

15

Integration is more than a meeting

People share updates, then return to separate plans and separate measures.

THIS

Partners share responsibility, information, decisions, and outcomes.

Integration changes what happens because people are in the same room.

17

Three levels of change

POLICY

ORGANIZATION

COMMUNITY

Workforce

Government

Family

All three levels have to move, supported by the people closest to the work.

18

The question changes



Instead of:

How can we collaborate?

Ask:

If we were designing the system from scratch for a 19-year-old today, what would we build?

19

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11

BUILD THE SYSTEM

Imagine there are no silos.
No legacy structures.
No "that's just how we've always done it."

You have the people in this room.

What would you build?



Step 1: Identify the gap

Where does the system fall Alex?



● Access

● Referrals

● Transportation

● Insurance

● Communication

● Data sharing

● Crisis response

● Stigma

● Continuity

● Housing

● Substance use

● Academic support

10 MIN

Don't fix everything

Choose one problem.

Pick something you can actually influence.

A focused solution can reveal what the larger system needs.



Step 2: Build the solution

WHO	WHAT	HOW	OWNER
Who needs to be at the table? Students Providers Families Community partners Payers Technology partners	What needs to change? What program should we create? What should feel different for Alex?	What would we actually do differently?	Who is responsible for moving it forward? What can happen in the next 30-60 days?

23

Step 3: Policy academy challenge

You have 90 seconds.

1

The problem is...

2

This change we propose is...

3

The partners we need are...

4

Our first step is...

90 SECONDS



Step 4: What would have to change?

Where does your solution need movement?

ORGANIZATIONAL

Policy, workflow, staffing, data, or accountability

COMMUNITY

Shared ownership, partnerships, trust, or access

POLICY

Funding, eligibility, regulation, or incentives

Name the level that could stop the idea and the level that could unlock it.

25

The commitment

What will you do differently?

One thing I will do differently
because of this conversation is...

Write it down. Share it. Make it specific.



They don't see silos

They see their life.



We can build the most innovative programs in the world.

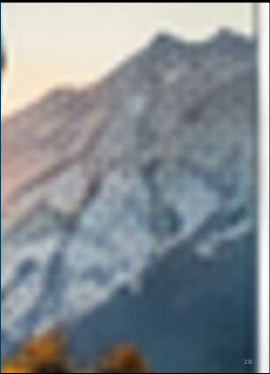
But if a young person has to navigate five organizations, tell their story five times, figure out which door to knock on, and hope someone connects the dots...

...we haven't built an integrated system.
We have simply built more programs.

Our job is to build systems
that are easier for young people
to navigate.

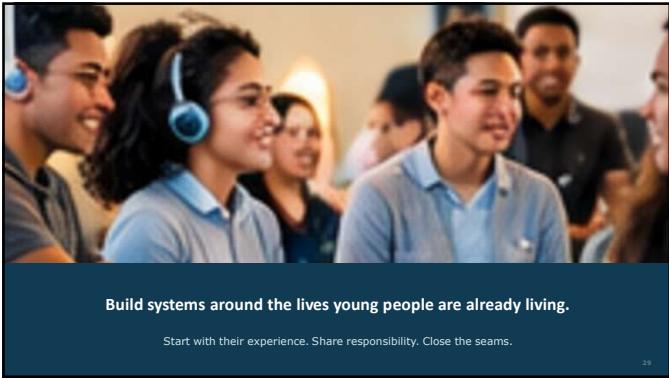
Our job is not to ask young people to become
better navigators of our systems.

