

How to train your staff to address a mental health concern

Train the Trainer Handout

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Supporting Participants

I. Why this is important for youth-serving programs

Starting with stats: 50% of the population will have a diagnosable disorder at some point in their lifetime. 75% of people with a mental illness will express it for the first time during adolescent years (14-24 years old)¹. Many factors can act as triggers for someone with a mental health concern. These include a new routine, new people, lack of normal support system, hormonal changes, orientation towards peers, sexual orientation and gender identity, concerns about appearance, experimenting with alcohol and drugs, etc. A camp-like experience can introduce some of these factors (i.e. new routine and new people) and it's often a place where young people open up to others. This session is not meant to teach you about mental illness and how to distinguish one type from another. This session focuses on how to train your staff and what tools to provide them so they can support a struggling camper who is in mental/emotional distress. You may already incorporate many of these strategies and activities into your staff training, but this training provides a streamlined way to implement them looking through the lens of mental health.

During this workshop, please keep in mind how you can and will adapt this training to meet the needs of your own program.

For staff training:

- Have your staff share ideas of why an experience at your program might be hard for a young person, especially someone with a mental health concern.
- Compile a list of potential triggers with your staff: both their own triggers and potential triggers for participants. Keep revisiting these throughout the rest of the training and how various aspects of the training help address the list of triggers your staff developed.

II. Universal Accommodations

The idea of “universal accommodations” focuses on how to structure a program or an experience in a way that makes it supportive of the widest range of people possible. Universal accommodations can allow you to mitigate the factors that can act as triggers for someone who is already struggling and help you avoid having to make specific accommodations for an individual. Obviously we still need to meet our participants where they are at and provide individual support when necessary, but if you set up a program that already addresses their needs you avoid making someone who is already different even more different.

For staff training:

- Equity vs. Equality fence. Where do universal accommodations come in?
- Compile a list of universal accommodations/protective factors
 - Support systems
 - Consistency and routines
 - Well defined expectations
 - Monitoring activities
 - Community
 - Routines
 - Feeling close to at least one adult
 - Adaptability
 - Resiliency
 - Healthy practices
 - Self-efficacy/self esteem
 - Internal locus of control
 - Spirituality
 - Show you care

¹ National Alliance on Mental Illness

- Have your staff brainstorm in small groups how they could implement universal accommodations from the list into the programs and day-to-day activities.

- Introduce team building activities focused on building connections

- Training focused on conflict resolution, debriefing, and providing feedback (both positive and constructive)

III. Expected vs. Unexpected Behaviors

Always remember that adolescence is a weird time. Emotional stresses do not always equate to a mental health disorder. This section will help your staff recognize “red flags” in behavior that should be monitored and/or addressed. The section is titled “expected vs. unexpected behaviors” because it outlines when a behavior warrants a “red flag” designation and will help staff recognize when something beyond adolescence weirdness is happening. The two factors that often move a behavior from “expected” to “unexpected” are degree and frequency. If an expected adolescent behavior changes in its degree or frequency, that should be a red flag.

Remind staff that we should not make assumptions about why a behavior is happening. We should keep our eye out for triggers and remove them when we can, but we do not know every detail of a young person’s life and the reason for the behavior. This is also a great opportunity to address the ever present stigma of mental health and remind staff that when we talk about this topic we should avoid labels that feed in to the stigma. They should also be encouraged their own experience with the participants without making the camper “little them” or projecting their experience on the camper.

For staff training:

- Draw what adolescence looks like (poster project)
- Have staff list expected adolescent behaviors and then make them into unexpected ones by changing either the degree or frequency.

Expected	Unexpected
Not eating a meal	
Being 'moody' on trail	
Withdrawal from the group	
Anxiety towards a new task/activity	
Inquiring about Alcohol/Drugs	
Reluctance to wake up	
Trouble trusting counselor	
Expressing verbal frustration during a long portage/task	
Talks about pets back home	
Frequent appearance changes i.e. dying hair	

IV. Having the Conversation

A big part of supporting a participant who is struggling involves being empathetic and listening non-judgmentally. This section focuses on training staff how to approach and have a conversation with a participant. It is important that we enter these situations and conversations looking through a trauma informed care lens. This means thinking and asking "What happened to you?" instead of "what is wrong with you?"

