

Your Guide to Mental Health and Self-development



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Management Training Module

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Module 1 Self-development

Participant objectives

You will:

- Establish some personal mental health or self-development goals
- Work on gaining the personal insights necessary to engage their actualising tendency
- Understand self-therapy techniques appropriate to their development goals
- Begin to practise self-therapy techniques



Module 1 Instructions

- 1. Decide on a personal aim for your therapy. This will be via one of the following buttons on the <u>Start Page</u>:
 - Reflective self-therapy (if you have a specific issue to deal with, for example bereavement)
 - Self-assessment (if you know there is a problem, but are unsure what is at the root of it)
 - Self-development (if you feel fine, but would like to develop your mental and emotional functioning further)
- 2. In the second part, there are questions for consideration, designed to lead you to moments of insight.

Pick the type of questions that appeal to you, although going through each different type of question may yield better results:

- a. Thinking (Cognitive based therapy)
- b. Feeling (Person-centred therapy, Emotion-focused therapy)
- c. Drivers (Psychoanalysis)
- d. Motivating (Motivational Interviewing)
- e. Different perspectives (Solution-focused therapy)

Think through questions that seem helpful, noting any personal insights.

What will you think or do differently as a result of your insights?

- 4. If you would like to make any personal notes as you go along, there is an online notebook which is completely confidential.
- 5. Read the self-therapy guides on the topics that seem most relevant to your issue. Choose one of the self-therapy techniques, and either practise it or make a plan to practise it.



Module 2 Staff Mental Health Support

Participant objectives

You will:

- Gain the background information you need on common mental health problems to guide your work as a mental health helper
- Understand some basic helping techniques to allow you to support people in need
- Practise the skills you need to support people effectively with their mental health or self-development
- Know what to do if someone is in significant emotional distress, or experiencing suicidality
- Be able to signpost people to the support services available to help them manage their mental health, if necessary
- Learn to use the Self-therapist tool with people, so that you can then use it to take charge of your own mental health or self-development

Mental Health Problems

- Abortion / miscarriage / IVF / infertility
- Abuse / neglect / child physical or sexual abuse / child psychological abuse / adult neglect or abuse / partner violence / rape
- Academic pressure / educational problems
- Actualization / self-development / personal growth / life purpose / values
- Addictions / compulsions, e.g. alcoholism, OCD, drug dependency, exercise addiction
- Ageing / memory loss / loss of purpose / midlife crisis
- Aggression / violence / anger management
- Anxiety / panic attacks / fear / health anxiety / uncontrolled worry / social anxiety / phobias / death anxiety / PTSD / pre and postnatal (pre and postpartum) anxiety
- Approval seeking / people pleasing / blame-tak
- Assertiveness / self-confidence / inadequacy
- Bereavement / living with terminal illness / carer fatigue / grief
- Bullying / abuse of power / control needs / narcissism / controlling relationships
- Change / life transitions / empty nest / retirement / divorce / separation
- Chronic illness / disability / medical issues / not adhering to medical guidance
- Co-dependency / dependency / coercive relationship / boundary setting
- Commitment / trust issues
- Communication problems
- Depression / low mood / SAD / emptiness / hopelessness / negativity / motivation problems / pre and postnatal (pre and postpartum) depression

Discrimination / persecution / social exclusion / rejection / adjusting to a new culture Eating and food issues / weight loss / dieting / binge eating / obesity

motion within family

- Emotional overwhelm / mood swings / self-control
- Existential issues / spine and / religious issues
- Failure / setbacks
- Family problems / tolerance / high e
- Forgiveness
- Identity Issues / body image / gender issues
- Loneliness
- Money and financial issues
- Over-work / drive / work-life balance / stress
- Personality issues such as narcissism / emotional outbursts / paranoia /perfectionism
- Relationship issues / rejection / breakup / marriage problems / divorce
- Self-care / neglect / hoarding
- Self-esteem / worthlessness / self-doubt / self-acceptance /self-awareness
- Self-harm
- Terrorism / torture / trafficking / disaster / war
- Trauma / guilt / shame / family upbringing
- Work issues

