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# MENTAL HEALTH 101 & EMOTIONAL FIRST AID ™

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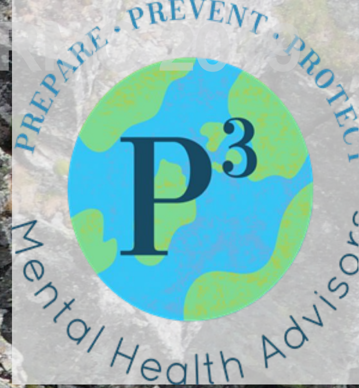
# What is P3?

P3 Mental Health Advisors or “P3” for short, is a consulting group founded by licensed therapists with international education backgrounds. We all do clinical counseling work with participants in our “day jobs”.

As P3 we train staff and provide crisis management services in the Cultural Exchange, Gap Year, Study Abroad, Higher Education, Volunteer and Service Learning industries.



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# Ground-Rules and Culture

**CORE ASSUMPTIONS**

1. **Vulnerability is an act of courage**
2. **Conflict is an opportunity to grow closer**
3. **Do not fear mistakes. They are opportunities to learn.**
4. **Everybody has a story to tell. Our job is to help participants tell their stories.**

**RAISE YOUR HAND IF YOU AGREE**

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# THOUGHTS ON THE YOUNG BRAIN

- Full maturity of the regions of the brain governing rational thought and emotional regulation (pre-frontal cortex and Limbic System) doesn't happen until about age 25.
- Influences like genetics, trauma, or substance abuse can have an enormous impact on brain development.
- There may be factors out of their control that are limiting their ability to function in a mature, young adult-like fashion. Calling someone "immature" may be overly-simplistic.
- Brain development coupled with life stressors sometimes lead to younger folks acting more impulsively and less rationally.

Telling someone…
"You're not really sick, it's all in your head" is like telling someone with asthma, "You're not really sick, it's all in your lungs"

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# GEN Z:
# IT'S A "PERFECT STORM" SITUATION…….

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Very worldly, "woke" and socially aware. They "get" the benefits of Self-Care more than previous generations but need to be encouraged to follow through.

- Describes those born around the year 1997 +/- to present
- Many lack resilience and coping skills ("grit") and have higher rates of anxiety than previous generations
- Many have experienced "helicopter" parenting
- Dependent on technology ("I-Gen"). Spend more than half the day on screens
- Face-to-face communication skills are often stunted
- Display a steady decline in happiness

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# MENTAL HEALTH EXISTS ON A CONTINUUM

***Mental Illness* --- I---I---I---I---I---I---I---I---I---I---I---I---*Mental Health***

**(Red Flags)**

- We all have "mental health issues" – it's not a "we" vs. "they" situation.
- Our mental health depends on a subtle interplay between our genetics and environmental circumstances (nature vs. nurture) and is heavily influenced by stress levels.
- Unaddressed red flags tend to get worse over time in terms of their effect on our functioning.
- We are not at "fault" for our mental health issues but we are  "responsible" for the treatment of them.
- Treatment can take many forms depending on the person and the situation: therapy or medication for some, coping skills and healthy lifestyle choices for all.

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# NADINE

- Staff has noticed that Nadine has seemed very sad, withdrawn, and isolated recently and they decide someone should approach her to see if they can assess what's going on.

- They find out that next week is the first anniversary of her aunt's death. She and her aunt were extremely close. The aunt was diagnosed with cancer and was deceased within a month so Nadine had little warning. Her parents have told her to "be strong" but have never offered or encouraged counseling. Now that she is abroad, Nadine can't stop thinking about her aunt's passing and lately has had many bouts of crying.

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# OBSERVE, RECORD & REPORT

Your programs are non-therapeutic in nature; staff shouldn't diagnose or treat mental health disorders.

Support staff should observe, record, and report any red flags back to supervisory staff and apply *Emotional First Aid*™ concepts discussed in this training.

The focus should be on helping participants to improve their day-to-day functioning and on finishing the program successfully, if at all possible.

The best way to help participants build resilience is to hold them accountable to practicing good "self-care" and encouraging them to build and use their "toolbox" of coping skills.

