

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH
PREVENTION SERVICES BUREAU – PREVENTION AND EARLY INTERVENTION ADMINISTRATION



STRESS-MANAGEMENT SKILLS FOR COMMUNITY PARTNER CLINICS

For Paraprofessionals and Up



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STRESS MANAGEMENT SKILLS FOR COMMUNITY PARTNER CLINICS

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Section 1: Introduction

Everyone has stress. At what point does stress become something that is too much for a person to manage? That question is something that we as healthcare professionals should be asking all the time because it can be seen in patients, coworkers, family members and among healthcare professionals themselves. Unfortunately, there are no easy answers. Individuals all have different stressors and strengths, but one thing everyone has in common is that there will be a time where stressors overwhelm the resources to cope with them, and stress becomes difficult to manage. When patients become overwhelmed by stress, healthcare professionals need to ask how to help them.

To answer this question, this guidebook was created. It was developed in 2020, out of a partnership between Los Angeles County Department of Mental Health and Community Partner Clinics (CP Clinics) to provide training and education in order to help CP Clinic staff work with patients to preventing the development of mental health symptoms. This guide also utilizes worksheets and tools that were developed in a partnership between LA County Department of Mental Health and University of California Los Angeles Center of Excellence. These resources will be used by CP Clinics for mental health prevention.

Prevention involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances.

Within this larger framework, prevention can be further divided into Universal Prevention and Selective Prevention. Universal Prevention targets the general public or a whole population group that has not been identified on the basis of individual risks. For example, doing a mental health assembly for an entire school is a method of universal prevention.

On the other hand, Selective Prevention targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average. This model is designed to be used as a selective prevention program. It is for specific individuals that you or another member of your healthcare team have identified as having a high level of stress that they may be having trouble managing on their own. There are also outcome measures that facilitators must conduct with patients to determine whether or not the prevention program is helping them. For more information on pre/post measures go to Appendix C on page iv.

This guidebook provides session outlines, researched and tested tools, and coping skills for helping patients manage their stress within a highly flexible framework. The model can be conducted by a variety of professional roles in multiple settings. It can be

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used for a single session or for up to approximately ten sessions. It is designed for use with individual patients, but it can be adapted to include family sessions or for a group of patients. In later sections, there are more specific instructions on how you can tailor the model to fit your specific patient(s) and programmatic needs.

Although the model is for people who are undergoing stress, it is very much from a strengths-based perspective. The patients who walk through your doors are very resilient and they have many strengths already. It is our job as healthcare professionals to take those strengths, reinforce them and expand on them as needed.

One important note to remember is that there may be circumstances where patients' mental health symptoms will worsen instead of improve. Perhaps the stressors have gotten more intense, they are having difficulty using the coping skills, or a new stressor has occurred. For whatever the reason, if a patient begins to show symptoms of a mental illness, the patient should be referred to specialty mental health services for an assessment and ongoing mental health treatment. See Appendix A for emergency contact information, and Appendix B for the referral procedures to specialty mental health services.

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Section 2: Session Preparation

These are things that you should do prior to your first session with the patient:

General Preparation

- It is important to familiarize yourself with all the content and materials before the session begins. Read the instructions and make print outs of any worksheets that you might use.
 - *TIP: You may want to print off at least one additional worksheet than you plan to complete. That way if the session proceeds more rapidly than you planned, you have something else that you can do with the patient.*

Materials

- Gather writing and drawing materials and extra paper. Make sure to get some for yourself as well just in case.
- Provide a folder or binder for the patient. They should be getting handouts with every session, so it is a good idea for them to have something to store them in.
 - For the most part, patients will keep copies of the materials except the What I Need Worksheet. That worksheet you hold onto until the final session in case you need to refer back to it at any point.
- Bring in a copy of the guidebook to refer to if needed.

Location

- While this model is intended to be flexible and be conducted in a variety of settings, it is important to follow your Agency's procedures regarding the Health Insurance Portability and Accountability Act (HIPAA). To that end, you must find a secure location for patient privacy.
- An ideal location will be a private area that can be secured by a door.
 - Procure the correct number of chairs for the patient(s) and/or family members as well as one for yourself.
 - There should be a surface that the patient can write/draw on.

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Section 3: Facilitator Approach

Your approach matters as you meet with your patients. It informs how you talk to them, what recommendations you make and the overall way you engage with them. In mental health circles, the term strength's-based care is often thrown around without really being defined. This section will clearly define terms and provide general recommendations regarding how to approach patients within the context of mental health prevention.

Protective Factors

As defined earlier, one of the goals with mental health prevention is the increase of protective factors. Protective factors can be defined as things that help mitigate the effect of trauma or stressors. This broad definition can include relationships with family and friends, sense of humor and access to healthcare. Everyone has protective factors that help them deal with difficult times. As facilitators, we seek to discover patient's strengths and build on them.

Patients may have difficulty thinking about their strengths. They may have grown up in a culture or a family that discouraged talking about themselves in a positive way. Strengths may be hard to elicit, but it is important to do. Having patients state their own strengths may empower them. If they really cannot think of anything, a good strength to start with is that they came into your agency to meet with you. Meeting to address stress can be very stigmatizing and the fact that they came in is incredibly powerful.

Role of the Facilitator

As a stress management facilitator, your role is to explore the patient's needs, teach them skills and help patients problem solve. Of course, it is more complicated than this sentence implies. They are coming to the clinic for help, so that automatically puts the facilitator in a position of power, however when working with patients, facilitators cannot just prescribe a cure. For this program to work, facilitators must engage with patients and demonstrate care and respect.

Facilitators also must have healthy boundaries with patients. It is important for the focus of the sessions to remain on the patient. You may have patients that will ask you for personal information or try to deflect questions about them by asking questions about you. In these circumstances, it is important to redirect the patient to the topic at hand. It is a good idea to start with a gentle response and then increase the level of firmness until the patient returns to the topic that you are working on. For example, start by gently directing the patient back to the topic, then firmly direct the patient back to the topic, and finally, address personal boundary issues.

There will also be times that it is acceptable to answer some mild personal questions. For example, if a patient is having difficulty with stress due to parenting, it may help them to know if you are also a parent. You can decide what you are comfortable

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sharing. However, you have to be careful that you, as the facilitator, do not become the focus of the session.

Empathetic Stance

In order to discover their needs, it is paramount for facilitators to be active listeners. Patients are the experts in their own lives. The role as a facilitator is to listen without judgment, and like most things, listening to others is something that people must work at to do well.

It is easy to blame people for the roles they play in causing or worsening their situations, however facilitators must understand that patients are doing the best they can with what they have. When you assume that your patient is doing the best they can, you are more able to see things from their perspective and patients are more able to trust you. Facilitators give patients more tools on how to handle stress and/or how to problem solve, but patients are the ones who have to use them. They do better when they perceive the facilitator as someone who is trying to understand them.

Importance of Observation

Facilitators also must learn to assess the patient's body language. Are they well dressed or disheveled? What is their facial expression like? How are they holding their body? These things can give you valuable information about the patient and their current state of mind that they may not mention with verbal cues.

Non-Verbal Listening

One way to encourage patients to speak is to use non-verbal communication techniques. Some examples of nonverbal communication cues include maintaining eye contact, angling your body so that you are facing your patient, and nodding your head when appropriate.* These signs demonstrate to the patient that they have your full attention, and it will encourage them to share more.

**Depending on the patient's culture and personality, there may be some examples that are more appropriate to use than others.*

Open Ended Questions

To help patients to express their protective factors and/or strengths, one good way to start is by asking open-ended questions, or questions that must be answered with more than a simple "yes" or "no." Here are some examples:

Close-Ended Question: Did you get here all right?

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Open-Ended Question: How was your trip here?

Both questions are attempting to retrieve the same information about the travel to get to this location. The first question is phrased in such a way that a patient could just say yes or no and not elaborate on their answer. The second one encourages more thoughtful engagement with the question and may provide a more nuanced answer. These skills may seem confusing, and too many open-ended questions in a row can make the conversation feel stilted, however it is something that you can practice that will likely increase your ability to solicit detailed information from your patients. Generally, the more information a facilitator has, the more helpful they can be.

Validation

Validation is one of the most powerful gifts that a person can give another. For the purposes of mental health prevention, validation can be defined as the recognition of another person's feelings as important. Validation is different from a compliment, which are often about superficial things like appearance. For example, "You look very nice today," is a compliment, versus a validating statement like, "I can see how that would make you feel angry."

It is entirely possible to validate someone even when they take an action that you would not agree with personally. When used correctly, validation can really make patients feel like they are being heard.

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Section 4: Sample Session Guide

Structural Elements to Consider Prior to Session

Number of Sessions

This model is designed for flexibility, however as a facilitator, it is recommended that you have a plan for the following: the session structure, follow up and termination of services. It is recommended that facilitator has an idea of about the number of sessions will be offered to patient.