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		Therapy Goals	Change the way they behave or act	Change the way they relate to other people
t into ng or ng – to ed'	Solve a problem, find a cure, make some choices	Change the way they think about an issue	Find meaning in something (for example suffering)	Get rid of some symptoms (e.g. lack of sleep)
nse of rment	Grow, mature or self- actualize	Change or develop personality characteristics (such as perfectionism for example)	Learn some new skills (such as social skills, or assertiveness techniques)	Manage a crisis (e.g. suicidal thoughts)
n the nto eness uma)	Bring the self under control (e.g. emotional outbursts or panic attacks)	Be happier, more relaxed, more content, or more accepting of what 'is'	Find out the psychological theory on an issue	Feel validated, heard or acknowledged

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Get some insight into what's happening or why it's happening – to be 'enlightened'

Feel a greater sense of control, empowerment (or agency)

Bring what is in the unconscious into conscious awareness (e.g. buried trauma)

Detecting Mental Health Problems

You may notice that someone is:

More withdrawn than usual	
Rather irritable	and the second sec
Seeming agitated	
Often lost in thought, or distracted	
Behaving oddly or erratically	
Crying in private areas of the workplace	
Appearing to be without emotion	
Being clingy or needy	
Demanding attention in different ways	
Looking washed out or exhausted	
Losing weight quickly	
Taking regular days off work	
Closing down conversations about how they are feeling	



Mental Health Disorders (1)

American Psychiatric Association. (2013). DSM 5 diagnostic and statistical manual of mental disorders.

Scenario

An employee is constantly checking their standard of work with you, which is becoming annoying. During their appraisal they mention worrying about fitting in with their colleagues. They mention in passing that they aren't going on holiday this year because flying scares them. You also notice that they always refuse cake and biscuits at work, eating only small amounts of 'clean' food that they bring in from home. They often seem agitated and tired.

You find a colleague in the toilets staring intently at themselves in the mirror. They are doing their best to slow their breathing down. They don't respond when you ask if they are OK, seemingly unable to focus on you even being there. After a minute or two, they push past you saying "I'm fine".

One of your employees is known as 'grumpy'. This individual is usually looked over for promotion, for social events and for any special projects, mainly because people find them difficult to work with. This person has been this way for around 4 years now, but they used to be much more jolly and easy to get on with – they seem to have changed. You overheard a conversation the other day in which this person said "Really...what's the point of it all...this thing called life?"

A close friend at work has confided in you about a past sexual assault, only in passing, but they are clearly still affected by it to have brought it up. In fact they also mentioned still having nightmares about it. However, they said it was nothing, just an idiot at a party.

One of your colleagues never attends work socials. They always have an excuse. They are a quiet, isolated type of **Social Anxiety Disorder** person, keeping themself to themself. No one really knows them well because they seem so unfriendly. And/or

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Possible answers

r I't s at	Generalized anxiety disorder And/or Orthorexia (food obsession) Phobia (Aeorphobia) Social Anxiety Disorder PTSD	
v 1	Panic disorder And/or Generalised Anxiety Disorder	
een iave	Major Depressive Disorder And/or Persistent depressive disorder Post-natal depression Persistent Complex Bereavement Disorder	
ey.	PTSD And/or Nightmare Disorder	

Avoidant Personality Disorder

Mental Health Disorders (2)

Scenario

One of your staff members is liked by everyone because they are the life and soul of the party. They are outgoing, positive, fun to be with, possessing boundless energy. However, you have noticed there are times when they disappear into themselves. They absorb themselves in a project and refuse to engage with anyone. They won't take calls out of work and they refuse to attend socials. But you don't worry too much because you know they'll snap out of it in a day or two.