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# Mental Health Warning Signs

| Mood / Behavior Changes | Drop in Functioning |
| --- | --- |
| Self-Injury / Poor Coping | Problems Thinking / Confusion |
| Substance Abuse / Risky Behavior | Sleep or Appetite Changes |
| Suicidal Ideation | Disruptive Behavior |
| Outbursts / Interpersonal Conflict | Isolation |

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# Emotional First Aid™

- Creating a supportive environment
- Role modeling healthy behavior and good self-care
- 5-step helping model
- Active listening
- "Toolbox" of a few coping techniques
- Documenting and reporting red flag behaviors to supervisory staff

- Therapy
- On-going counseling
- Diagnosing mental health disorders/illnesses
- Providing medical advice
- "Fixing" participants' issues for them

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# BIG-CAT
## A 5-Step "Helping Template"

- **B** — 1. Build rapport
- **I** — 2. Identify problem(s)
- **G** — 3. Generate alternatives
- **CA** — 4. Create an Action plan
- **T** — 5. Transition and Follow-up

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# MORE ABOUT BUILDING RAPPORT

**As long as the situation isn't urgent or potentially life-threatening, take your time developing rapport.**

- Start with some "small talk" to warm up the participant and lower their stress level.
- Always "assume a back story" and probe for more detail.
- Use varied (not fixed) eye contact, head nods, and "encouragers".
- Reflect back what you hear to check for accuracy.
- Be curious! Any storytelling on the part of the participant is better than none at all.
- Keep an open mind, an open heart, and avoid biased views.
- Demonstrate a "positive expectancy" for them doing better going forward.
- Be hopeful and they will often become less demoralized.

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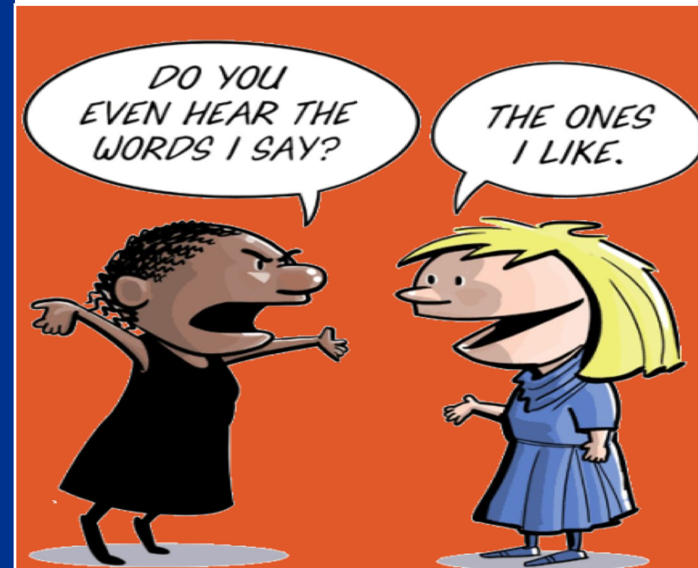
# DOs and DON'Ts of ACTIVE LISTENING

- **DO** show interest and concentrate your attention on the participant
- **DO** validate
- **DO** try to identify problems by asking questions and rephrasing what they have said
- **DO** express empathy, not sympathy
- **DO** listen to ideas and thoughts as well as the feelings behind these
- **DO** your best to remain calm. If you stay calm, they'll tend to calm down over time too.

- **DON'T** shift attention elsewhere
- **DON'T** make judgments too quickly or jump to conclusions
- **DON'T** ask the participant to defend what they are feeling
- **DON'T** argue with the participant
- **DON'T** give advice



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# MENTAL HEALTH SCENARIO

Tereza is a participant who was hospitalized for anorexia a couple of years ago. In the last year her weight stabilized at 110 pounds and her parents and therapist felt going on the program was appropriate and would help her to mature.