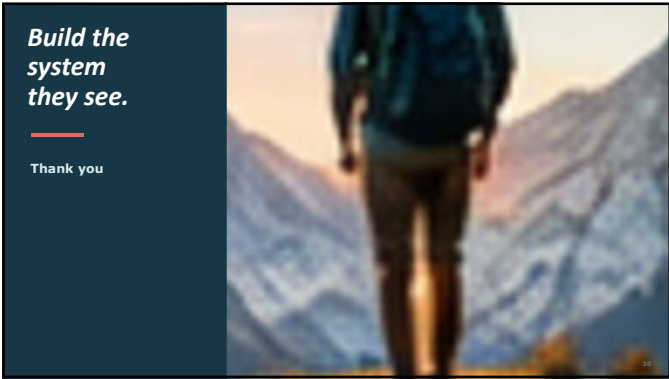
Because they don't experience their lives in
silos.



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14







LUNCH BREAK AND RESOURCE TABLE VISITS

A one-hour and 15-minute lunch break has been built into the agenda to allow participants time to purchase lunch at nearby locations and return for the afternoon sessions.

Feel welcome to enjoy a lunch you brought with you or bring one into the Centre to enjoy while networking with other attendees and visiting the resource tables.



Integrating Care for Young Adults

Jack Brantley, MA, LPCC, NCC
Statewide On Track TN Trainer - Lead Park Center

Ravi Patel, MA, LPC-MHSP
Clinical Coordinator, Center for Counseling and Mental Health Wellness Tennessee Technological University

Shirley A. Jennings, EdS, LPC-MHSP
Regional Vice President, Volunteer Behavioral Health Care System

Lisa Bumbalough
Public Health Director Putnam County Health Department-Community Health Center

Integrating Care for
Young Adults

THRIVING TOGETHER

Behavioral Health Integration for the Next Generation

Thank
you!



Paul Whitley, MA, LPC, CCS
Statewide On Track TN
Trainer - Lead
Park Center



Paul Potts, MS, LPC-Mental
Clinical Coordinator,
Center for Counseling and
Mental Health Wellness
Tennessee Technological
University



Misty A. Jennings, MS, LPC-Mental
Regional Vice President,
Volunteer Behavioral
Health Care System



Lisa Bunkersmith
Public Health Director
Putnam County Health
Department
Community Health
Center

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FUELING YOUR
WHOLE SELF:
Nutrition as a Pillar of
Integrated Health



Christine Warrick, MS, RDN, LDN

Nashville Nutrition Partners

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17



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Nashville Nutrition Partners

**SPEAKER
SLIDE DECK
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**Fueling Your
Whole Self**

NUTRITION AS A PILLAR OF
INTEGRATED HEALTH

Presented by Nashville Nutrition Partners

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 **Meet Your
Dietitian!**



CHRISTINE WARRICK, MS, RDN, LDN
Dietitian

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What are we going to talk about today?

1 Impacts of nutrition

2 Fundamentals of fueling

3 Building meals

4 Relationship with food

5 Food Fact or Fiction

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What comes to mind when you hear the word “nutrition”? How about just “food”?