You find one particular colleague very difficult to talk to. For example, when you send subtle signals that your conversation is ended, they carry on talking. They are known for 'not getting it'. They also seem to struggle if you ask them to do something different, or outside of their usual activities.

You notice some cuts on the inside of a colleague's wrist when you lean over their desk for a private word.

A member of your management team 'loses it' with you over a minor disagreement, shouts aggressively and storms out of the office, slamming the door.

Possible answers

Bipolar Disorder And/or Borderline Personality Disorder

Autism Spectrum Disorder (Aspergers) And/or Autism Disorder

Self-harm And/or Borderline Personality Disorder Suicidal Behaviour Disorder

Anti-social personality disorder Conduct Disorder Histrionic Personality Disorder Intermittent Explosive Disorder Oppositional Defiant Disorder

A new employee sits in a meeting tapping their foot vigorously. They fidget in their chair, seemingly distracted by the **ADHD** view from the window during your team pep-talk. Later in the meeting they seem to be completely zoned out.

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The Basics of Helping

- 1. Be willing to **listen patiently** and carefully to what the person has to say. What *you* think about their thoughts *isn't* relevant. What *they* think is important.
- 2. Try to **understand the detail** of what they are saying. You can do that by explaining back what you think they mean. Have you understood it correctly?
- 3. Try to **imagine what it's like** to be them. Try to see the world through their eyes. Imagine you are *walking alongside* them in this journey.
- 4. Avoid judging them in any way, or having an opinion about what they say or what they are.
- 5. There is **no need for you to fix them** or their problem. They will do that for themselves and probably in a different way to the way you would have done it.
- 6. Keep **confidential** everything they say, unless you think they might hurt themself or someone else (in which case advise the appropriate authorities).



Exercise on helping

Directions for the helper

- 1. Follow the tool's process as you work with your helpee
- 2. Begin with the open question in the tool "What brings you here today?" Your helpee may want to make notes in the tool as they go along.
- 3. From the Start page (main menu), ask your helpee to choose the option 'Reflective Self-therapy', and choose an aim, either by typing in their issue, or by choosing a common issue.
- 4. Guide your helpee in tailoring the aim to be more personal to them, for example, by changing "I manage stress" to "I manage stress at work".
- 5. Encourage your helpee to rate themselves on the 2 scales indicated.
- 6. Ask your helpee which style of questioning they would prefer, and to make their choice in the tool.
- 7. Work through some of the questions with your helpee. However, don't ask the questions yourself. Allow your helpee to choose which questions they want to talk about with you. It's important that you don't tell your partner which question you think they should focus on.

Directions for the helpee

- 1. Follow your helper's guidance.
- 2. Your helper will work through some of the questions with you. However, **you** choose which questions you want to think through. It's important that your partner doesn't tell you which question *they* think you *should* focus on.
- 3. When you have finished talking about your issue, think about how well your helper supported your thinking. Make notes if you need to.



Engaging in helping (1)

	Situation	Sample answer
The start	In the beginning, an open question to get the conversation started.	"What's going on for you at the moment?"
Compassion	Showing interest care and compassion.	"That feels like a huge issue to me, does it you?"
Empathy	Showing empathy and facilitating the process of building the relationship.	"Is it like this?" "Am I with you?"
Value	Demonstrating that the other person is valued.	"I want so much to work through this with you."
'Being with'	Developing trust by working on it together from the same perspective (i.e. walking alongside).	"Is it like this, have I got it right?"
Reflecting	Reflecting back to show you're staying with them.	"I'm not quite sure, but is this what you said?"
Check understanding	Checking your understanding. (Even if you're wrong, it can still be helpful.)	"So, you feel bitter, is that the feeling?"
Feelings	Enabling people to access their feelings.	"It sounds like you felt angry, have I got that right?"
Challenge	Challenging questions when your relationship develops.	"How does what you've just said fit with what you said before?"