Unfortunately, other participants have reported to staff that they notice at every meal Tereza is spitting food out into a napkin. They are complaining that the behavior is "weird and grosses us out." When staff inquires, Tereza says:

*"Well yeah, that's true but I'm trying not gain weight since I struggled with stuff in the past. I sort of have to do it because I don't want to get weak. I used to starve myself and I got down to 80 pounds; at least here I'm taking in some calories. The food here is so starchy that what I'm doing is the only way I can get some nutrition."*

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# MENTAL HEALTH SCENARIO

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Key Take-Aways:

1. *Rewarding her for her bravery and honesty in openly communicating her struggles with eating in the past and present*
2. *Ask her what coping skills she learned via treatment that helped her in the past and investigate if these would help her now*
3. *Ask her if she would be willing to independently, or with staff support, seek out healthier food options.*
4. *Find out what supports she has at home and if connecting with one or more of these people would help.*

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# SOME HINTS THAT MAKE YOU A BETTER HELPER

Remember the "three magic words" of helping: **TELL ME MORE…**

Follow the **80-20 Rule**. The participant should do about 80% of the talking compared to your 20%.

Build comfort around choosing when it's appropriate to Go Wide vs. Go Deep with a given helping encounter.

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# SOME GREAT "TELL ME MORE" QUESTIONS

- "What can I do to support you right now?"
- "How have you dealt with similar situations (or stressful ones) in the past?"
- "What are some options you could use to deal with how you've been feeling?"
- "Of all the options we've discussed, which one(s) are you willing to try?"
- "What level of support do you think you'll need from me going forward?"
- "What's an average day (sleep, appetite, concentration, attendance, etc.) been like for you on the program?"
- "On a scale of 1---10, rate how stressed (or sad, scared, etc.) you are feeling?
- How does this stress compare to how you typically feel?"

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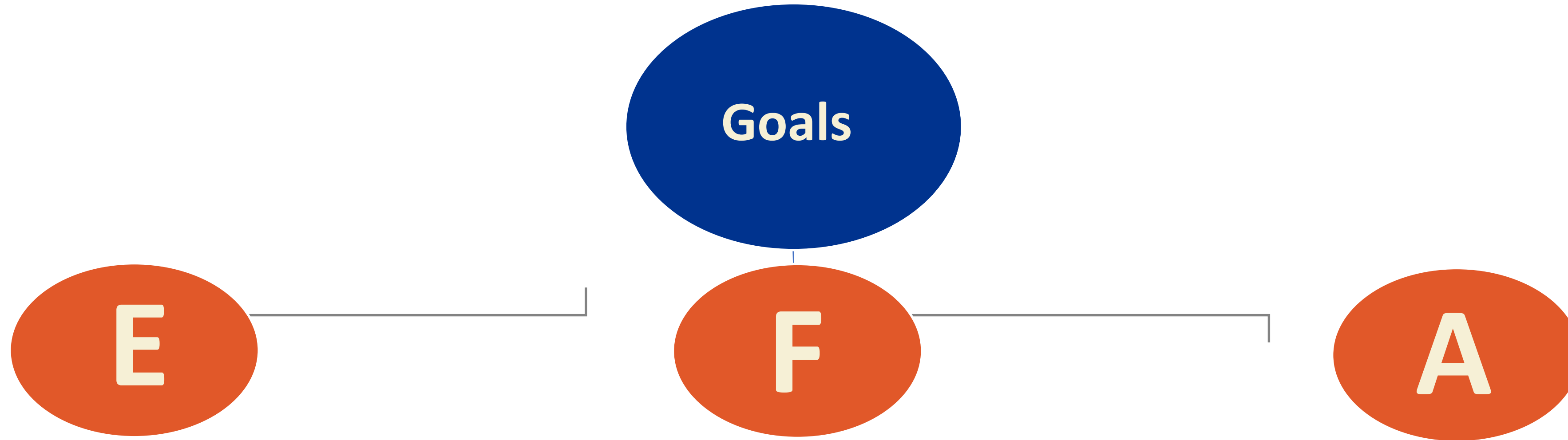
# EMOTIONAL FIRST AID™




**Equilibrium:**
As a result of your work, the participant begins to return to a more calm, relaxed state.

**Functioning:**
The participant's day-to-day behavior and habits begin to become more healthy.

**Action:**
The participant now has a "game plan" (i.e. behavior change) to continue their growth going forward.

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# COPING SKILLS FOR STRUGGLING PARTICIPANTS

**"TOOLBOX" of COPING SKILLS**

- Deep breathing/ Meditation apps
  Calm, Breath2Relax, RelaxMe, etc.
- Music, dance, art, etc.
- Exercise
- Better sleep hygiene
- Journaling
  We recommend OutskirtsPress.com/dailybrewjournal
- Family support
- Peer support
- Biblio-Therapy:
  www.getselfhelp.co.uk
  Free Worksheets
- Regular one-on-one "check-ins"
- Fresh air & natural light