Once you and your agency counterparts have determined what structure and format you can offer the patient, it is important to discuss plans with the patient. Maybe you have the availability to meet with the patient weekly, but they cannot commit to a regular schedule. Together you may be able to compromise on a plan for more sessions, or if not, then you can at least offer a one-time session. At this point, it is a good idea to inform patient of the approximate number of sessions. Here is a sample script:

"We will be meeting about 2-3 times as needed to help you manage your stress. If you still need services after that, we will discuss it and possibly add a few more sessions as appropriate."

Missed Sessions

Facilitators must also have a plan for when to stop offering services. A sample policy maybe if a patient misses more than two consecutive sessions without notice, or more than four consecutive sessions, they will be dropped from the program. They may be admitted again later if the patient's circumstances changed to permit them to attend more regularly.

Whatever policy that you and your agency choose to implement regarding attendance and termination should also be discussed with the patient in the initial meeting. Setting clear expectations with a patient early on can mitigate their anxiety.

Another policy to be mindful of is your agency's policies regarding HIPAA and privacy reminders. Facilitators will likely need to set aside time to go through any HIPAA forms with the patient and obtain the proper signatures.

Initial Session

The introductory session will take place after whatever screening process that your agency has in place, and it will likely be different from other sessions. In some cases, this may be the only session you will have with the patient. Under those circumstances, it is important to tailor the techniques to your patient's urgent needs.

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As a reminder, this manual is a mental health prevention model. It is not designed for facilitators to conduct clinical treatment. Instead, the goal is to mitigate the patient's risk factors or stressors and augment their protective factors or strengths. Sometimes patients will mention mental health symptoms in the first session, especially as you ask them questions about the presenting problem. If these mental health issues are present at the onset of the program or a patient seems to develop more severe mental health issues like increased depression or anxiety, facilitators should refer to specialty mental health services for more intensive treatment. For more information on linkages to mental health services, refer to Appendix B: Referrals and Resources for Specialty Mental Health Treatment on page ii.

Introduction to Stress Management Program

In the first session, the facilitator must make it clear what the goal of this service is (to reduce stress), how that goal will be achieved (the techniques that you will use), and the planned length and frequency of meetings. Here is a sample script that you can use to start. Please note that the script is a suggestion, and facilitators are encouraged to use their own authentic approach.

"Hello, my name is _____. We are meeting today to help you manage your stress in a more productive way. Throughout these sessions, I am going to teach you techniques to help you deal with your stress more effectively. Some are going to work better for you than others, but it is important that you try them all out to see which ones work for you. At any time, please let me know if you have any questions or concerns, and I will do my best to answer them."

It is always a good idea to do what you can to make patients feel safe in their service. Clear expectations and encouraging patients to voice concerns may lessen their fears about participating in services.

Pre-Measures

It is recommended that facilitators conduct any pre-measures after securing the patient's buy in regarding stress management services and after obtaining any signed consents or forms that your agency may require, but before any programming is introduced. For more information on pre and post-measures, refer to Appendix C on page iv.

Gathering Information on Patient's Need(s)

In order to best help the patient, it is important to have an idea about the stressors in their life. A good place to start is by asking some general questions about what brings

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the patient in for prevention services. If needed, here are some sample questions to get the discussion started:

- *What is the hardest thing you are dealing with right now?*
- *What is going well?*
- *Is there anything you would like me to know about you?*
- *How do you usually cope with stress?*
- *What is getting in your way of coping with this problem the way you have coped with other problems in the past?*
- *What do you hope to get out of this program?*
- *What are your goals after you complete this program?*
- *What is your support system like?*
- *Are there any specific issues that you would like to address in our meetings?*
- *Are there any specific issues that you would not like to address in our meetings?*
- *If you feel comfortable, is there anything you would like me to know about what you have experienced in the past?*

While these questions are general, they allow the facilitator to gather a lot of information. The questions should be used strategically and not all at once so that the facilitator does not overwhelm the patient.

What I Need Worksheet

The facilitator should have printed out a copy of the What I Need Worksheet located on page 17 of this manual. The facilitator should then present worksheet to patient and explain instructions. Depending on the setting and situation, it is usually a good idea to ask the patient if they would like you to fill out this worksheet with them. It is generally encouraged for the facilitator to actively help patients participate, by helping them use or fill out the worksheets in session.

Additionally, when you are planning on conducting multiple prevention sessions, the facilitator should hold onto the original What I Need Worksheet* so that you may refer to it in later sessions. This worksheet should be returned to the patient during the final session. For more details on termination of services, see section on page 12.

**Follow HIPPA regulations according to your specific agency's procedures for storing PHI if patient puts identifying information on worksheet.*

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You should also be able to use this worksheet to generate possible referrals to other service providers if needed. It is not the facilitator's role to give advice to the patient on how to solve their problems, but it is important to help patients through linking them to proper supports. For example, if a patient needs housing, this would be the time to refer them to case management housing support. Discuss any referrals you make with the patient prior to initiating the referral.

Introduce New Technique(s)

After clarifying patient's needs, this is the time to introduce a new technique to the patient. It is recommended that facilitators start with the Butterfly Breathing technique on page 19, because it is relatively easy to learn that has a dramatic effect in reducing anxiety. Practice the technique with the patient in session

Assign Home Practice

It is paramount for patients to practice the skills they learn in session at home. Home practice allows patients to practice skills in their real lives. Ask the patient how often they think they can practice the skill. Work with them on what they feel is reasonable, however make sure that they agree to practice the skill at least once before the next session. Be sure to let the patient know that you will follow up at the next session.

If there are to be more sessions, this may be a good place to stop. Facilitators must be careful not to overwhelm patients with too much content or they will not be able to process it. It is also important not to rush through patient questions or letting patient's share important information.

Initial Session Outline

1. *Introduction to Stress Management Prevention*
2. *Agency-Specific Documentation and HIPAA*
3. *Ask Questions about Patient's Stressors*
4. *What I Need Worksheet*
5. *Introduction of New Topic/Techniques*
6. *Practice Techniques with Patient in Session*
7. *Home Practice Rationale and Patient Buy In*
8. *End of Session*

Middle Sessions

This is the section wherein the program really gets into a rhythm. While the content will be different, the framework for these next sessions should remain relatively static.

Structure is important for all mental health programs, including prevention because it provides a safe a predictable framework that helps patients manage feelings of anxiety. Facilitators are encouraged to make the programming authentic to themselves and their patients and some things change that are beyond the facilitator's control (e.g. Having to

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switch rooms unexpectedly during session), but the structure provides a good launching point.

Check In

Starting session with a structured check in is always a good idea. It can be a simple statement like, “How are you doing today?” to a more structured event using a scale. For example, a facilitator could ask the patient, “On a scale of one to ten, where ten is the best you have ever felt and one is the worst, how are you feeling?” This allows you to assess the patient’s current state and for the patient to bring up any pressing issues that they may want to discuss.

This is also an opportunity to check progress toward alleviating patient’s presenting problem. Has anything changed regarding their stressor? You may want to reference the What I Need Worksheet. Situational stressors do sometimes change, and these changes may affect how the patient approaches working with you.

Generally, facilitators should avoid suggestions for problem solving with the patient. It is a human impulse to want to solve problems, however if the problem were easily solvable, the patient would have solved it already. By the time a patient comes in for prevention services, they have already tried things to reduce their stress, and have likely already gotten suggestions from others. They are in your office because nothing else has worked. Facilitators are to teach patients how to empower themselves by better coping with stress or by figuring out how to problem solve on their own. Facilitators can offer suggestions when asked, however it is important to be mindful of your role and if the feedback would actually help the patient.

Review of Last Session

It is always a good idea to start by asking the patient about what was worked on last session. If they do not remember, gently prompt or remind them. This is a time to remind the patient of the technique(s) and reinforce the learning. Practice the techniques again in session if needed.

Review Home Practice

During this time, ask the patient about their experience with the technique between sessions. Did patient do the home practice? If yes, how was it? If no, what got in the way? This process allows the facilitator to troubleshoot problems that got in their way and reinforce the importance of practicing the skills.

Introduction of New Topic/Technique(s)

Facilitators should pick between 1-3 techniques to introduce per session. Any more than that and the patients will not be able to internalize the information. The choice of topics that you can introduce is flexible depending on patient’s needs. See the next section on Resources and Worksheets for detailed instructions on page 15.

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Practice the technique with the patient in session. This sets the patient up for success. They know that they can use the technique because they tried it in session.

As you introduce the new topic, take time to check for patient understanding. Some patients may not ask questions or tell you when they do not understand something. It is important to allow space to assess patient's grasp of the material and provide clarification if needed.

Assign Home Practice

Remind patient of the rationale behind home practice. Discuss potential barriers to home practice and solicit patient agreement to practice the skills between sessions.