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Food Science

Well-Being

Community

Nourishmen

Culture

Body Wisdom

Health

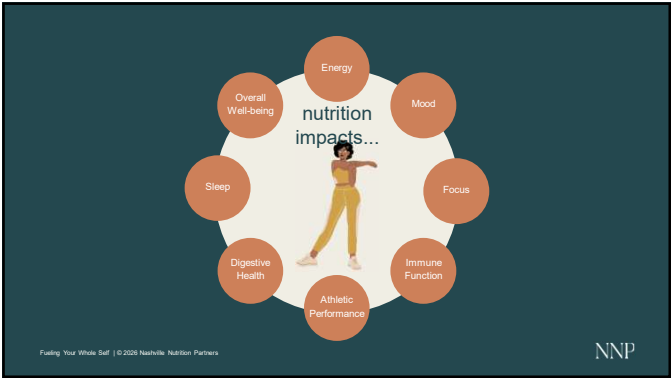
Connection

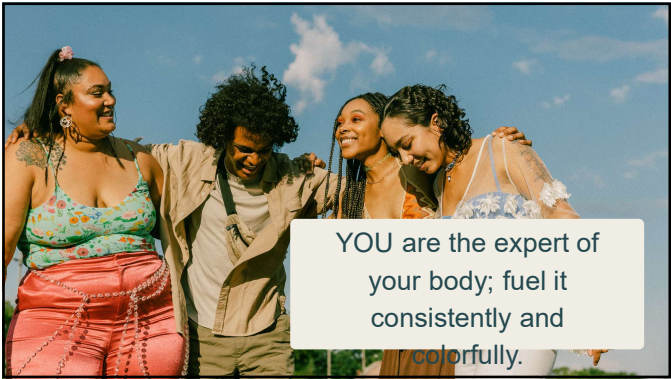
Self-Care

Balance

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The Fueling Hierarchy

INDIVIDUALIZATION
What else should I consider for my unique body?

VARIETY
Am I eating diverse foods?

BALANCE
Am I eating foods from different food groups?

ADEQUACY
Am I eating enough?

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Adequacy (Eating Enough)

NO diets!

Eat consistently throughout the day:

Be mindful of substances that suppress hunger: caffeine, nicotine, some medications

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Balance

Grains and Starches

Protein

Fat

Fruits & Vegetables (color)

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Balance

HONORABLE MENTION: FIBER



- whole grains (oats, quinoa, brown rice, whole wheat flour/bread, etc.)
- starchy vegetables (potatoes, peas, squash, root vegetables)
- nuts & seeds
- beans
- fruit and vegetables

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role					
Satisfaction role					

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain				
Satisfaction role	Gives quick energy & satisfaction				

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues			
Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer			

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning		
Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer		

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning	Protects cells from damage	
Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer	Provides a variety of flavors	

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
 Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning	Protects cells from damage	Supports digestive and heart health
 Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer	Provides a variety of flavors	Keeps you full longer

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Balance

FUN FOODS

- » Foods whose purpose is primarily flavor & pleasure, not necessarily nutritional value
- » Fun foods belong with the rest of our food group friends!
- » With nutrition by addition, we invite more variety to the plate rather than eliminating food groups



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Variety

Nutrition definition: eating a diverse range of foods from multiple food groups

WAYS TO EXPAND VARIETY

- » Remember, variety looks different for everyone. Don't get caught in the comparison trap.
- » Try a 'love it, like it, exploring it' approach to plating.
- » Practice curiosity; stay open-minded to new foods and new preparations of familiar foods, because taste preferences change throughout life.
- » Add color and texture.

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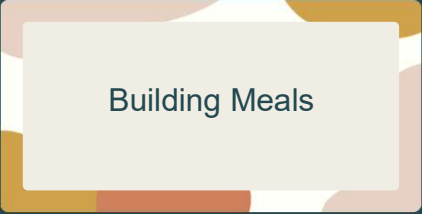
Individualization

NUTRITION PRIORITIES MIGHT VARY DUE TO:

- Activity-specific fueling needs (e.g., swimming vs. dance vs. football)
- Medical conditions, allergies, food intolerances
- Family medical history
- Food preferences
- Culture, religion
- And more...

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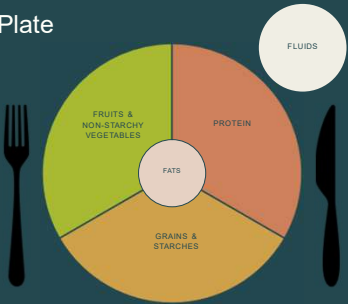


Building Meals

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Building a Plate



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Building a Plate

EX 1: ENTRÉE + SIDES



EX 2: GRAIN BOWL



EX 3: MIXED ENTRÉE



Examples from @PlateByPlateApproach on Instagram

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Around Campus

THE CAF

- Omelet w/veggies, potato skillet, & grapefruit
- Chicken, pasta & marinara, & peppers and mushrooms
- Soyrizo, chipotle portobello and beans, polenta, and vegetable medley

CHICK-FIL-A

- Grilled market salad & waffle fries
- Chicken sandwich & fruit cup

EINSTEIN BROS BAGEL

- Bagel & cream cheese, fruit & yogurt parfait
- Turkey & cheddar sandwich & fruit cup



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At the Dorm & at Home

MICROWAVE BURRITO BOWL

- Canned beans, rice, and frozen peppers & onions.
- Add salsa, guac, cheese, etc.