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PSYCHOLOGY / Mental Health

Have you ever started a personal journal only to give up because you didn't know what to write about? Have you ever wanted to keep a journal but didn't know how to start? Well, *The Daily Brew Journal* might be just the thing for you! The authors have painstakingly created a 365-day template for writing about your thoughts and feelings as well as a nice mix of active, hands-on exercises to keep it interesting and to help you avoid "journal fatigue." So, find a comfy chair, grab your favorite hot beverage, a good pen and start journaling !

Morgan Desimone graduated from Hartwick College with a B.A. in Sociology. She was a member of the Peer Counseling program for three years and also a charter member of Hartwick's NAMI on Campus (National Alliance on Mental Illness). During her senior year of college, she interned at Opportunities for Otsego in their Violence Intervention Program planning events to educate the community about sexual assault. Morgan is now employed as a Case Manager at Rehabilitation Support Services in Albany, New York working with chronically mentally ill individuals.

Maria Pita graduated from Hartwick College with a B.A. in Psychology and Spanish. She worked as a Peer Counselor at Hartwick for two years and was a charter member of Hartwick's NAMI on Campus (National Alliance on Mental Illness). After college graduation, she will continue her education at Long Island University with the goal of earning an M.S. in Clinical Mental Health Counseling. Maria's passion is to give back to others the way that others have given to her.

Gary Robinson, LMHC is the Director of Counseling Services at Hartwick College in Oneonta, NY, a position he has held for over twenty years. His clinical specialties include stress management, mood and anxiety disorders and life coaching/mentoring. Gary holds degrees from the University of Pittsburgh and the State University of New York. He is the co-founder of P3 Mental Health Advisors (www.P3MentalHealth.com). P3 serves in a training and crisis management consulting role to Gap Year, Study Abroad, Experiential Education and Service Learning programs.

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THE DAILY BREW JOURNAL

MARIA PITA, BA MORGAN DESIMONE, BA AND GARY ROBINSON, LMHC

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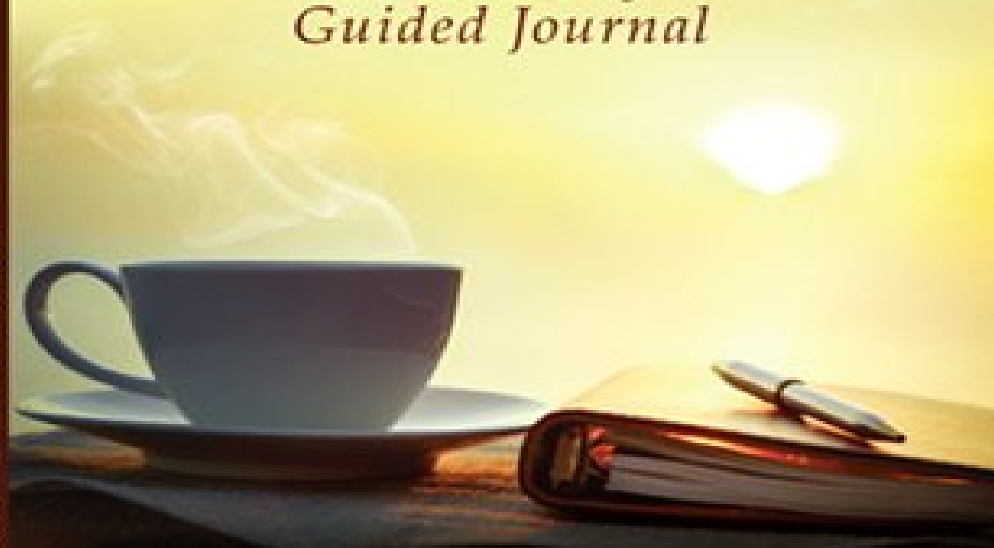
# THE DAILY BREW