Middle Session(s) Outline

1. *Patient Check In*
2. *Review Last Session and Home Practice*
3. *Introduction of New Topic/Techniques*
4. *Practice Techniques with Patient in Session*
5. *Home Practice Rationale and Patient Buy In*
6. *End of Session*

Final Session and Termination of Services

The final Session should proceed very similarly to middle sessions until after the facilitator Practices Techniques with Patient in Session. At this point, facilitator should move into a discussion about termination of services.

Planning Ahead

Termination of services should be something that is planned for and discussed in advance. In fact, termination should be discussed during the initial session when you discuss the planned length of the program. Facilitators should remind patients about plans for final session approximately two sessions prior to the final session so that they have time to process. Patients' early knowledge of termination will help ease their anxiety and mitigate possible issues with dependence on you as the facilitator.

Empathy

Patients will form emotional connections with facilitators. It is intensely personal to entrust someone with their problems and to ask for help. These connections are normal and healthy, as long as the facilitator maintains personal boundaries; however it can also make termination of services more difficult. Be compassionate and empathetic to the patient as they make this transition. The patient may experience anxiety regarding end of ongoing services and the idea of saying goodbye is difficult for many people.

This is a time wherein the facilitator has the opportunity to remind a patient that there is a positive way of ending things. This ending is one of accomplishment. The fact that you are having a termination session with the patient is proof that they succeeded in

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completing the prevention program. In fact, it may be helpful to frame termination of services in terms of a graduation.

Return What I Need Worksheet

At this time, the facilitator will take out the What I Need Worksheet and summarize it with the patient. Discuss what the patient has learned in session. Ask them if they feel it has helped them deal with the stress caused by the problem. The facilitator will likely have to come up with some examples of how the patient has made progress. Often patients have more difficulty seeing incremental change. A facilitator highlighting progress can help patients see more progress and view themselves or their progress in a more positive light.

During this section, you also should ask about the stressor itself. Is the stressor still affecting the patient's life? Has it changed over the time you have been meeting with the patient? Be prepared because the stressor may still be an active presence and many of the patient's needs may not be met. If that is the case, you can remind patient that they now have coping skills to help them meet their needs. If it is not possible to meet needs through the use of the stress management skills, this is the time to provide linkages to appropriate supports for future treatment.

Present Certificate of Completion

It is important for patients to get recognition of their achievements. For some patients, they have never had the opportunity to receive an award, so a program completion certificate has additional meaning for them. There is a template for Completion Certificates on page 40.

Post-Measures

Any post-measures should be conducted after session content is complete but prior to the provision of resources or follow up procedures.

Provide Resources for Follow Up

Patients may become distressed about the idea of a finite ending. This is the time to let patient know if they can return for more services in the future, depending on the policies at your specific agency. If the patient can return for future services, how they can go about re-entering services if they are having trouble managing stress? This is also an important time to remind patient that you can refer them for ongoing mental health treatment at a specialty mental health provider. See Appendix B for the referral procedures on page ii.

Final Session Outline

1. *Patient Check In*
2. *Review Last Session and Home Practice*
3. *Introduction of New Topic/Techniques*
4. *Practice Techniques with Patient in Session*

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5. *Termination of Services and Patient Progress*
6. *Return What I Need Worksheet*
7. *Present Certificate of Completion*
8. *Conduct Post-Measure*
9. *Provide Resources for Follow Up*
10. *End of Session*

Single Session Prevention

If facilitators know that they will only be able to conduct one session with a patient, it is even more essential to be strategic about the content. The actual content should not change from previous sections, however it must be significantly abbreviated to suit the time-limited format. There are also sections that you can skip altogether. For example, you would not have to discuss plans for future meetings.

While it is still recommended to do the What I Need Worksheet, you do not need to go in depth with context questions. From this point facilitators should jump to the middle sessions about introducing 1-3 techniques, practicing in session and the importance of practicing techniques at home. There will not be a discussion of practicing between sessions, but you still need to solicit patient buy in to try the techniques in their life.

Termination will be much shorter because there simply is not as much time for patients to form an emotional connection to the facilitator. It is a good idea to ask the patient about their plans on how they will approach their stressor differently after the completion of the program and reinforce the techniques. Help them think through when they could use their skills in their real life.

Give patients the certification of completion. It may not have the same emotional weight, but it may still have meaning for the patient. The patient can also use it to justify their attendance if needed. Additionally, provide patients with resources should they further services.

Finally, facilitators will not need to conduct pre and post-measures, however it is still required to conduct a single session measure after the session is complete.

Single Session Outline

1. *Introduction to Stress Management Prevention*
2. *Agency-Specific Documentation and HIPAA*
3. *What I Need Worksheet/Brief Discussion of Patient's Stressors*
4. *Introduction of New Topic/Techniques (1-3 Techniques)*
5. *Practice Techniques with Patient in Session*
6. *Home Practice Rationale and Patient Buy In*
7. *Termination, Linkage and Follow Up Procedure*
8. *Conduct Outcome Measure*

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Section 5: Worksheets and Resources

In this section, each of the worksheets is presented along with the rationale for use and instructions about how to complete each one with the patient. The worksheets are recommended to be used in the order presented, however, facilitators may pick the techniques best suited to address the patient's specific issues.

Many of these resources were created in partnership from LA County Department of Mental Health and University of California Los Angeles Center of Excellence.

When introducing skills and worksheets to the patient, orient them to the skill and the learning process. Inform them of the rationale for each skill prior to starting. Encourage patients to ask any questions and answer them at this time. This will help ease patient anxiety and put them in a more open state to learn the skills.

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What I Need Worksheet

This worksheet is meant to be a helpful tool to understand what is causing the patient's stress. While the role of the facilitator is not to solve the problem for the patient, it is important for the facilitator to know what the patient is dealing with. For example, unhoused people are much more likely to experience symptoms of depression. Although it is possible to treat the depression without treating the housing issue, it is important to tailor sessions to reflect the patient's circumstances.

Additionally, there are large stressors (like housing issues) that may need direct case management intervention. This worksheet can help facilitators get an idea about what referrals might need to be made to help the patient. Please keep in mind the patient's capacity to follow through with referrals. When you refer a patient, make sure to give them concrete steps with specific places or phone numbers for them to contact. It is often a good idea to make the first call with the patient so that you can encourage their confidence and help them if they get stuck.

Instructions

This form has a list of various stressors that may be impacting the patient. Facilitators can go through the form with the patient or let the patient fill it out on their own. Be mindful of literacy or language barriers.

Once the patient has finished filling out the form, go over it with them. Make sure that questions 5 and 16 are filled in if patient marks "yes" or "maybe." Ask additional questions about any "yes" or "maybe" answers that they marked off until you feel you sufficiently understand the issue(s).

If necessary, discuss any referrals that you would like to make with the patient prior to initiating linkages.

Either make a copy or keep the original of this worksheet to refer back to throughout prevention program. Return worksheet to patient at the final session.

What I Need?

What are some of the key things that you need help with right now? Please circle the appropriate box.

1. Medical Care	Yes	No	Maybe
2. Housing	Yes	No	Maybe
3. Income (Including job status and/or benefits)	Yes	No	Maybe
4. Immigration Status	Yes	No	Maybe
5. Other Legal Issues (<i>Please write in specific issue(s) you need help with</i>)	Yes	No	Maybe
6. Mental Health Care (Including therapy and/or medication)	Yes	No	Maybe
7. Substance Use Treatment	Yes	No	Maybe
8. Aging and Elder Care Resources	Yes	No	Maybe
9. Education Resources	Yes	No	Maybe
10. Parenting Resources/Skills	Yes	No	Maybe
11. Domestic Violence/Abusive Relationships	Yes	No	Maybe
12. Impulses to Hurt Self or Others	Yes	No	Maybe
13. HIV/STI Testing and/or Resources	Yes	No	Maybe
14. Support Group(s)	Yes	No	Maybe
15. Leisure Activities	Yes	No	Maybe
16. Other (<i>Please write in specific issue(s) you need help with</i>)	Yes	No	Maybe

**Some of these are things that we will not be able to help you with now, and we may need to give you outside referrals. It is still important for us to know about these issues because it will allow us to provide you the best care possible.*

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Breathing Techniques

Breathing exercises are some of the most effective tools to have when experiencing stress. Slow, focused breathing causes changes in both the sympathetic and parasympathetic nervous system, and in doing so, reduces emotional arousal. Numerous studies have shown that focused breathing helps to reduce stress, anxiety and insomnia. Breathing exercises are components of many holistic practices the world over including mindfulness, meditation and yoga. These exercises can be short (done for only a few breaths) or long (done for 30 minutes or more).

Breathing exercises may also serve a secondary function. By taking some time to breathe, patients remove themselves from the immediate action. They have a chance to stop and think before they immediately react with emotion. This can help decrease impulsive actions during stressful situations.

