The Accidental Counsellor
31/05/2023

CCH Learning:

Hello, everybody, and welcome to today's webinar the Accidental Counsellor. My name is Susannah Gynther from Wolters Kluwer, CCH Learning, and I will be your moderator for today. A few quick pointers before we get started, in the handout section on the go to webinar panel, you'll find the PowerPoint slides for today's presentation. If you're having sound problems, please check your audio settings, try to toggle between Audio and Phone. And just a reminder that within 24 to 48 hours, a notification for the e-learning recording will be emailed to you. You can ask questions at any point during the presentation by sending them through the questions box. I will collect those questions and ask them towards the end of today's presentation.

CCH Learning also offers a subscription service, which many people have termed Netflix or professionals. It provides members with access to our entire library of recordings, as well as live webinars, for a competitive flat fee. That's for over 500 hours of content. For CPD purposes, your viewing is logged automatically. Your presenter today is Helen Jarvis, counsellor and founder of Ripple Learning. Helen is an experienced national accredited mediator, family dispute resolution practitioner, counsellor, coach, facilitator of restorative engagement conferences, and clinical supervisor in private practice. She helps individuals and organizations to have the difficult conversations that often accompany the distress and conflict typically experienced through periods of change. She's also a trainer for the Mediator Training Program and graduate Diploma of Family Dispute Resolution for the College of Law. Helen is also the founder of Ripple Learning, a social enterprise, which facilitates customized workshops for workplaces on the skills people need to resolve conflict, manage stress, and maximize performance. 100% of Ripple Learning's profits are directed to effective youth mental health services. I will now pass you over to Helen to commence today's presentation.

Helen Jarvis:

Thanks so much, Susannah. Appreciate the introduction and lovely to connect with everybody today as we leap on in and talk about the Accidental Counsellor's skillset.

Just going to share my screen with you so that you can see. Hopefully that's come up okay. I'll move that over as well. Lovely. Fantastic. So what we're going to spend some time talking through today is what it means to be an accidental counsellor. Of course, to be really clear, we're not going to teach the skills to be a counsellor today. Of course, there's significant training involved in building that comprehensive skillset and understanding what you would need to do if you're actually a counsellor. But we're going to deal with those situations where you find yourself in a place where you are working with an emotional and distressed client and you are struggling how to help them settle so that they can engage in that cognitive, rational solution focused way that you really want them to do. To do that we'll spend a little bit of time talking about stress and mental health and understanding what constitutes poor mental health so you can start to spot some of the warning signs and differences between just a stressful moment and someone who's in a more challenged problematic state.

We'll talk about why it's important to be proactive and then spend a bit of time talking about the neurobiology of the stress response to really understand what's happening in our brains and bodies in those moments of high stress and distress, not only for ourselves, but of course, obviously, for the clients that you are engaging with who may be in that situation of distress. I think when you understand what is happening in their body and their brain in those situations, it fundamentally changes the way we choose to respond. Once we've got a handle on that, we'll get practical and start to talk a little bit about the tasks, the steps if you like, that you'd follow as an accidental counsellor and the skills that you would need to apply in those situations. Of course, I tend to find that prompts more questions for everybody and your brain will start to turn to all those situations of complexity that are a little bit more challenging. So I'll spend a little bit of time talking about where to go to for information when you are trying to engage with those kinds of complexity.

And of course we'll wrap up by talking a little bit about self-care because if you're going to engage in these conversations, it's also really important to care for your own wellbeing. So let's start by talking about what it means to be an accidental counsellor. I'm conscious, for the group that is likely to be watching this webinar today, you are working with clients who have come to you often because they're navigating situations of complexity and it might be at a turning point in their life where they've encountered a lot of change or perhaps they're feeling really vulnerable. So you, in many respects, will be one of those first responders quite often where you spot the high stress or distress that emerges for them. Now, this skillset isn't a skillset you would just use with clients. Of course they're equally useful when working with colleagues who you might spot changes in behaviour for, family members, friends, perhaps children in your household as well. So the skillset applies in all those contexts.

We're talking about skills you can use in the moment to provide support that's appropriate and effective, and also that is time limited effectively, particularly when you are talking your engagement with clients and colleagues. You are talking about a skillset that you use in the moment before supporting that person to then connect with appropriate ongoing support in many cases. So we'll spend a bit of time talking about how you might encourage them to connect with appropriate supports and how you could then also follow up where it's appropriate to do so. So let's talk a little bit about those times where high stress and distress emerges and what might be prompting that distress or stress to present for your clients. Typically, that high stress or distress emerges when our needs aren't being met or when expectations don't meet reality. So if we talk a little bit about needs, an easy go-to is to look back at Maslow's hierarchy of needs, and it's possible that some of you may have come across that visual previously or have heard of Maslow's work.