## A 365-Day Guided Journal



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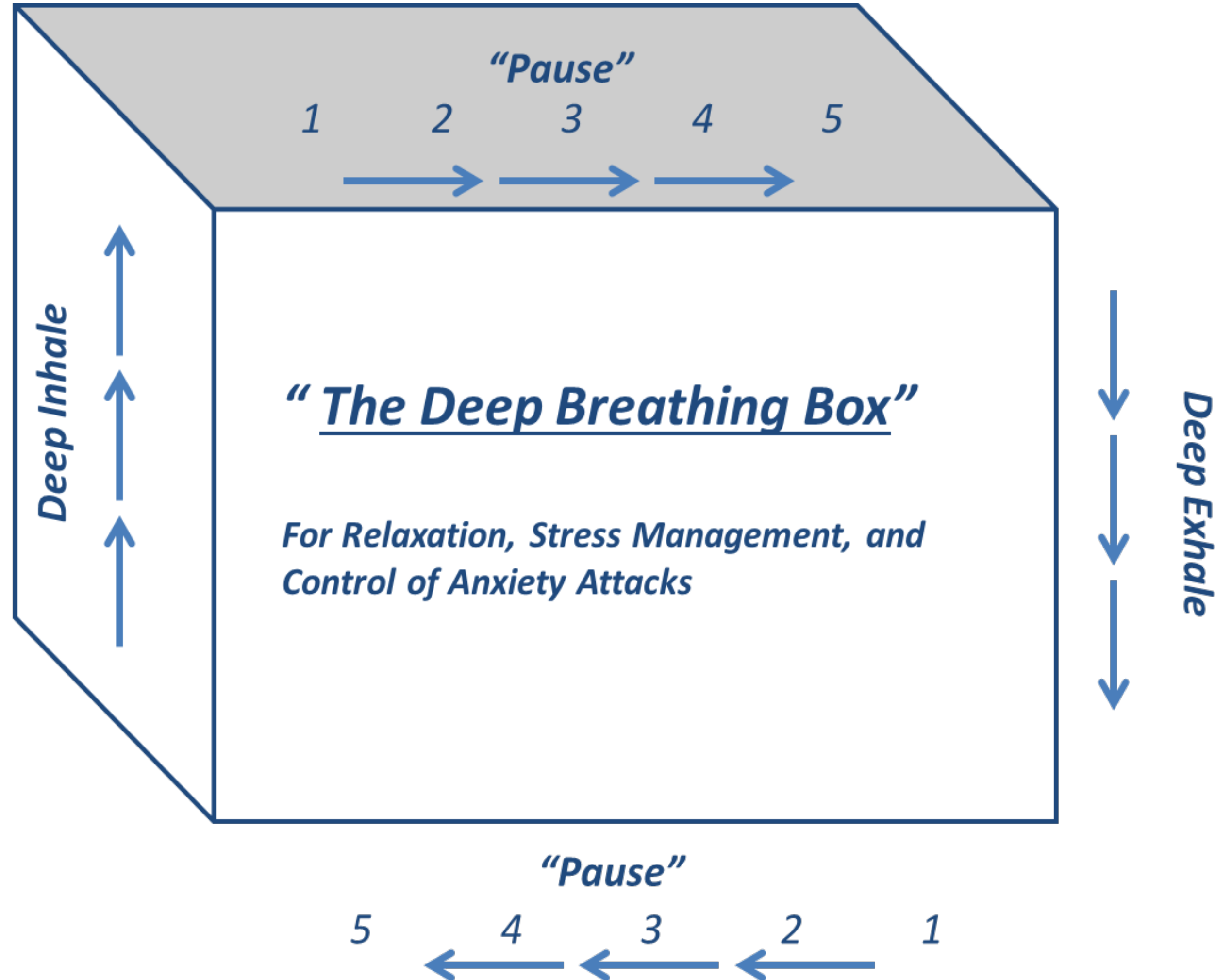
Encourage meditation, mindfulness exercises and/or deep breathing to help reduce the frequency, severity and duration of stress reactions.



