

# Webinar Q&A

## Q1. Any tips for clients that are refusing to engage in supports knowing that their mental health is a concern?

We can lead a horse to water, but we cannot make it drink.

We often see a situation before they do, but it's about checking in regularly and planting the seed by acknowledging the stress and strain that they might be under and reminding them of the supports that are available to them.

Also remind them that supports are there to enhance wellbeing that people stay well. This can help frame support as a proactive measure. People may see support in this context as investing in their mental health, rather than an admission of a need for support.

## Q2. If we could have some examples of how we avoid re-traumatizing someone who is having a hard time? I have a client who wants to talk but then says they feel awful after the conversation as they are reliving the trauma.

Broadly speaking, taking a trauma informed approach is what is recommended when speaking with people. This could involve speaking before hand to inform the person that they can, for example, take a break whenever they need.

You should think about how you can ask questions in a way that doesn't bring up trauma. Also, don't ask questions in a way that puts blame on the person and avoid getting them to relive a traumatic experience.

You could start from the outside with little bits of details and work your way in over time.

You may want to share your observations with the person:

- 'Can we talk about how you're feeling right now? I notice you want to talk but you often feel worse afterwards.'
- 'I'm not sure talking to me is helping. It might be worth connecting you with someone that can discuss this with you in a way that safeguards your wellbeing'
- It's important for you to set boundaries: 'I notice that each time we talk about this you don't feel much better. I can help with this, but it may good to connect you with someone else to discuss that. I can give you some numbers of people you could connect with.'

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## Q3. Are there any distinct variations on the approach for a neuro-diverse person or someone with a diagnosed psychosocial disability/impairment?

The important thing to understand is that neurodiversity exists on a spectrum. People with the same diagnosis can be very different in how their symptoms manifest and we need to employ a personalised approach to them. There's not really a blanket approach to neurodiversity.

There are some staple things we want to make sure we're doing, such as avoiding sudden or abrupt movements, sensory overloads etc, but it's common to have dual diagnosis and one be more at the front than the other. What works well for one person doesn't necessarily work with another.

It's always going to be case by case. It might be to seek advice or get specific training in neurodiversity.

## Q4. What if someone says they are "not" suicidal but we know they are? Context: Client is a high masker, meaning they are really good at concealing themselves. Do we still go ahead in getting emergency services involved or just "monitor"?

Be careful not to impose your own thoughts and make an assumption on someone's situation without concrete proof that this is the case.

However, when someone masks things, they might have felt that they need to do this to get along they have to pretend everything is okay (generally speaking).

Someone like this might need permission that it's ok to not be ok and have their experience normalised. Remind them that it's more common to feel their way than they may appreciate, it's okay if they feel that way and there is assistance.

Always provide someone like this with the relevant phone numbers:

- 'You may not need to use these, but I want to know that I've given them to you'. Express this in a way that normalises and gives permission to not be ok and knowing that I won't view you in a different way

If there is an imminent risk, always contact emergency services for a welfare check.

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## Q5. Are there any strategies to utilise that differentiates from adults when working with Children?

This really depends on what strategies you're looking to use and the age of the person. For example, if you're working with a young person, you'll want to make fun. You might make a game of a self-regulating exercises (e.g, blowing a ball with a straw).

The key is applying age appropriate strategies. You could do breathing techniques with a teen or tween, but younger than that, you want to involve them in a more age-appropriate manner.

## Q6. What was the name of the book mentioned?

Crucial Conversations: Tools for Talking When Stakes Are High by Patterson et al.

Written by 4 researchers who looked at real people in real-life scenarios dealing with high stakes emotionally charged situations without watering down their message and pacifying anything unnecessarily.

I do actively encourage people to read it if you're interested in managing your own anxiety, but also being able to de-escalate situations and enhance the working relationships at the same time.

## Q7. Do you have any other workshops that you'd recommend for us to attend?

Communicorp deliver a range of organisational mental health and wellbeing training and workshops.

We deliver our key programs in the following formats:

- Face-to-face – 1/2 day workshop
- Virtual – 1/2 day
- eLearning – 30 minute module

Find more information on training programs in the Communicorp brochure: [Download the brochure](https://www.communicorp.com.au/) or visit <https://www.communicorp.com.au/>.

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**Q8. Many providers at the moment are facing situations where participants are receiving difficult news resulting arising from decisions or changes imposed by third parties (such as government).**

**For example, communicating to participants that they may not be able to do something that they once were able to do, or that their plan is being reduced.**

**Is there any advice for those working with people in that situation where they may not be the direct cause of the decision and reactive stress, but being the bearer of bad news are at the receiving end of negative reactions?**

When delivering bad news, it's important to foreshadow it first. Chris Voss, an ex-FBI negotiator, emphasises this in his YouTube videos on tactical empathy.

Foreshadowing helps reduce the emotional impact by activating fewer pain centers in the brain.

After foreshadowing, acknowledge the situation to help the person feel heard, and that you understand what they are trying to say and not how they feel. This can aid in de-escalation.

For example, if someone is taking their heightened emotions out on you (verbal abuse, name calling, swearing), you need to assert yourself to change that behaviour:

- 'I can hear how frustrated you are when you say.... I find it really difficult to keep listening when you speak to me like this, I need for you to stop.'

If you're face to face with someone who is taking out their stress on you, just taking a pause with a slight raise of your eyebrow can be enough for people to realise how they've come across.

Facilitate the shift away from emotional/reactive mode, back to adult-to-adult mode and give them an opportunity to get back in control of themselves and regulate:

- 'Is there another way that you can rephrase that for me so I can understand exactly what it is that you're saying?'
- 'Look, I can hear how upset you are. Would you like to take a moment just to have a sip of water?'