In practice, these tools are meant to be adaptable. Facilitators should encourage patients to try the breathing exercises as written. However, once a patient tries a tool, the exercises should be adapted as necessary to suit their individual needs. This is a good place to have a discussion about the patient's needs and the likelihood of them using a given tool.

Another important thing to take note of is that sometimes patients will be resistant to focusing on their breath. For some patients, focusing so much energy on their body can be very scary. For these reasons, it is recommended to take a gentle approach. If a patient says that they do not like something, it is a good idea to lightly explore it with them and see what is making them refuse. If the patient vehemently refuses or becomes upset, it is recommended that the facilitator move onto another exercise.

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Butterfly Breath

The Butterfly Breath is a simple tool that patients can use to practice breathing while making a repetitive motion with their finger. This allows them to engage both their brain and body in an activity that will help decrease anxiety. Once patients become proficient in making the motion with their finger, they can repeat it on other surfaces without the addition of the worksheet.

Instructions

Place the Butterfly Breath Worksheet in front of patient. It is a good idea to have your own copy as well. Read the instructions through with the patient aloud.

“Trace the butterfly with your finger starting in the middle and taking a deep breath in. As you cross over to the other side of the butterfly, slowly let your breath out. Continue breathing around the butterfly until you have a calm body and mind.”

Show the patient how to move their finger around the outside of the butterfly following the direction of the arrows on the page.

Practice this skill for at least 5 minutes.

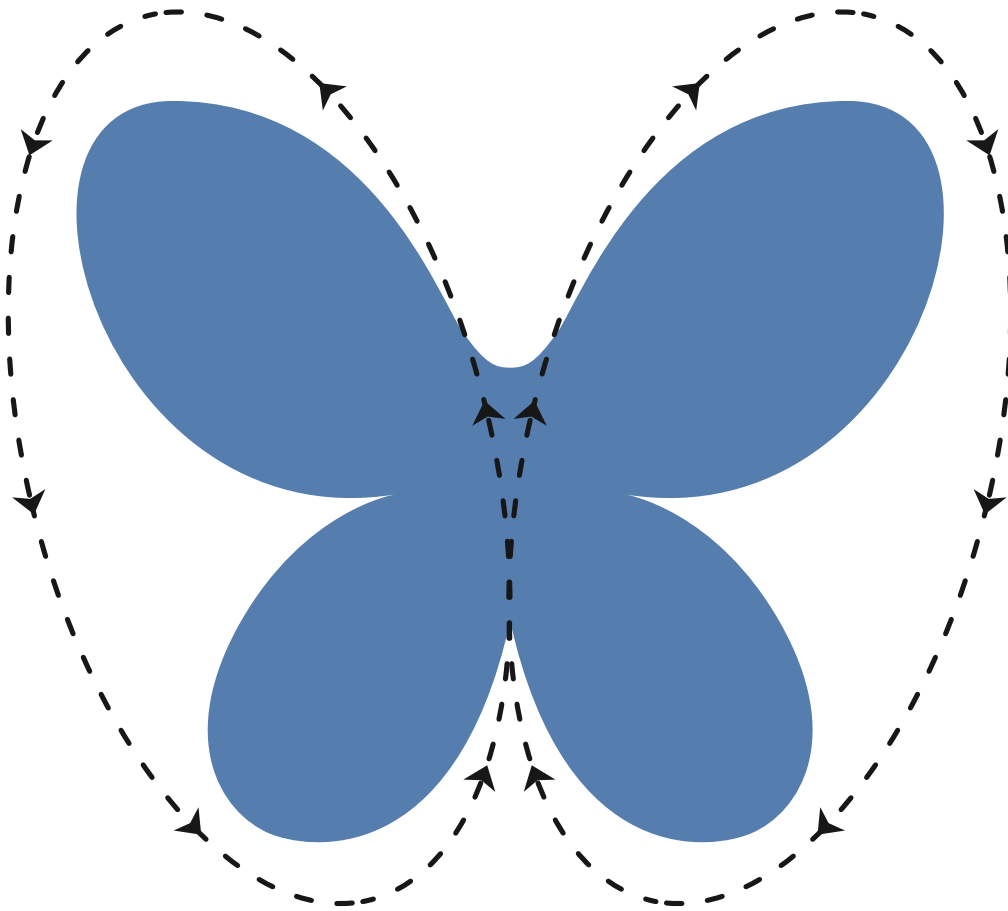
As you start the exercise speak in a soft soothing voice. During this time, remind the patient that the movement around the butterfly should be slow, and their breaths should correspond with the transition from one “wing” to the other. Inform patient that it is normal for their mind to wander. Here is a sample script:

“If you notice that your mind is wandering, let the thoughts go. Let them pass through your mind without focusing on them. Return your attention to the butterfly and your breath.”

Upon nearing the end of the practice time, remind patient to take their final breath. And invite them to stop and look up when they are ready.

Butterfly Breath

Individuals of any age can benefit from learning deep-breathing techniques such as the “Butterfly Breath.” Follow the instructions below to teach yourself how to feel calm and manage tough emotions through focused, deep breathing.



Trace the butterfly with your finger starting in the middle and taking a deep breath in.
As you cross over to the other side of the butterfly, slowly let your breath out. Continue
breathing around the butterfly until you have a calm body and mind.

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Abdominal Breathing Script

Abdominal Breathing is a way of slowing down inhales and exhales as someone reads a script. Sometimes it is hard to focus on a breathing exercise when people are first starting. This worksheet provides a framework for a beginner.

Instructions

Read through the script at least once prior to meeting with the patient. Before introducing the skill, ask a patient to rate their state of anxiety on a scale of 1-10, where ten is the most anxious they have ever felt.

Read the script aloud in a soothing voice. Practice the steps with the patient. Remind the patient that their mind may wander, but to return their attention to their breath. Make sure to keep the pace relatively slow, so the patient can experience each breath.

After completing the exercise, ask a patient to rate their state of anxiety again on a scale of 1-10. Ask about how they felt doing the exercise. If necessary, you may encourage the patient to try reading the script themselves in session to practice how they would use the skill at home.

Abdominal Breathing Script

Use this script as a tool to practice abdominal breathing. Deep breathing can help reduce feelings of stress. Read the script out loud or quietly to yourself.

Take several deep breaths.

In 1, 2, 3, out 1, 2, 3.

In 1, 2, 3, out 1, 2, 3.

Breathe in through your nose and out through your nose. If you have difficulty breathing out through your nose, you can exhale through your mouth.

In 1, 2, 3, out 1, 2, 3.

In 1, 2, 3, out 1, 2, 3.

In 1, 2, 3, out 1, 2, 3.

Notice your breathing. Where does the air go once it is inside your body? Is the air coming into your chest? Or is it coming down into your abdomen?

In 1, 2, 3, out 1, 2, 3.

In 1, 2, 3, out 1, 2, 3.

In 1, 2, 3, out 1, 2, 3.

Try moving the air all the way to the bottom of your lungs down into your abdomen. You can put your hand on your stomach. When you are breathing deeply into your abdomen, your hand should rise and fall as you inhale and exhale.

In 1, 2, 3, out 1, 2, 3.

When you breathe deeply, the air comes deeper into your lungs and delivers fresh and rejuvenating oxygen to your muscles all over your body.

In 1, 2, 3, out 1, 2, 3.

Keep breathing in slowly and breathing out slowly.

In 1, 2, 3, out 1, 2, 3.

Continue breathing deeply into your abdomen for five more refreshing breaths.

1

2

3

4

5

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Progressive Muscle Relaxation

Progressive Muscle Relaxation involves noticing the tension in the body and consciously relaxing muscles in the body. This strategy is widely used to help people with anxiety disorders. By directing attention to the areas that are impacted by stress, it brings awareness to where and how people carry their stress in their body. This is done by intentionally tightening and then loosening the muscles, the exercise allows the body to release previously overlooked tension.

Where I Carry Stress Worksheet

The Where I Carry Stress worksheet is a precursor to the progressive muscle relaxation. It allows patients to think about where they notice the tension in their bodies. Many people carry stress unconsciously. This exercise promotes thinking of stress in terms of bodily sensations. This skill also teaches patients to notice when they are feeling more stress by paying more attention to bodily signs. By noticing their individual symptoms of stress, patients are more equipped to mitigate those stressors early on.

