



Module 1 Self-therapy

(Minimal trainer input is needed for this module. Alternatively, it can be completed as a pre-workshop activity.)



Aims for the module

- For the company to demonstrate a commitment to supporting staff mental health
- To enable managers to work on their mental health or their self-development alone
- To teach managers some processes used in self-therapy
- To enable managers to work on their mental health development on a long term basis

Participant objectives

Participants 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

Pre-session work

The company needs to sign up for a Self-therapist account online and send a subscription invitation to each attendee via email. To enable staff to use the tool with colleagues and employees, an annual subscription is necessary.



Each attendee needs to have created their own account before attending the course. Any admin issues should be ironed out before the session, ensuring that each delegate has access to the tool during the workshop.

Resources

Delegates need online access to the Self-therapist tool to complete this module. As the tool is online, and therefore presents no security issues, it can be accessed from any company or personal device. Work can be completed privately in breakout rooms, in plenary, or as pre-workshop preparation.

Timing

1hr, self-directed study

Session Notes

As a group, review the Self-therapist tool's User Guide, using the option for Self-therapy, (accessed from www.self-therapist.com/help)



Instructions to delegates Slide: [Module 1 instructions](#)

1. Decide on a personal aim for your therapy. This will be via one of the following buttons on the [Start Page](#):
 - a. Reflective self-therapy (if you have a specific issue to deal with, for example bereavement)
 - b. Self-assessment (if you know there is a problem, but are unsure what is at the root of it)
 - c. 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 in turn 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.

3. If you would like to make any personal notes as you go along, there is an online notebook which is completely confidential.
4. 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

(*Indicates methods for less experienced trainers)



Aims for the module

- To enable managers to support the mental health of their staff
- To teach simple therapy techniques that can be used with employees or colleagues

Participant objectives [Slide: Module 2 Staff mental Health Support](#)

Participants will:

- Gain the background information they need on common mental health problems to guide their work as a mental health helper
- Understand some basic helping techniques to allow them to support people in need
- Practise the skills they 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 'helpees' can then use it to take charge of their own mental health or self-development

Pre-session work

Module 1 should be completed before starting Module 2.



Participants should send the attached feedback form to at least 3 colleagues or employees before the course. Ask the colleague to seal the form in an envelope (anonymously). The participant should bring the forms to the session unopened.

Resources

Delegates need access to the Self-therapist tool via a phone or PC during the session.

Timing

Approx 3 hrs (including a 20min break)

Session Notes

Session 1 (10 mins)



Brainstorm in plenary

What kind of problems could people at work be dealing with, that may be affecting their mental health? Fill in some examples if the participant's list seems sparse.

*If you are not confident in explaining this material, conclude this session by asking the participants to read the appropriate section in [Starting a helping relationship](#) in the tool, or refer to the [Mental Health Problems](#) slide.

- 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-taking
- 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
- Emotional overwhelm / mood swings / self-control
- Existential issues / spirituality / religious issues
- Failure / setbacks
- Family problems / tolerance / high expressed emotion within family
- 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

Session 2 (10 mins)

Present

When people choose to seek help for any mental health problems that they may have, they rarely tell you “I want to deal with my trauma”, “I feel worthless”, or “I have an issue with people pleasing”. The start point is often something more vague, like “I’m just really stressed”, or “I’m so tired all the time”. Sometimes it takes weeks to get to the root of the issue.

Often in the first therapy session, the therapist will ask “What are your goals for therapy?” This helps to come to some agreement as to what you will both work towards initially, although this often changes.



Plenary discussion

What kind of goals do you think people would want to work towards in therapy?

- Get some insight into what’s happening or why it’s happening – to be ‘enlightened’
- Solve a problem, find a cure, make some choices
- Change the way they think about an issue
- Change the way they behave or act
- Change the way they relate to other people
- Feel a greater sense of control, empowerment (or agency)
- Grow, mature or self-actualize
- Change or develop personality characteristics (such as perfectionism for example)
- Find meaning in something (for example suffering)
- Get rid of some symptoms (e.g. lack of sleep)
- Bring what is in the unconscious into conscious awareness (e.g. buried trauma)
- Bring the self under control (e.g. emotional outbursts or panic attacks)
- Be happier, more relaxed, more content, or more accepting of what ‘is’
- Learn some new skills (such as social skills, or assertiveness techniques)
- Manage a crisis (e.g. suicidal thoughts)
- Find out the psychological theory on an issue
- Feel validated, heard or acknowledged

*If you are not confident in explaining this material, ask the participants to read the section in [Deciding on a focus for therapeutic work](#) in the tool, or refer to the [Therapy Goals](#) slide to conclude this session.

Session 3 (25mins)



Present

Mental health problems can go undetected at work, since people often soldier on in a way that they wouldn't if they had a slipped disc, or a case of COVID. You need to be more of a detective with mental health problems. For example, you may notice members of staff who suddenly behave differently to normal, or who seem to have been quietly struggling in some way for a while.

*If you are not confident in explaining this material, read this information from the slide entitled [Detecting Mental Health Problems](#).

You may notice that someone is:

- More withdrawn than usual
- Rather irritable
- 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

Ask, "Can you think of anyone at work displaying any of these characteristics at the moment?"