LOADED BAKED POTATO

- Microwave-baked potato, canned chili, steamed broccoli
- Add greek yogurt or sour cream, cheese, chopped scallions

SPICY TUNA RICE BOWL

- Canned tuna, greek yogurt or mayo, hot sauce
- Add rice and sliced cucumbers

HUMMUS VEGGIE WRAP

- Hummus, whole wheat wrap, lettuce, cucumber
- Add tofu for extra protein

EASY SALAD

- Favorite bagged salad kit
- Add anything missing: croutons for starch, baked tofu for protein

UPGRADED RAMEN

- Instant ramen, frozen stir-fry veggie mix
- For protein, try an egg or two, tofu, frozen shrimp

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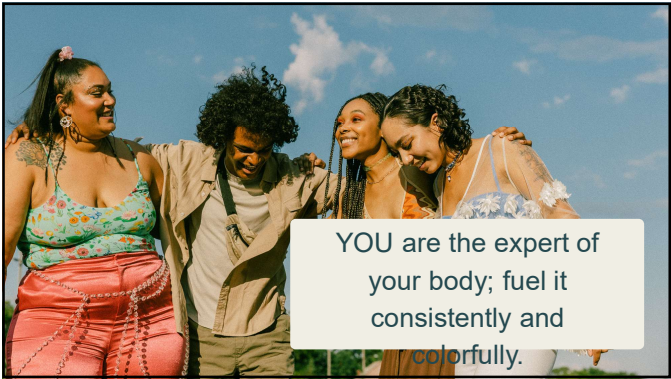


Brainstorm time!

- 1. Pick a couple go-to breakfast, lunch, dinner meals
- 2. Identify: do I have a protein, a grain/starch, a fruit/vegetable, a fat?
- 3. If any are missing, what would I add to make this a more complete meal?

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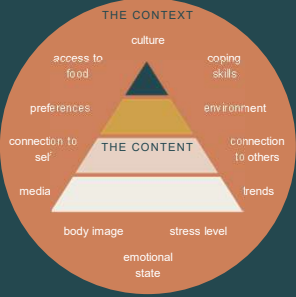
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YOU are the expert of your body; fuel it consistently and colorfully.

Nurturing a Positive Relationship with Food

Nutrition isn't just about the nutrients in the food we eat, it's also about our mental and emotional relationship with food.



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Relationship with Food

HOW TO PROMOTE A POSITIVE RELATIONSHIP WITH FOOD
FOR YOURSELF AND YOUR FRIENDS



Celebrate body diversity



Honor your appetite



Move joyfully

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Foodie Fact or Fiction

What are some food-related ideas you've heard that you want to fact-check?

Think about things you've heard from family, friends, TikTok...

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YOU are the expert of
your body; fuel it
consistently and colorfully.

Thank you!

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Christine Warrick, MS, RDN, LDN

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The Untapped
Potential of Music
Therapy in
Collaborative Care

Kate Kelly, MT-BC, RYT-200

Owner & Executive Director
Empower Music Therapy



SPEAKER
SLIDE DECK
ACCESS

HTTPS://WWW.CANVA.COM

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The Untapped Potential of
MUSIC THERAPY
in Collaborative Care

with Kate Kelly, MT-BC



WHAT WE’LL EXPLORE TODAY

- THE INNATE POWER OF MUSIC
- WHAT IS MUSIC THERAPY?
- MUSIC THERAPY IN INTEGRATED CARE
- MUSIC THERAPY FOR COLLEGE STUDENTS
- EXPERIENTIAL



THE INNATE
POWER
OF MUSIC

HAS A SONG EVER TURNED YOUR DAY AROUND?