He was really naming that it's really important to engage with the physiological needs before tackling the safety needs, before tackling our needs for relationship and intimacy and a sense of connection before we can then engage with our needs for self-esteem, status, recognition, et cetera. I'm conscious that a lot of your clients are likely to be in a space where perhaps they've come to you for tax advice, they're in a financially challenged situation. Particularly, at the moment with cost of living crisis, it's prompting a lot of reconsideration of what's affordable and what's not. It might be that in some cases their personal safety is at risk. You might be dealing with clients where perhaps there's family violence in the mix, for example, or perhaps there's job insecurity. And all of those factors, reasonably and appropriately, could be prompting stress or distress for the clients you are working with. And then of course, not only within their workplaces but also within the context of the last few years, the pace of change has been really rapid and significant for all of us to navigate.

And we know that it is normal when you introduce change anywhere for humans to go through a bit of a rollercoaster ride. There's always going to be that sense of shock, that denial, "I cannot believe it. This is not real, it's not happening," followed by some frustration or maybe even anger and then depression or a bit of a funk in mood in terms of how people feel before they start to experiment with getting on board with the new reality and moving forward. Now, I would imagine that many of you, when giving your clients advice, will observe them go through that rollercoaster ride in front of your eyes. You give them a piece of new information that shakes up their world, it doesn't match the reality of what they're expecting, whether that might be accounting advice or

legal advice that prompts a responsive denial, some frustration, some anger. And then as they start to process the reality of what it means, particularly in the ensuing days, there might be a drop in their mood. Now, that that journey is a really normal one.

But of course, we start to become more concerned if the changes in behaviour or mood are more pronounced over a longer period of time. So you might see elevated stress and distress in the moment. If you're working with a client over an extended period of time, you might watch the impact on them, be more significant and longer term. We'll talk a little bit about how we might spot the difference in a few slides' time. But effectively, we're talking about what mental health means, and I think it's important to acknowledge that mental health is on a continuum. In the context of expectations not meeting reality and change curves, for example, it'd be really normal for us to go from healthy to reacting possibly into a space of injured if the stress and distress is really high and over an extended period of time, and perhaps there's some other social determinants of mental health in the mix or some family of origin issues or perhaps just a lot of change all at once, we might find somebody ends up more down the ill end of the spectrum.

And effectively, we're talking about a spectrum that exists from thriving at the one end to surviving at the other end of the spectrum. And humans, all of us, move up and down that continuum often and continuously. So when we talk about that accidental counsellor skillset, you might be applying it with somebody who's in the reacting zone or you might encounter someone who is more in the injured or ill zone. Let's touch base on some of the statistics for a moment. And these statistics come from the ABS, actually the National Study of Mental Health and Wellbeing for 2021. So these are really recent statistics, and there will be further information coming out from the ABS round about July this year, I think, if you're interested in looking further. What the stats are showing us is that one in five Australians experienced symptoms of mental health condition in the 12 months prior to them doing this survey in 2021.

So we were in the midst of COVID here and there was some increase, but actually not a huge amount of increase, from what the figures were when they lasted the survey in 2007. So one in five. So, really significant number that might end up with symptoms constituting a diagnosable mental health condition in any 12 month period. The research shows that two in five Australians experienced a mental health condition at some point in their lifetime. The most common mental health conditions in Australia are anxiety disorders and mood disorders, depressive disorders. They're the two that we see most frequently. So when that survey was done in 2021, one in six with diagnosable anxiety, and one in 13 with diagnosable depression. So again, quite high statistics. But I think what's useful about understanding these stats is actually knowing how normal it is. We talk in terms of somebody getting a cold or becoming sick with COVID, of course, and we know that actually physical health, we all move in and out of good and bad physical health over our lifetime.

Actually, we do from a mental health perspective as well. And that is actually, in many respects, really normal, even though we are talking about periods of poor mental health. My guess is most of your eyes have dropped down to the gender-based differences around mental health stats. Now, the figures here come from a report that was done by TNS Global and beyond Blue the State of the Workplace Mental Health Report, these lifetime figures on gender differences. Again, when the ABS figures come out later this year, we'll have an update around the '21 figures on that. But the researcher is showing, over our lifetime one in three women would have a diagnosable anxiety disorder, and one in five men. And you can see the stats in a similar way in depression. Now, what's interesting about this is most of the time the feedback, when people see the gender stats, is the thinking is, "Okay, this is probably because men aren't talking about it openly, aren't reporting."