Instructions

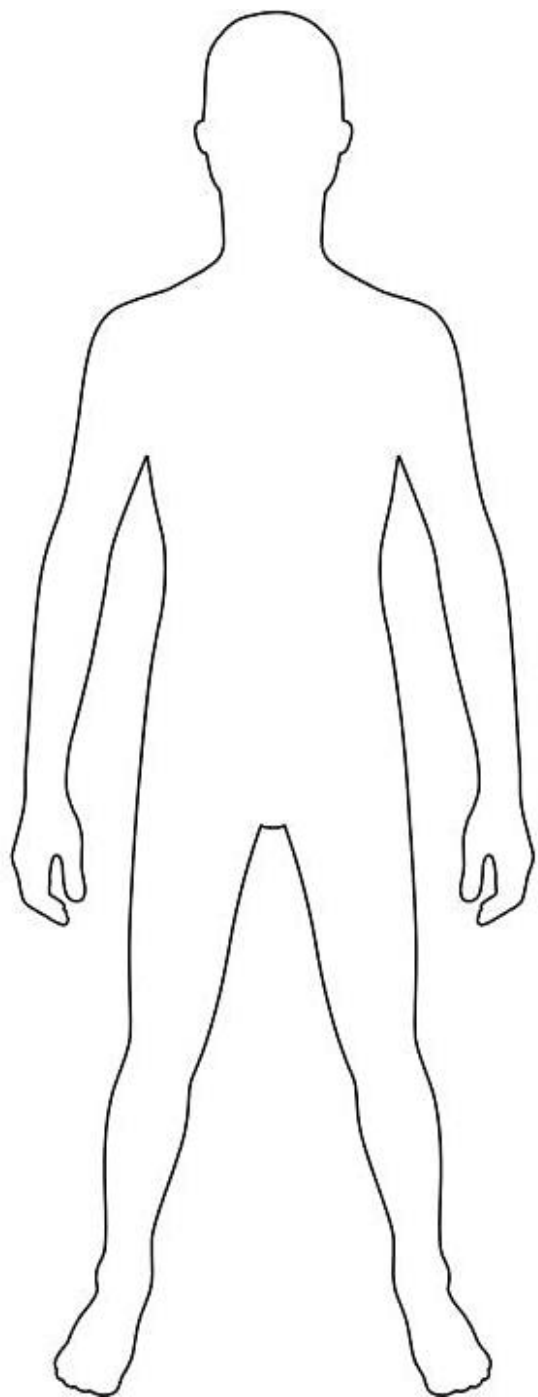
This worksheet is best introduced with a discussion of stress in the body. Encourage patients to think about where they feel pain or tension when they are stressed. Some people may need some examples of what body tension may look like. For example, many people clench their fists, hunch up their shoulders, or feel stomach pain when they feel tense.

Once the patient has identified at least one place on their body where they experience stress, introduce the worksheet. This worksheet consists of two outlines of a figure facing forward and backward. Explain to the patient that this figure represents them. They can take time to personalize it if they wish to do so. Then have them circle or draw where they carry stress. If they would like to draw, you can encourage the patient to get creative and think about what that stress feels like and draw a representation of that feeling on the page. For example someone may draw a screw on their shoulder to represent shoulder pain.

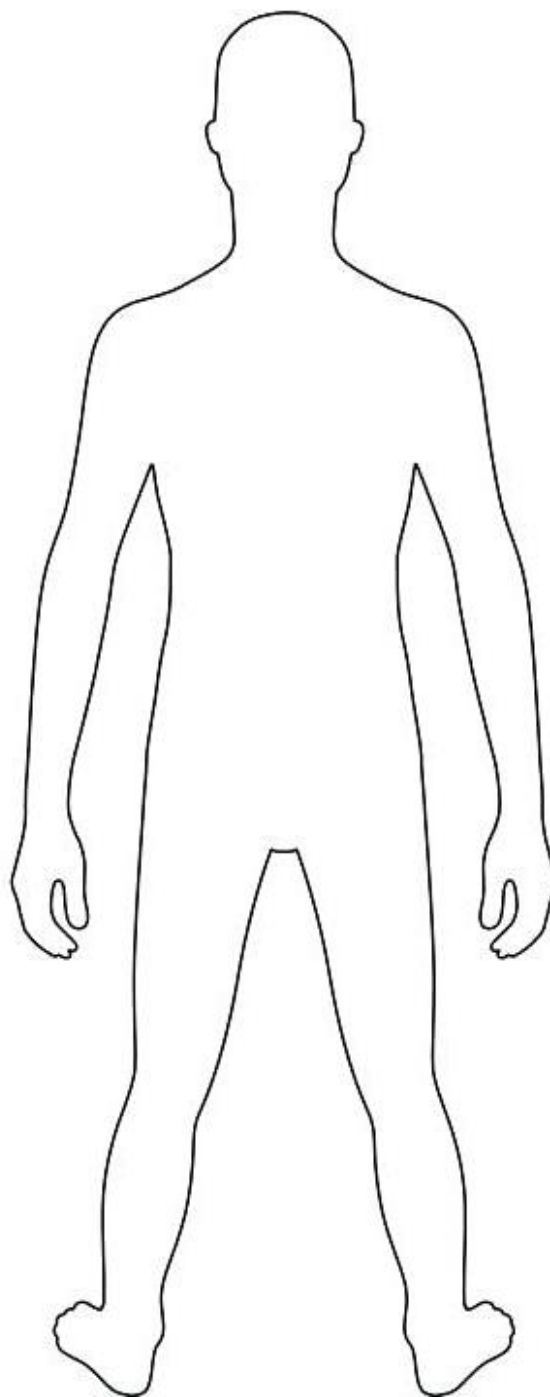
Once the patient has finished marking the figure, have them explain what they marked in whatever order they choose. Ask follow up questions to get details like, “What does your back pain feel like to you?” Then facilitators should lead a brief discussion on how bodies often react to stress before brains consciously are aware of it, and by paying attention to the body, patients can avoid stressful situations.

Where I Carry Stress

Pay attention to your body and notice where you carry your stress. Circle or color places on your body that you notice when you feel stressed.



FRONT



BACK

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Progressive Muscle Relaxation

As previously noted, Progressive Muscle Relaxation involves tensing and relaxing muscles in a progression throughout the body. This particular exercise is organized from feet to head, however once the patient is used to practicing, they should be able to do it without this script in whatever order they would prefer. The exercise has many things in common with the Abdominal Breathing Script, so the instructions will sound similar.

Instructions

Read through the Progressive Muscle Relaxation exercise at least once prior to meeting with the patient. Before starting, ask a patient to rate their state of anxiety on a scale of 1-10, where ten is the most anxious they have ever felt.

Read the script aloud in a soothing voice. Practice the steps with the patient. Encourage patient to repeat the word, “Relax,” in their mind. Remind the patient that their mind may wander, but to return their attention to their breath. Make sure to keep the pace relatively slow, so the patient can experience both the tension and relaxation of each muscle group.

After completing the exercise, ask a patient to rate their state of anxiety again on a scale of 1-10. Ask about how they felt doing the exercise. If necessary, you may encourage the patient to try reading the script themselves in session to practice how they would use the skill at home.

Progressive Muscle Relaxation

Use this script as a tool to practice progressive muscle relaxation. This exercise can help reduce feelings of stress. Read the script out loud or quietly to yourself.

Sit or lie in a comfortable position.

Take several deep breaths.

In, 1, 2, 3, out 1, 2, 3.

If you want, you can close your eyes. Relax. Breathe in through your nose and out through your nose.

In 1, 2, 3, out 1, 2, 3. In 1, 2, 3, out 1, 2, 3.

When you breathe in, bring the air all the way down into your abdomen.

In 1, 2, 3, out 1, 2, 3.

Notice your breathing.

In 1, 2, 3, out 1, 2, 3.

Keep breathing in slowly and breathing out slowly.

Think about your feet and toes. Squeeze your toes and feet really tight.

Count to 5. 1, 2, 3, 4, 5.

Relax your feet. Do this two more times. ① ②

Feel your feet relaxing.

Think about your legs. Straighten your legs, flexing your knees and all the muscles in your legs. Your calves, your thighs. Squeeze.

Count to 5. 1, 2, 3, 4, 5.

Relax your legs. Do this two more times. ① ②

Feel the muscles in your knees and legs relaxing.

Think about your stomach. Tense up the muscles in your stomach like you are doing an abdominal crunch.

Squeeze.

Count to 5. 1, 2, 3, 4, 5.

Relax your stomach. Do this two more times. ① ②

Feel your stomach muscles relaxing.

Think about your hands. Make tight fists. Squeeze.

Count to 5. 1, 2, 3, 4, 5.

Relax your hands. Do this two more times. ① ②

Feel your hands and arms relaxing.

Think about your shoulders. Shrug your shoulders up to your head. Squeeze.

Count to 5. 1, 2, 3, 4, 5.

Relax your shoulders. Do this two more times. ① ②

Feel your shoulders relaxing.

Think about your eyes. Tighten your eyes. Close them really tight.

Count to 5. 1, 2, 3, 4, 5.

Relax your eyes without opening them. Do this two more times. ① ②

Feel your face feeling relaxed and calm.

Take 3 more deep breaths. Feel any left over tension leaving your body. Feel your body relax. Feel the calmness take over your body.