HAVE YOU EVER BEEN MOVED TO TEARS AT A CONCERT?



HAS AN ALBUM EVER COMPLETELY RESONATED WITH
YOUR LIFE EXPERIENCES, EVEN THOUGH YOU'VE NEVER
PERSONALLY MET THE SONGWRITER?



DRUMROLL PLEASE



MUSIC IS AN INNATE PART
OF THE HUMAN EXPERIENCE.



Music is already within
you—your heart **beats**,
your **breath** flows... all in
rhythm.

MUSIC IS AN INNATE PART
OF THE HUMAN EXPERIENCE.

Music influences brain chemistry by releasing dopamine, reducing cortisol, and strengthening neural connections that impact mood, memory, and well-being.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.

Music transcends language— it's a universal voice we all understand.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.

Our musical preferences tell the story of who we are, where we've been & what moves us.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.

MUSIC IS AN INNATE PART
OF THE HUMAN EXPERIENCE.

Since music is an innate part of the human experience, it **holds profound therapeutic power**—making music therapy a meaningful tool that can benefit **almost anyone**.

WHAT IS
MUSIC
THERAPY?

SO.. WHAT IS MUSIC THERAPY?



- Evidence-based clinical practice
- Board-certified music therapist
- Uses music to help achieve individualized goals
- Social, emotional, developmental, mental health, overall quality of life goals

ADAPTIVE & INCLUSIVE

- Tailored to each person’s needs, interests & goals
- May include songwriting, instrument playing, improvisation, song discussion, musical games, music-guided meditation, etc.

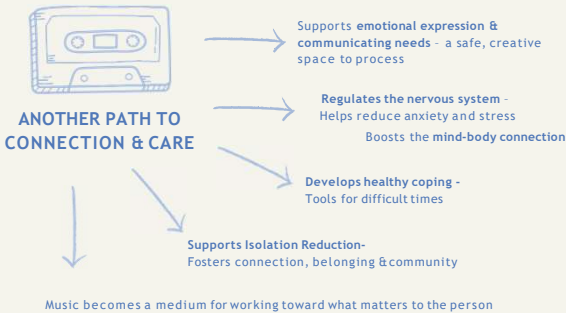


Personalized, Puposeful Care



- No musical experience required
- Session start with an assessment where we establish goals for our time together (such as healthy coping, self-expression and stress reduction)
- Musical experiences are selected and adapted to support those goals, with progress evaluated over time

Music therapy can support goals shared across behavioral and physical health care:



MUSIC THERAPY
IN INTEGRATED
CARE

When we think about integrated care, we're thinking about the whole person.



What is happening emotionally, physically, socially, and in their everyday life? What resources are they are already utilizing?

MUSIC THERAPY
FOR COLLEGE
STUDENTS

EXAMPLE 1:

for a 1:1 Session

Virtual or In Person

A highly creative student wants support managing family related stress and school demands.

They already utilize the school counseling services, but are curious about a more creative approach.

SHARED GOALS & COLLABORATIVE SUPPORT

- Identify the person’s priorities and existing supports
- Refer for a music therapy assessment
- Align goals with the person and their care team
- Share relevant observations and progress, with appropriate consent
- Adapt care together

Music therapy brings a creative, experiential way to work toward shared goals.

- The student might...
- Process an experience through a song discussion of a favorite artist

- The student might...
- Process an experience through a song discussion of a favorite artist
 - Practice a coping strategy through a musical experience

The student might...

- Process an experience through a song discussion of a favorite artist
- Practice a coping strategy through a musical experience
- Write a musical mantra to help them in a season of stress

The student might...