Present

The most common mental health problems you will encounter are staff who are feeling stressed, anxious or down. Generally speaking, it is likely that something has occurred, resulting in a temporary problem which can be managed. Symptoms such as overwhelm, anxiety or sadness usually stand alone and are not indicative of any long-term condition.

Most common mental health problems can be eased to a degree by an untrained helper, willing to listen (which is why the Samaritans are so successful). The addition of some self-therapy will also be beneficial. However, if the problem is long term or complex, the services of a trained therapist may be necessary.

In a small number of cases, there may be a more serious disorder underneath, for which a staff member would need specialist support.



Pairs exercise

Referring to the list of Mental Health Disorders in the tool (in [Noticing people with more serious problems](#)), consider these scenarios. What disorder(s) could be present? (Answers on the slides entitled [Mental Health Disorders 1 and 2](#).) [Module 2, Session 3 Handout](#) can be used for this exercise.

Scenario	Possible answers
<p>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.</p>	<p>Generalized anxiety disorder</p> <p>And/or</p> <ul style="list-style-type: none"> Orthorexia (food obsession) Phobia (Aeorphobia) Social Anxiety Disorder PTSD
<p>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".</p>	<p>Panic disorder</p> <p>And/or</p> <ul style="list-style-type: none"> Generalised Anxiety Disorder
<p>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?"</p>	<p>Major Depressive Disorder</p> <p>And/or</p> <ul style="list-style-type: none"> Persistent depressive disorder Post-natal depression Persistent Complex Bereavement Disorder
<p>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".</p>	<p>PTSD</p> <p>And/or</p> <ul style="list-style-type: none"> Nightmare Disorder

One of your colleagues never attends work socials. They always have an excuse. They are a quiet, isolated type of person, keeping themselves to themselves. No one really knows them well because they seem so unfriendly.

Social Anxiety Disorder

And/or
Avoidant Personality Disorder

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.

Bipolar Disorder

And/or
Borderline Personality Disorder

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.

Autism Spectrum Disorder (Aspergers)

And/or
Autism Disorder

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

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

ADHD

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

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

Present the possible disorders at the end of the exercise, although there is clearly no right answer based on such limited information. The object of the exercise is only to get participants to get a feel for the range of diagnosable disorders and the type of symptoms that define them.

Session 4 (55mins) plus a 20min break after the exercise on helping.



Present 'The Basics of Helping' Slide: Basics of Helping

(*If you are not confident in explaining this material, ask the participants to read the section [The basics of Helping section](#) in the tool.)

There are some fundamental helping principles that apply to being a mental health helper. They aren't difficult, but they do need practise.

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 themselves or someone else (in which case advise the appropriate authorities).

Ask the participants to consider which they might find most difficult?



Exercise on helping

Instructions to participants:

Pair up with someone who you are willing to practise some helping skills with. You can share personal information in this exercise, or alternatively you can role play a real or fictional character who needs help. Work with your partner as helper and 'helpee', for 15mins each. Both of you should have a chance to practise your helping skills and get some feedback from the other person. Both helper and helpee should use the tool during the conversation.

Use the [Module 3 Session 4 Handout](#), or the [Exercise on Helping](#) slide.

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.

Once both parties have completed the exercise in the role of helper, feedback forms should be completed. I.e. helpees should complete feedback on how effective the helper was in that situation.

Bring the pairs back into plenary.



Personal Exercise

Each participant should review the pre-completed feedback forms, including the one completed by the helpee in the previous exercise.

Instructions:

Make a note of the helping qualities or skills that you already possess, and those you need to work on.

Session 5 (15 mins)



Team exercise: Engaging the helpee in the therapeutic process.

Ask the participants to work in small groups (around 4 or 5 at most). You may want to give some examples of answers to start them off.

Instructions: Consider what question or statement you might make to demonstrate the following:

	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?"
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?"

You can go through potential answers in plenary using the slides [Engaging in Helping \(1 and 2\)](#), or *ask participants to review them in [Facilitating people's thinking](#) in the tool.

Session 6 (15 mins)

One of the most common approaches to therapy is Cognitive Behavioural Therapy. A component of that concerns dysfunctional or distorted thinking patterns. It is one of the most accessible therapy techniques, and can be talked through with a helpee.



Personal Exercise [Slide: Distorted Thinking](#)

Participant instructions:

Read the self-therapy guide on [Distorted Thinking](#). In what ways could you be distorting your own thinking? Consider your self-talk. What do you say to yourself that may be described as an unhelpful thinking pattern? How could you change that thought to a more rational one? For example, change “I’ll never get promoted”, to “Promotion is *possible*”. Or, change “They’re always looking at me - judging me negatively” to “They are probably more interested in whether I am judging them”.

These are typical unhelpful thinking patterns (described in the tool):

- 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

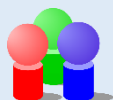


Brief personal exercise

Ask participants consider the final point. 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?

You can use the [Personal Exercise](#) slide for this activity.

Session 7 (15 mins)



Ask participants to read the section [Supporting people in crisis](#) in the tool. Conduct a final 'quiz' in plenary, either in teams or individually. Answers can be shown on the [Suicidality](#) slide.

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 <i>not</i> 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 <i>may</i> 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.