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Self-Soothe

The ability to self-soothe can be defined as the ability to calm oneself in times of emotional distress, however the definition can be broadened to include being kind to oneself. While many people turn to external sources of comfort in times of distress, there are times where no one else is available. During these times, it is very important for people to have things they can do to help calm themselves down.

Taking Care of You

For people who have never heard of self-soothing, it may be difficult for them to come up with ideas. The “Taking Care of You” sheet is a list of suggestions of some things patients can use to self-soothe.

Instructions

Hand the list to the patient and keep a copy for yourself. Either read the list aloud or have the patient read the list to themselves. Then have the patient check off the things on the list that they think they might use.

Then discuss the boxes that the patient checked. Which ones did they pick and why? How will they use them? Encourage patients to add their own ideas onto the list as well. Here is a sample script about how you can start this conversation.

“Tell me about which things you checked that would help you self-soothe. When do you think it would be a good idea to use them?”

Taking Care of You

Find inspiration for taking care of you using the ideas below.

- ☐ Drink a cup of tea
- ☐ Cuddle with your pet
- ☐ Appreciate loved ones
- ☐ Stretch
- ☐ Meditate
- ☐ Exercise
- ☐ Garden
- ☐ Say a prayer
- ☐ Laugh
- ☐ Take a long bath
- ☐ Get a massage
- ☐ Watch a movie
- ☐ Read a book
- ☐ Cook your favorite meal
- ☐ Have dessert
- ☐ Disconnect from technology
- ☐ Enjoy the outdoors
- ☐ Make a craft
- ☐ Take a nap
- ☐ Plan a picnic
- ☐ Practice forgiveness
- ☐ Practice gratefulness
- ☐ Enjoy a break
- ☐ Do an act of kindness
- ☐ Listen to music
- ☐ Join a social group
- ☐ Do your favorite hobby
- ☐ Look into an aquarium
- ☐ Look at a photo album
- ☐ Go stargazing
- ☐ Dance
- ☐ _____



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Soothing with Our Senses

Self-soothing can be more helpful when patients engage all of their senses. It is easy to fall into repetitive patterns with self-soothing and to repeat the same activities. While these activities are helpful, this list can help patients expand the ways they think about soothing themselves. For example, olfactory sensations are positively associated with memory, therefore using something that smells good, may be an effective way to self-soothe.

Instructions

Hand the list to the patient and keep a copy for yourself. Either read the list aloud or have the patient read the list to themselves. Then have the patient check off the things on the list that they think they might use.

Then ask about the boxes that the patient checked. Which ones did they pick and why? How will they use them? Then help patients to add their own ideas onto the list. Ask them if there any other smells/sounds/textures/tastes/sights that they find particularly comforting. It may be a good idea to have some suggestions on hand if they cannot think of anything. Continue until patient adds at least one personal item to each section.

Soothing with Our Senses

Self-soothing is a way to help yourself feel more calm and relaxed. You can use one (or more) of your five senses to help you. Think of things you find soothing at home, school or any place you might feel stress or worry. Then add your personal “sense favorites” to the boxes below. We’ve started you off with some examples.



Smell

- Smell a flower or perfume
- Bake some cookies
- Use scented soap in the bath

Personal Sense Favorites

-
-
-



Sound

- Listen to sounds around you
- Make a playlist with calming music
- Hum a favorite song

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-
-



Touch

- Take a bubble bath
- Ask for a hug
- Wrap your favorite blanket around you

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-
-



Taste

- Let a piece of ice melt in your mouth
- Eat a treat slowly and enjoy every bite
- Have a soothing drink like hot cocoa or herbal tea

-
-
-



Sight

- Look at pictures of family or friends
- Make a collage of things that make you happy
- Walk outside and look at flowers, clouds, insects, or stars

-
-
-

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My Self-Soothe Toolkit

Now that the patient has some concrete examples of things they can use to self soothe (from the “Taking Care of You” worksheet and the “Soothing with our Senses” worksheet), they can create their own list of things helpful to them. My Self-Soothe Toolkit is designed to function as a personal account of things that will help them self soothe.

Instructions

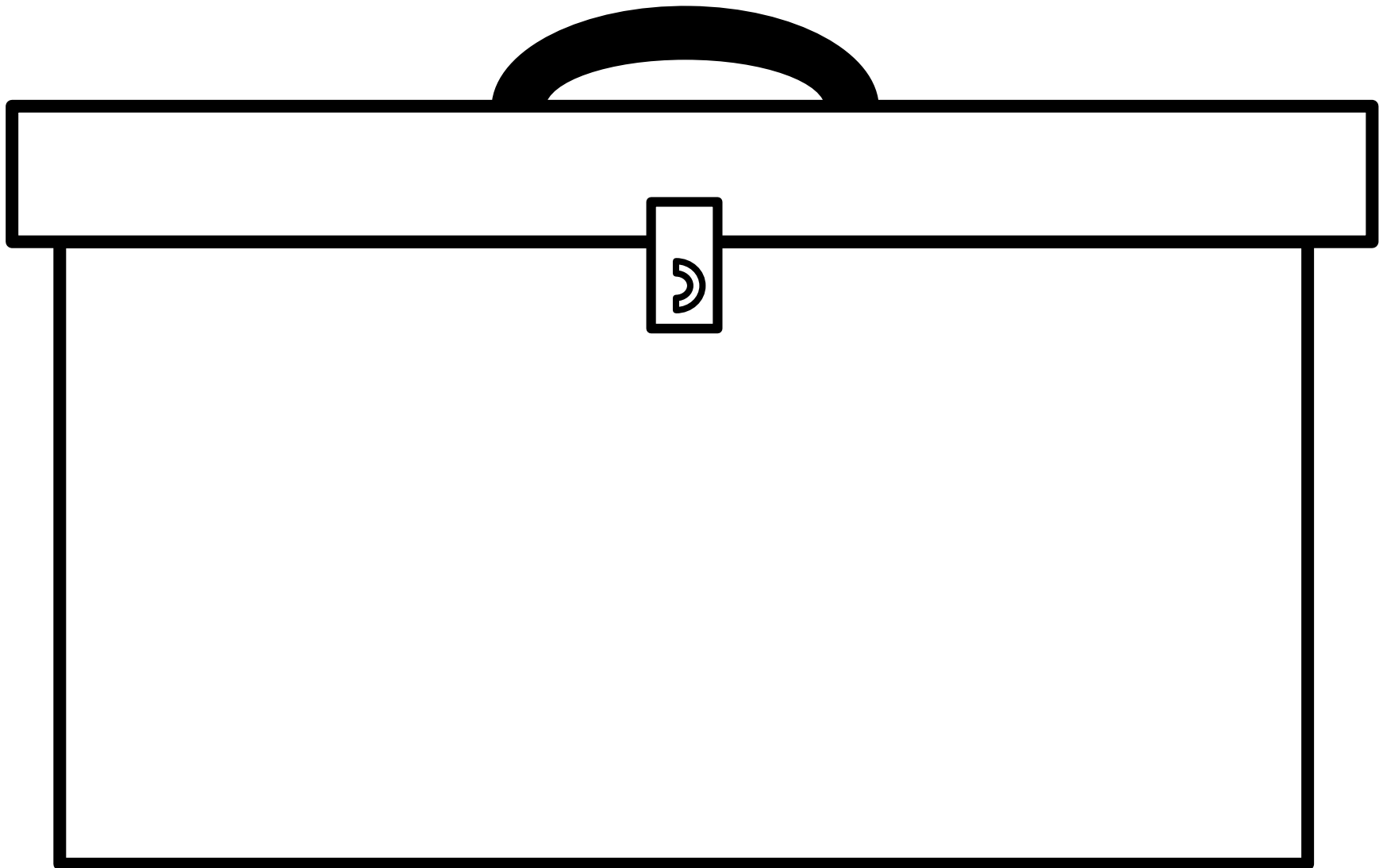
Encourage the patient to bring in their copies of the “Taking Care of You” worksheet and the “Soothing with our Senses” worksheet so they can use them as a starting point. Give the worksheet to the patient and read the instructions aloud or have the patient read the instructions to themselves. At this point, the patient should start filling in their toolbox.

Although the instructions say to write or draw in their ideas, patients can get as creative as time and space will allow. For example, if you have old magazines, some patients enjoy making their toolkit into a collage. The only requirement is that the representation must be clear to the patient so that they are able to remember what they are referring to at a later date.

Once finished, discuss the things that the patient included in their toolkit. Which ones did they pick and why? How will they use them? Encourage patients to try their ideas when they feel upset. At the end of the exercise, patients should keep this worksheet in an accessible location, in case they feel overwhelmed. That way they can refer back to their personal reminders of how to calm down.

My Self-Soothe Toolkit

Fill in this toolkit with coping skills that you can use to manage your stress. Feel free to write or draw them.