- Process an experience through a song discussion of a favorite artist
- Practice a coping strategy through a musical experience
- Write a musical mantra to help them in a season of stress
- Complete a music guided meditation

Music therapists can participate in interdisciplinary treatment planning and support shared treatment goals.



EXAMPLE 2:
for a group
session

A College Counseling Department
May Notice

- Trends of high stress amongst students
- High academic demands
- Lonliness
- Financial pressures
- Relationship stress
- Uncertainty about the future



Decide to book a “pop-up” group:

- Drum circle
- Therapeutic Songwriting Workshop
- Mood Enhancing Playlist Session
- Music & Self-Care Group
- Etc.



Takeaway: Music therapy is a highly accessible, effective and connective modality that can meet the needs of students in individual or group settings...

but it’s potential
is untapped!
So let’s collaborate.

EXPERIENTIAL

MINDFULNESS &
MUSIC THERAPY

Loving Kindness Meditation / Song

May you be filled with
lovingkindness
May you be well
May you be peaceful and at ease
And may you be happy

May I be filled with lovingkindness
May I be well
May I be peaceful and at ease
And may I be happy

May we be filled with
lovingkindness
May we be well
May we be peaceful and at ease
And may we be happy

Thank You & How to Reach Out

www.empowermusictherapy.com
kate@empowermusictherapy.com

Follow us on IG: @empowermusictherapy

Sources for clinical framing [1] American Music Therapy Association, Standards of Clinical Practice, musictherapy.org/about/standards/ [2] American Music Therapy Association, What is Music Therapy, musictherapy.org/about/musictherapy/ [3] American Music Therapy Association, Scope of Music Therapy Practice, musictherapy.org/about/scope_of_music_therapy_practice/

EMPOWER
MUSIC THERAPY

October 6, 2026 | Leslie Town Centre,
Cookeville, TN

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What Young Adults Want Their Providers to Know

Saressa Spences, MBSC
College Wellness Behavioral Health
Integration Counselor, TN Technological
University, employed through Volunteer
Behavioral Health Care System

Brady Anderson
Student, Tennessee
Technological University —
Vice President, Student
Veterans Organization

Latricia Hood, CYAPSS
YHSI Coordinator
Young Adult Action Board
Chair, Chattanooga
Homeless Coalition

Charles "Kullin" Lasne
Student
Tennessee Technological
University

What Young Adults Want Their Providers to Know

THRIVING TOGETHER
Behavioral Health Integration for the Next Generation

Saressa Spences, MBSC
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Health Integration Counselor,
TN Technological University,
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INTERNET-BASED PLATFORM FOR
THIS PRESENTATION**

Connecting Care, Strengthening Communities:
A Call to Collective Action

Douglas Ribeiro, Ph.D.
Associate Professor of the Practice
Human and Organizational Development
Peabody College | Vanderbilt University
douglas.ribeiro.1@vanderbilt.edu



Learning outcomes:

1.Examine integrated behavioral health through ecological and systemic perspectives, recognizing how individual well-being is shaped by relationships, systems, communities, and broader social conditions.

2. Identify opportunities to move from expert-driven siloed models of care toward collaborative approaches that build upon the knowledge, strengths, and capacities of individuals and communities.

3. Develop actionable strategies for advancing integrated care within their professional role, organization, or community through collaboration, critical reflection, and collective action.



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“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

(WHO, 1948)

2

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A College Student's Ecological Systems Model

UNDERSTANDING WELL-BEING WITH ECOLOGICALITY: JESSICA DE LAMBERT

Urie Bronfenbrenner's Ecological Model

2

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Microsystem: Individual, Family, School, Community, Culture, Time

Mesosystem: Family, School, Community, Culture, Time

Exosystem: Community, Culture, Time

Macrosystem: Culture, Time

Chronosystem: Time

2

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Integration is Transformation:

• From the individual

→

toward the ecology

• From the appointment

→

toward the relationship

• From the referral

→

toward the pathway

• From the discipline

→

toward the shared problem

👍

2

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Where do you see the most fragmentation in the student experience?