The study done by the ABS was actually ABS researchers going into people's homes without people having reached out to indicate that they had a disorder and an interview being conducted using diagnostic criteria to identify who had disorders or who didn't. So this wasn't actually about who reached out, it was actually about who was presenting with symptoms consistent with a diagnosis of a disorder. But more important than the

gender stats, I think, is just acknowledging how common it is. And this doesn't mean someone ending up with a mental health condition, doesn't mean that they stay in that place, of course because we move in and out of good and bad mental health all our life. So I don't think we need to fear ending up in a space where we have symptoms. It's more about recognizing and getting appropriate support so we get back on track, in the same way as if we ended up with poor physical health, we'd reach out, access support and get back on track.

And I think that frame of reference is really important to understand so that when we have our accidental counsellor hats on, we're not engaging with these conversations through a lens of fear or concern. Well, concern, yes, of course. Not through a lens of fear, but more through, "Actually, I've spotted that there's a concern. Let me help this person connect with appropriate support so they can get back to a place of good health." Just in the same way as if we saw them with symptoms of a cold we might be saying, "Are you taking care of yourself? What are you doing to look after yourself? Have rest." I just want to touch briefly on the youth mental health statistics. Some of you are probably sitting there thinking, "I wonder how those adult stats compare with those for children." And these stats come from both the figures from ABS, but there was also a study done looking at a survey of mental health and wellbeing, particularly looking at children.

One in seven Australians experienced a symptom of a mental health condition in the last 12 months, and two in five over the period of their lifetime. So let's talk about the difference between when somebody's in that reacting zone and perhaps when they might be in that unwell zone. And just, rather than giving you a set of diagnostic criteria, want to acknowledge that when we talk about someone being in a zone where they're unwell we are talking about the impact on their quality of life and daily functioning being really significant and there being persistent impacts with no apparent reason. So the impact's really significant and the impact is ongoing. You'd normally need these symptoms to be present for over a period of at least two weeks, sometimes longer, and the impact needs to be really significant for a diagnosis to be warranted.

And again, the goal for Accidental Counsellors is actually not to teach you how to diagnose, that's the role of professionals who are doing this for a living, but it helps to be able to get a sense of what might I see, what I might observe in a person who's in that high state of anxiety with an anxiety disorder. So I've broken it down into thoughts, feelings, and actions. The actions are often the ones that are easiest to spot. So, typically we'd see them avoiding situations which might make them feel anxious. There might be behaviours that are obsessive or more compulsive in nature, difficult making decisions, hard to concentrate, sometimes abuse of alcohol or sedatives in the mix as well. What it might feel like for that person is you can see lots of extreme thoughts, strong feelings. It's not just that I'm stressed, I might be intensely worrying all the time.

My language might be catastrophizing in nature, have the feeling that I can't stop worrying, I'm going crazy. And physically, the symptoms are heart racing, tightening of chest, fast breathing, dry mouth, upset stomach, muscle aches and pains. And those symptoms, of course, could also be similar for lots of other physical conditions, too. If we touched on mood disorders and depression using a similar frame of reference, again, we are talking about impact on their quality of life and daily functioning over an extended period. So, persistent impacts with no apparent reason. So if somebody has, unfortunately, just lost a loved one, you'd expect a decrease in mood, you'd expect sadness, that would be normal. If that persists over an extended period of time and the thoughts are very distressing, the feelings continue to be very intense and we see that ongoing withdrawal from life, from the usual activities, disruption to eating and sleeping, all those sorts of things, we might start to be concerned.

Now, when you encounter a situation where you're really worried about someone and you can't find these slides, because we all know how that tends to happen, and I'll say this a few times through the presentation today, do head to the Beyond Blue or Lifeline websites because there are fact sheets on both for the signs and symptoms of anxiety or depression. There's also self-assessment tools that people can use or can support loved ones to use to look at an early indication and assess how they're going. As I said, fundamentally, the goal for an accidental counsellor is not to assess whether somebody has an anxiety disorder or a mood disorder or depression, it's to be able to notice some of those early warning signs so you are more inclined to leap in and have that conversation with them.

Let's talk about why to be proactive, and I'm going to share with you some of the stats. Amazingly, 53% of people who have a mental illness don't actually reach out for help at all. And you can imagine if someone's unwell and they don't get connect with help, the likelihood of their health worsening is high, and of course that can result in longer term mental health conditions for them. Unfortunately, the stats in Australia are that one in six Australians have experienced suicidal thoughts or behaviours in their life. That's the 16 to 85 age group. We know that males are three to four times more likely to die by suicide than females. So even though we can see, in those earlier stats, that women, actually, statistically are more likely to have a diagnosable anxiety disorder or depression, men are statistically more likely to act on that and die by suicide. Suicide is the leading cause of death for 15 to 44 year old’s.