Oftentimes when a participant is struggling, it is important to remember what might be happening in their brain physiologically. As review, the **amygdala** (thumb) is the ancient part of the brain or the "gate keeper". If a threat is felt, it is acted on. Fight or flight reaction. However, luckily, the **prefrontal cortex** (fingers) is self-control, emotional regulation, decision-making, and problem-solving. This is the part that is still developing in most people who participate in our programs and staff.

This section is about conversations with struggling participants, so it is important to remind ourselves of how the brain functions. Essentially, how to have conversations with brains. Remind your staff that participants might already have their own tools, make sure you ask the camper what has helped in the past!

For staff training:

- Helpful and appropriate phrases and techniques

Phrases/Techniques to Use	Phrases/Techniques to Avoid

Phrases/Techniques to Use	Phrases/Techniques to Avoid
<ul style="list-style-type: none"> • Empathetic listening – letting someone be sad • How are you feeling? • How long have you felt that way? • That must be really hard • Thank you for sharing that • “I” statements • Concrete observations • Validate • Genuine • Reassure and give hope • Help them I.D. emotions • Silence is OK • Relaxed, open, alongside, calm/low voice (inviting body language) • Tools that work for them? • Patience • “What happened?” • On ramps to conversation 	<ul style="list-style-type: none"> • “Buck up” • “Cheer up” • “At least...” • Make them own a feeling they’re not ready to own... • “What’s wrong with you?” • Expressing negative judgements • Comparisons to your own experiences • “Why did you do that?”

- Scenarios (practice and write your own). Make sure your scenarios cover a variety of struggles your campers and staff may encounter.

Scenario 1:

Scenario 2:

Scenario 3:

V. Additional Support

Part of your training should include helping staff recognize when they're "in over their head" or when they are trying to manage a situation beyond their training and should seek additional help. Below is the excerpt from YMCA Camp Widjiwagan's staff manual that address this topic. Please take the time to develop your own so you and your staff have the same understanding of when they should pull in additional help. Remember, Widjiwagan's staff manual look through the unique lens of our program so it might not meet the needs of your own program!

For staff training:

- Have staff role play talking with a camper about why they are going to pull in another person or why additional steps need to be taken to address a behavior/mental health concern.

Excerpt from Widjiwagan's staff manual:

Behavior and Mental Health

Emergencies which deal with behavior and/or mental health concerns that pose a threat to self or others should be treated as any other emergency. It is our priority to act in a way that safeguards the wellbeing (physical, mental, and emotional) of our participants. Contact Camp if the wellbeing of someone is at risk and cannot be managed in the field. You should also contact the appropriate authorities when necessary (i.e. you cannot reach Camp or determine that more immediate action needs to be taken).

Below are guidelines for how to approach mental health and/or behavior concerns in the field or at Widji. These situations come with a lot of grey area and there is hardly every one right answer. Trail staff should be prepared for the discomfort that comes with having to make a decision and not be certain that it is the correct or best option. In order to address this uncertainty, there are some "baseline" questions you can ask yourself to help you make a decision and identify when you should seek additional resources. If you call Camp, approach the conversation as you would with an injury or illness. Be prepared to describe the situation, the steps you have taken so far, and what you need from Camp.

Baselines

Ask yourself the following questions. If you answer "yes" to any of them, call Camp or seek additional resources.

- *Is the situation causing a camper to not eat or sleep?*
- *Are there signs of self-harm?*
- *Is the behavior disruptive or destructive?*
- *If a behavior is disruptive, work with the camper to set expectations and continue to coach them and provide feedback. If the behavior is destructive to self or others, seek additional help or call Camp.*
- *Is the behavior or mental health concern beyond your ability to manage in the field?*
- *Do the negative impacts of the behavior/mental health concern on the trip outweigh the benefit to the camper being in the field?*
- *Has the camper expressed suicidal ideations, thoughts, or behaviors?*
- *Is a significant risk present?*
- *Is anyone at significant risk?*

Thank you for joining the conversation! Please reach out if you have any questions!

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