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Engaging in helping (2)

	Situation	Sample answer
In depth	Questions that take it a step deeper, and add to what's conscious.	"Are there more complex issues here?"
Process	Questions that can flag up a process.	"Where are we now?"
Avoidance	A tentative question when they keep circling around something.	"Would you like to venture into?"
Your help	Monitoring whether you are going in the right direction for the other person.	"Am I helping at the moment?"
The benefits	Checking out if the other person is feeling any benefit.	"Can you let me know if we need to change tack?"
Body language	Reflecting word for word with a questioning pose.	"You can't face him?"
Statements	A statement in place of a question to open things up.	"You seem sad", or "I notice you have not answered that question"
Intuition	Making an intuitive observation.	"You seemed distant when you disclosed that?"
Security	The suicide question	"Are you at risk here?" or "are you still in danger?"
Ending	Checking to see if they are OK to go back to their home/work situation.	"Where are you right now?"

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Distorted Thinking

- By generally having a **negative perspective**, for example imagining that you will probably fail if you try
- By over-generalizing a situation, for example, by thinking that because you didn't get one job, no one will hire you
- Being certain about something negative, for example being convinced that someone dislikes you
- Thinking catastrophically, or 'awfulizing', for example, thinking time off sick will result in reduced income, an inevitable loss of your home, and finally dying alone on the street
- Thinking in an all-or-nothing way, for example thinking your partner will leave you after a minor disagreement
- Labelling yourself, for example by saying, "I'm fat" or "I'm stupid"
- **Damning** yourself, for example by thinking you deserve to be punished
- Thinking that you are **helpless**, or the situation is **hopeless**, for example, thinking that no one will ever love you
- **Reading people's minds**, for example thinking that people are judging you
- Using emotions for the basis of your reasoning, for example, feeling anxious and therefore assuming the situation must be dangerous
- Focusing selectively, for example thinking about the one negative comment in an appraisal rather than the 10 good comments
- Focusing on what **'should' or 'ought'** to be, rather than what is



Personal Exercise

Most people bring 'shoulds' and 'oughts' from their childhood.

What drives you now from your childhood? For example;

"I should clean my plate" "I ought to have an impressive job/career" "I ought to put other people's needs first" "I should be fit and attractive".

Consider your typical 'shoulds' and 'oughts', and the ways they affect your life now.

Suicidality

1	"It's the ones that don't talk about suicide that are most likely to kill themselves." True or false?	False. People who commit suicide are highly likely to have made it known that they were struggling.
2	Who would you be more concerned about, someone saying "I can't cope with the worry any longer", or "I can't cope with this sense of hopelessness"?	Hopelessness is more problematic: Anxiety is a fight -flight response which is motivated by the survival instinct. Hopelessness however, is defined by inaction, and a sense of giving up.
3	Telling someone why suicide is obviously not the best option will show you care. True or false?	False, as they may feel judged. Showing your appreciation of why they've reached that decision would be more helpful.
4	Once someone shows signs of improvement in their mental health, they are less likely to commit suicide. True or False?	False. Improvements can give people the motivation to act.
5	Who would be more at risk of suicide, a 30 year old woman, or 50 year old man?	A 50 year old man.
6	You would never ask something like "Do you know when you will choose to die?" It's too direct. True or false?	False, it may be the right question to help unjumble someone's thoughts, and start a conversation about how they are feeling.
7	"If someone feels suicidal, they're always going to have that tendency." True or false?	False
8	Who would you be more concerned about, someone with a suicide attempt in their past who seems to have moved past their problem, or someone with an ongoing cutting problem.	Someone with ongoing self-harm problems is of concern, whilst a suicide attempt in the past does not necessarily imply they will do it again.
9	You should avoid a direct question like "Have you made plans to hurt yourself?" in case you trigger them to do it. True or false?	False
10	You should commit to supporting the person through their issues as they make progress, in addition to professional care. True or false?	True. You are not a substitute for professional help, but, if they need you, you are an additional cog in their wheel of support.