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Communication and Relationships

One of the major sources of stress is caused by ineffective communication in interpersonal relationships. While the skills thus far have been designed to help people manage the effects of stress, these skills help patients address the source of some of their stressors. People generally feel better when they have relationships with clearer communication and positive boundaries.

Effective Communication Skills

The “Effective Communication Skills” worksheet is a list of important terms that are utilized in communication. Each term is defined clearly with an example of what that process would look like in italics.

Instructions

Read through the Communication Skills worksheet at least once prior to meeting with the patient. Read the worksheet aloud with the patient, stopping after each definition. Demonstrate each skill with the patient.

For active listening, have the patient tell you a short story – it could be about something interesting that happened to them yesterday. Use your active listening skills. Narrate what you did to show you were actively listening. Have the patient practice active listening while you tell a short story. Allow the patient time to ask any questions and answer them to the best of your ability.

Read the next definition with the patient. Demonstrate the new skill with the same story the patient used before. Have the patient practice the skill on you. Then read the next skill. Continue this process until you have read through and practiced all six skills.

Effective Communication Skills

Your ability to communicate greatly affects the success of your relationships. Communicating effectively can help you solve problems, accomplish goals, and settle conflicts. The following are simple steps that you can take to improve your skills in effective communication.

Active listening is one of the most important tools for effective communication. A crucial component of active listening is letting the other person know that he or she has been heard and understood.

Active listening occurs when you:

Take turns when talking.

Listen to each other without interrupting.

Nod and make eye contact.

Paraphrasing helps make it clear to the other person that his or her message has been received.

When paraphrasing, it can help to begin with a phrase like, "I hear you saying that..."

Reflecting the other person's feelings acknowledges their emotional state.

A simple template for reflecting another person's feelings may look like, "It seems like you felt (insert feeling) because (insert reason behind feelings)."

Ask for clarification in a curious, non accusatory way to show interest and attention to the other person's experience.

For example:

"I want to understand. Did you feel frustrated by how the situation unfolded? What would have helped?"

Ask for more information to show your interest in—and attention to—the other person's experience.

For example:

"Would you feel comfortable sharing more about what you're experiencing so I can understand and maybe even help?"

Being curious involves inquiring about the story behind the other person's opinions, feelings, and reactions. Your curiosity demonstrates that you value their experiences. *For example:*

"You mentioned _____ and I'm curious to learn more about this. Do you feel comfortable sharing more about your experience?"

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Relationship Give and Take

Relationships can be a huge source of support, but they can also be a drain on emotional resources. It is very helpful to think about the people that drain versus those that energize. The Relationship Give and Take worksheet allows patients to plot their relationships in terms of how close they are on a visual graph. It also shows how much energy people give the patient versus how much they take. By being aware of what they are putting into their relationships patients can decide which ones they need to shore up and which ones they need to set boundaries with.

NOTE: Prior to introducing this exercise with the patient, facilitators may want to practice it themselves. That way facilitators can get a feel for the exercise and can also show the patient an example of what the worksheet should look like.

Instructions

Either read the instructions aloud or have the patient read the instructions to themselves. Start by having the patient write their name in the center.

Inform the patient that they should draw the people they feel closer to towards the center and the people they feel further away from toward the outside. Have the patient put down at least two other people somewhere on the page. The patient can put in as many people as they are comfortable with. If the patient cannot think of anyone that they are close to now, ask them to put down someone that they would like to be closer to in the future.

Once the patient has stopped writing names on the worksheet, ask them if they are done. Then have the patient draw arrows showing people they give support to and people support them. If possible, offer the patient at least art supplies that have at least two colors so that the map is clearer.

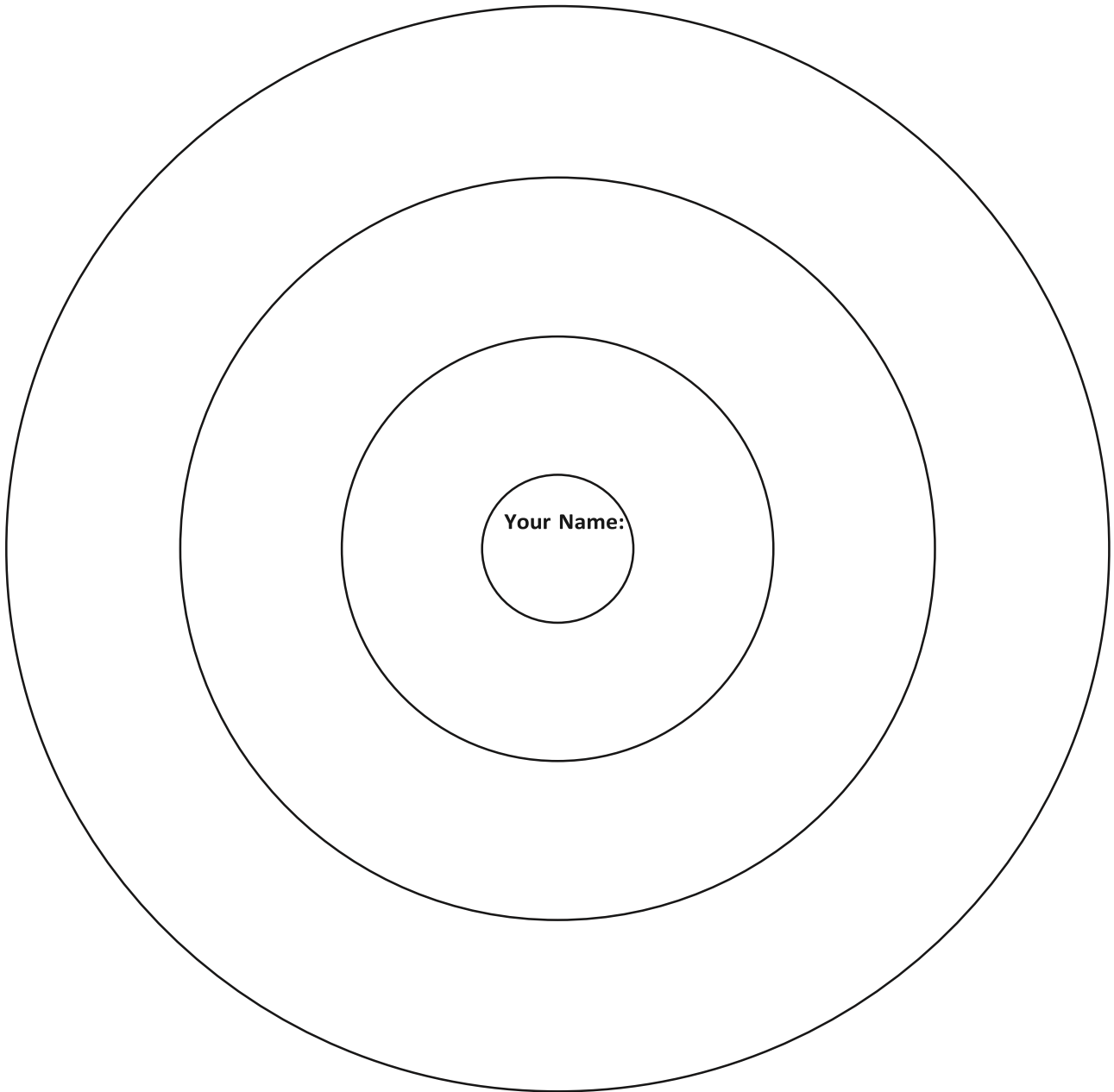
After the patient has stopped drawing on the worksheet, check if they are done. Ask them to explain the diagram to you. Ask clarifying questions. For example, you may ask:

“Why did you put [Person's Name] on this part of the circle?”

Process how the patient feels after seeing the diagram with them. Ask them if there are any relationships they would like to be in a different place from what they have depicted on the graph. If so, discuss what steps the patient would have to take to change the relationship to what they want. Remind patient that the only person they can change is themselves. Be empathetic and encouraging because this exercise may bring up strong emotions.

Relationship Give and Take

- 1) Write your name in the center circle.
- 2) Write the names of those people you have relationships with in the circles around your name.
- 3) For the relationships you **GIVE** support to, draw an arrow to those names.
- 4) For the relationships you **RECEIVE** support from, draw an arrow from those names.
(Some arrows will go both ways).



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Setting Boundaries: Personal and Professional

Healthy boundaries are essential for building positive relationships. Boundaries reflect personal values and the things that the patient holds as important. When those boundaries are not respected or enforced, it can lead to feelings of stress, social anxiety and low self-esteem.

Boundaries are flexible and unique. A person can also have different boundaries based on who they are around, their situation or environment. These two worksheets are designed to help patients express their boundaries to other people with friends/family and/or colleagues.