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# MENTAL HEALTH SCENARIO

Staff have noticed that Theo has difficulty making friends and stays mostly to himself. When doing a wellness check with him he disclosed, "I like adults more than people my age because they don't make fun of me." He said he keeps a daily journal and handed it to the staff to help them understand him better. Staff find the following first page:

*"I can't admit to others that there's a mirror image of myself in the room always watching me, criticizing me, calling me bad names, telling me to kill myself. I try to block it out but lately the voice is so loud that I can't hear anything else. Sometimes I think if I kill myself, it'll stop."*

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Key Take-Aways:

1. *Reward Theo for his openness in voluntarily sharing his journal with you.*
2. *Ideally, someone should staff with Theo in-person or on the phone until he connects with professional help.*
3. *It's best to ask Theo very clearly, the question, have you been thinking of killing or hurting yourself recently?*
4. *Make sure HQ and all necessary crisis team members are immediately informed.*
5. *If you are face to face or have down-time together, give him a chance to vent, tell his story and build rapport with him.*
6. *If you are in remote territories, specific emergency protocols should be known to your team members before hand, communication training in place and available resources known*

# MENTAL HEALTH SCENARIO

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# ROLE PLAY Re-Do's

- Don't be afraid to ask for help – AKA Lifeline
- Have fun and be yourself
- Don't fear mistakes

**Scenario:**

You are a student with a history of anxiety attacks at home and a tendency towards isolation in college. Your parents thought going abroad for a summer program would be the amazing opportunity to turn your life around. Lately you have become very irritable with everyone and your peers have started to complain. When staff confronts you about this, you become tearful and tell them,

"I hate myself. I know I'm a total jerk and no one should like me. I wish a bus would hit me and just end this."

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Level Three Situations
- Least Common

Level Two Situations
- Somewhat Common

Level One Situations
- Most Common

# Mental Health Pyramid

## Level One

| Low psychological/physical risk | Rapid onset; no previous mental health history necessary |
|---|---|

## Examples

| Panic attacks | Relationship issues | Grief reactions | Family issues | Homesickness | Verbal bullying or exclusion | Mood issues |
|---|---|---|---|---|---|---|

## Actions

| Use Emotional First Aid™ techniques: Active listening, 80-20 Rule , BIG-CAT , etc. You will tend to witness a relatively quick return to equilibrium. | Alert supervisory staff in regular report; no urgency. | Don't ignore: if not addressed with Emotional First Aid™, they can escalate to Level Two. |
|---|---|---|

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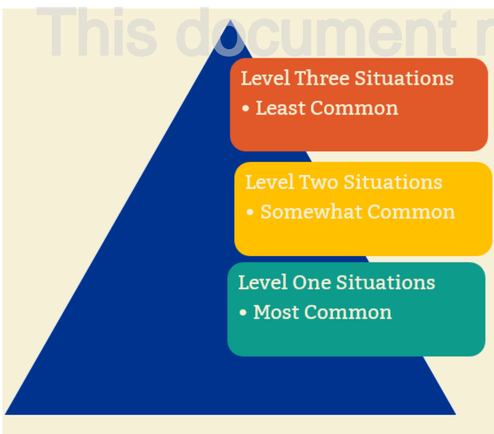


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# Mental Health Pyramid

## Level Two

| Moderate psychological/physical risk | Chronic situations from the participant's past | Red flags begin to negatively impact daily functioning |
|---|---|---|

## Examples

| Disordered eating | Abuse or trauma histories | Substance abuse histories | Self-injury | Chronic depression/ anxiety (diagnosed or undiagnosed) |
|---|---|---|---|---|

## Actions

| Use Emotional First Aid™: active listening, 80-20 rule , BIG-CAT, tell me more, etc. | Alert supervisors as soon as possible. |
|---|---|

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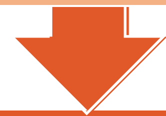
# Mental Health Pyramid

## Level Three

| High psychological/physical risk | Rapid onset | Seek professional help (in-person or virtually); utilize vetted local medical/psychiatric facilities |
|---|---|---|



## Examples

| Recent sexual assault | Suicidal thinking or attempts | Consistently irrational behavior | Eating disorders (ie. Anorexia or Bulimia) diagnosed or undiagnosed | Addiction issues (diagnosed or undiagnosed) |
|---|---|---|---|---|

## Actions

| Use Emotional First Aid™: active listening, 80-20 rule, BIG-CAT , etc. | Don't leave participant alone unless you and supervisory staff are sure it is safe to do. | Alert supervisory staff ***immediately***! |
|---|---|---|

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# Comments or Questions?

Thank you. Koopkhun. Gracias. Merci. Grazie. DANKE. Xie Xie. Tak. Toda. Efharisto. Arigato. Shukran. Asante.

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