👍

2

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Professional and Organizational Silos

👍

2

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Professional identity: from silo to contribution

- “This is my client.”
- “This is my scope.”
- “I made the referral.”
- “I did my part.”

→

- “I am one part of a whole.”
- “My expertise is one resource.”
- “The relationship is shared.”
- “We are a team.”

Integration asks us to expand not only where we practice, but who we believe we are as professionals.

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Professional expertise

Lived expertise

- Counselling
- Primary care
- Student affairs

- Faculty and learning
- Community knowledge
- Student voice

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“

“ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

”

– Hook, Davis, Owen, Worthington and Utsey (2013)



Humility is an integration skill

Cultural humility

- I can be curious about what I do not know.

Professional humility

- My training does not answer every question.

Organizational humility

- Our system is not necessarily the student's reality.

*The goal is not to let go of expertise.
It is to become more open to others expertise.*



A student experiences one life.
We experience a multitude of contexts.

- Counseling and primary care
- Health promotion and student affairs
- Academic support and accessibility
- Community



Integrated for whom?

1. What does "integrated" look like from the student's chair?
2. Whose knowledge shapes the plan?
3. Whose barriers are treated as design problems – and whose as personal problems?

Integration is not only a technical problem. It is also a question of perspective, power, and participation.

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From individual capacity to collective capacity

- ME – What I can do alone
- WE – What we can do with one another
- SYSTEM – What the organization can make possible
- COMMUNITY – What the community can sustain

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Integration is a practice of relationship

1. LISTEN – What are students telling us?
2. CONNECT – Who needs to be in relationship?
3. BUILD – What can we create together?
4. TRANSFER – What can the system do without extraordinary effort?

The goal is not permanent dependence on one heroic collaborator. It is a stronger system.

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Which practice is hardest to make real on your campus today?

Design pathways around student needs

Treat student knowledge as data

Create relationships before crises

Measure the experience of integration

Make collaboration ordinary, not heroic

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Reflection is not the end. It is the beginning.

- SEE DIFFERENTLY – What am I not seeing?
- CONNECT DIFFERENTLY – Who else needs to be in the room?
- BUILD DIFFERENTLY – What could we create together?

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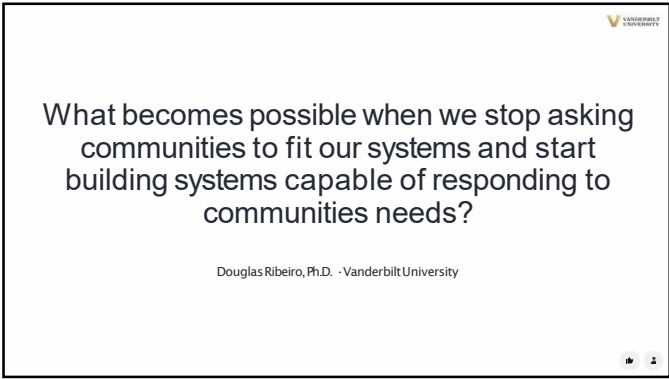
Four shifts to carry home

- SEE the ecology – Student well-being is contextual.
- SHARE expertise – No single profession sees the whole.
- BUILD with people – Systems should fit lived realities.
- ACT together – Collective capacity is built in relationship.

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Complete: “When I return to my campus, I will...”







Thank you for attending.

Your feedback is key to our growth and success.

Please be sure to complete the evaluation which is accessible using the link to the right of the screen.

The online form contains evaluations for each of the session and concludes with a Request for Documentation of CE units / contact / clock hours earned.

For assistance, please reach out to:



Teresa Fuqua
Director of Member Services

615-244-2120
tfuqua@tamho.org
<https://www.tamho.org>
201 Goodland Lane
Franklin, TN 37067



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