Prior to the introduction of the worksheets, facilitators should lead the patient in a discussion about what their values are. Give the patient a blank sheet of paper and a pencil and ask them to write down what is important to them. Use the value to help the patient create at least one boundary. For example if a patient values having personal space, they might create a boundary for other people to ask for consent before touching them. Remind patient that other people can still respect their boundaries regardless of whether or not the other person shares the patient's values.

Instructions

Read through the Boundaries worksheets at least once prior to meeting with the patient. Hand the worksheet to the patient and keep a copy for yourself. Read the worksheet aloud with the patient. Stop after each box that defines an aspect of empathy. Check for patient understanding.

Then read through the approaches to establish boundaries in either their personal or professional life. Discuss the boxes the different approaches with the patient. Which ones do they think might be useful for them? How will they use them? Is there anything they would like to add? As a facilitator, you may have to help them think of ideas, but try to put it in the patient's voice as much as possible.

Setting Personal Boundaries

Personal boundaries define limits and responsibilities in relationships. Boundaries are essential to building personal resilience, supporting wellbeing, and creating strong relationships. Use the following approaches to increase your ability to set personal boundaries:

Ask **Clarifying Questions**

Ensures you understand what the other person is asking.

Express **Empathy**

Conveys your understanding and that you are considering the person's needs.

Set **Limits**

Addresses what is and is not possible for you.

Indicate **Action**

Tells the person what should happen moving forward.

Setting Boundaries with Family Members/Close Friends

While friends and family members are sources of support, they also can push personal boundaries. Here are some things you can say when you need to set a boundary with your friends or family members:

- "Let me make sure I understand you correctly. You are asking for ____?"
- "Thanks for thinking of me, but I have too much on my plate right now."
- "No thank you."
- "I can't do that right now."
- "That doesn't work for me"
- "How about we do ____ instead?"
- "I am not comfortable with this."
- "I am not going to discuss or debate this."
- "This is non-negotiable."
- "I understand that you are upset."
- "I need to take a break."
- "Let's discuss this later when we're both calmer."

Start with Respect

Sometimes people that you need to set boundaries with do not realize that they are asking for too much. It is a good idea to start with a polite refusal. Then if the other person continues to push, become more insistent. You are setting a boundary because this is something important to you.

Be Confident in Your Approach

You have the right to say no to things. In fact, sometimes saying no will make your existing relationships stronger because it shows people that you respect yourself.

Setting Boundaries

Professional boundaries define limits and responsibilities in the workplace. Boundaries are essential to building personal resilience, supporting wellbeing, and creating strong professional relationships.¹ Use the following approaches to increase your ability to set professional boundaries:

Ask Clarifying Questions

Ensures you understand what the other person is asking.

Express Empathy

Conveys your understanding and that you are considering the person's needs.

Set Limits

Addresses what is and is not possible for you.

Indicate Action

Tells the person what should happen moving forward.

Below are examples that utilize the approaches identified above:

Setting Boundaries with a Colleague

"It sounds like you have a lot on your plate, and I'm sorry to hear what you're going through. I understand what you're looking for and realize it's very important to you, and I cannot take that on right now. However, I am able to complete a smaller portion of the project or review and give feedback when you are ready, if that would help."

"If I understand correctly, you're asking _____. Is that correct? I appreciate that you came to me for this task as it shows you have a lot of trust in me, and I'm unfortunately unable to take on this task as I have a lot happening right now. Perhaps I can assist you in finding someone else to take on the task."

"Thank you for the offer, and I must decline. Maybe we could _____ instead?"

Setting Boundaries with a Supervisor

"I understand that this is a really important project and am thankful you have considered me for it, and due to other obligations, I'm unable to join you for that meeting. Can we set up a conference call to discuss the agenda ahead of time?"

"I can see that this is a pressing task which requires prioritization, and although I'm interested in assisting with it, I'm unable to do so because of my current workload. Would you be open to assigning the task to someone else on the team?"

"From what I understand, this assignment must be complete by _____. Is that correct? I understand that this is a priority assignment and would be happy to assist you with it, and the size of my current caseload is preventing me from taking on any new tasks. Perhaps instead I can give feedback to the assignment. Would that work?"



**DMH-UCLA
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[1] Rutherford A, Harmon D, Werfel J, Gard-Murray AS, Bar-Yam S, Gros A, et al. (2014) Good Fences: The Importance of Setting Boundaries for Peaceful Coexistence. PLoS ONE 9(5): e95660. <https://doi.org/10.1371/journal.pone.0095660> ©2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

Certificate of Completion

Presented to

For the successful completion of the Stress Management Skills
for Community Partner Clinics Prevention Program

Presented on

_____/_____/_____



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Appendix A: DMH Emergency First Response Contact Information

Emergency Procedures

- **Call 911**
 - If the patient is in immediate danger of harming themselves, someone else or are gravely disabled and/or need a response within 30 minutes.
- Call the DMH Access Hotline at **(800) 854-7771** for Psychiatric Mobile Response.
 - If the patient expresses suicidal or homicidal ideation or is gravely disabled, but is not in immediate danger.
 - DMH will send a team of mental health specialists to evaluate the patient for a psychiatric hospitalization.
- The Los Angeles County Helpline, "LA Warmline," at **(855) 952-9276**
 - If the patient is not in crisis, but is in need of emotional support at night, they can call the warm line, which is available from 10 p.m. to 6 a.m.

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Appendix B: Referrals & Resources for Specialty Mental Health Treatment

How to Refer a Patient for Mental Health Services

Through the Access Hotline

- At any point in the screening process and/or during the course of delivering Prevention Services, a MHLA participant may be referred for specialty mental health treatment to the Los Angeles County - Department of Mental Health through their 24 hours/day, 7 days/week ACCESS hotline at **1-800-854-7771**.
 - Please first consult with the appropriate clinical personnel at your agency prior to making this referral as there are required criteria that an individual must first meet to receive Specialty Mental Health Services at DMH clinics.
- Requirements:
 1. There must be an included diagnosis.
 2. Must have one of the following impairments as a result of the disorder from element 1 above:
 - A significant impairment in an important area of life functioning;
 - A probability of significant deterioration in an important area of life functioning; and/or
 - **Individual will not progress developmentally as appropriate (This applies only to persons under age 21) This highlighted bulleted item does not pertain to the MHLA Program.**
 3. Proposed intervention must meet each criteria noted below:
 - Address the condition(s) from element 2;
 - Have the expectation to:
 - Significantly diminish impairment; or
 - Prevent significant deterioration in an important area of life functioning; or
 - **Allow individual to progress developmentally (This applies only to persons under age 21) This highlighted bulleted item does not pertain to the MHLA Program.**
 - The condition would not be responsive to physical health care based treatment.

Through the DMH Website

1. Go to the DMH Service Locator at <https://locator.lacounty.gov/dmh>
2. On the left hand tab, select the type of services you are looking for, usually “Mental Health Outpatient.”
3. Type in the kind of services you would like in the center search bar titled “Find,” or leave it blank.

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- You can also narrow the search by age group with this search bar.
 - For example, if you are looking for adult services, type adult into the search.
4. Then type an address or zip code near where the patient would like to receive services in the right side search bar titled, “Near.”
 5. Look at the list of links and click on the agency name.
 6. Call the numbers prior to giving the referral to the patient.
 - Some of the phone numbers need to be updated occasionally, so this is a good precaution to make sure that the number works.
 7. Give the patient the number(s) for any appropriate agencies. If possible, call the phone number with the patient and ask the agency staff for an intake appointment.

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Appendix C: Outcome Measures

Pre, Interim and Post Measures

One of the requirements for this MHLA Behavioral Health Expansion Project is that Community Partner (CP) Clinic staff collect the applicable PHQ-9 and GAD-7 questionnaire/measures using the following administration guidelines:

- A. CP shall provide an initial screening of all Participants to determine if MHPS are applicable and appropriate. The initial screening process shall entail administration of the PHQ-9 and a review of the results and any other pertinent information from the Participant and/or Health Professional that may indicate Participant risk factors or the need to build protective factors. The questionnaire/measure is traditionally self-administered, however it may be administered by staff. The results must be reviewed by staff.
- B. CP staff may also determine following the initial screening process, that the Generalized Anxiety Disorder-7 (GAD-7) questionnaire/measure shall also be administered as part of a Participant's overall screening for appropriate Prevention services.
- C. All Participants who receive MHPS after the initial screening shall be provided follow-up questionnaire(s)/measure(s) quarterly with either or both the PHQ-9 or the GAD-7 questionnaires/ measures until the end of the DMH-approved curriculum.
 - The choice of which questionnaire(s)/measure(s) shall be determined at the sole discretion of the CP staff.
 - Follow-up questionnaire/measures may be provided with a greater frequency at the discretion of the CP staff.
- D. All Participants who receive additional MHPS shall also be provided either or both questionnaire(s)/measure(s) at the end of the course/curriculum.