And we know rural and regional areas, mental health stats are worse and the rate of suicide for Aboriginal and Torres Strait Islanders is two times that of the non-indigenous population. Now, for those of you with financial brains, which I know many of you will be, I thought would be useful to have a sense of what some of the assessed costs are to Australian workplaces. And again, this comes from the report by TNS Global and Beyond Blue where their research suggests that 10.9 billion is spent each year or that's the cost to our workplaces of untreated mental health conditions. Most of that in the form of absenteeism where people don't turn up to work, or presenteeism where they're there but they actually can't concentrate and think and perform.

So there are lots of reasons for us not just to ignore what we see when we're concerned about the wellbeing of somebody, but actually to engage, to leap in, to have the conversation and to support them to connect with help early, because what all of us would love to see in the sector is for that figure of 53% to drop, for more people to access mental health support early, because we know, from the research, when you connect with help early, you get back on track into a space of wellness much faster. So that's the role that you can play is to help people to connect with help early by not being afraid to have the conversation with them. I want to talk a little bit about the neurology of the stress response because some of you are probably thinking, "Okay, that's all well and good, but actually, the thought of having the conversation worries me, Helen, and stresses me," or that it's just helpful, I think, to understand what it might look like in a person who is in that state of high distress.

So when our body is triggered, when we have that fight, flight, freeze response, that stress activation, some of the physical symptoms that people experience is that heart beating faster, tensed muscles ready for action, mouth that goes dry, tunnel vision, the narrowing of the focus, faster breathing, churning stomach, sometimes shaky legs and arms, that response is really high in nature. Let's understand what's going on in their brains for a minute. So I've got a diagram up here that's a cut through of the brain, sliced through sideways, with three parts of the brain visually represented. Now, for any of you who might be scientifically minded, I'm now going to completely oversimplify the neurobiology of the brain, but just to give us enough knowledge to understand what's going on. One of the important things to understand early is that part of the challenge here is in order of processing one, because what our body does all day every day is scan our environment for threats. Everybody's doing it.

Our senses are picking up threats from our environment and the message comes up through the reptilian brain, which is that brown-orange color down the bottom, heads up through the brainstem and heads up to our amygdala and then into our limbic system, which is in yellow in this visual. That limbic system is what sometimes gets called the monkey brain, it's the part of the brain where we have that emotional response to the stimuli that we've scanned in the environment, and the messages come up through that reptilian brain and then hits that limbic system. Now, very quickly, somewhere around about 15 milliseconds from us picking up a threat in our environment, the message comes up into this limbic system area, this we sometimes call our subconscious fast-thinking brain because it's the bit of the brain that responds first.

Through a series of chemical reactions it triggers our body to release adrenaline and cortisol, which when we spot a threat in the environment very quickly our body is activated to respond to the threat. So that stress response activation results in muscles tightening, the faster breathing, the rapid heart rate, perhaps the sweating, all those symptoms we talked about on the previous slide. And the purpose of that functionally is to ensure that, in a situation of threat, we stay alive and our body keeps functioning. So the energy gets redirected to ensure all those core functions of our body operate. Then, if the stress levels aren't too high, the message then heads up eventually to our conscious slow thinking brain, and we say slow thinking because it takes longer for the message to get up into that cortex, and down here, the prefrontal cortex, I'm kind of tapping my forehead. And this is the bit of the brain where those logical, rational, problem solving decisions are happening.

Now, if you are giving a client advice, you want them to be using that logical, rational, problem solving bit of their brain. You want them to be able to take in and hear what you are saying. You want them to be able to use language to make sense of what it is that you've said and to be able to evaluate and make decisions. However, if the information you've shared with them has triggered a stress response in them and has prompted an emotional flooding and emotional reaction, the message may only reach that conscious, slow thinking, cognitive piece of the brain in part or sometimes not at all. They may not even be able to absorb anything that you are saying if the information they're receiving is really triggered a stress response. If you want to understand more of this mechanism you might like to Google Dan Siegel, S-I-E-G-E-L.

He's done masses of research on the neurobiology of the stress response. There are some great TED Talks out there that talk about this mechanism and what's happening. Dan uses the language where he says, when that stress response activation is so high, effectively what happens is we flip our lid and that prefrontal cortex where these blue cogs are down the front of the brain, it's like that part of the brain goes offline and effectively stops operating because our response is primarily emotional in nature when that stress activation is really high. So what we're talking about really is that fight, flight, freeze response activation. So all those symptoms we talked about earlier coupled with the chemicals that are happening underneath that we don't see, that adrenaline release of significance, tensing those muscles ready for action, liver releasing our glucose to give us energy and cortisol released in high levels, which increases our blood pressure, our blood sugar levels, might increase memory or attention in the moment, but over time your immune system becomes depleted, pain sensitivities diminished and serotonin also becomes diminished as well, which of course affects digestion, et cetera, too.

So, hopefully that makes sense. As I said, if you want a little bit more detail, going into some of the work by Dan Siegel will give you even a deeper understanding of this mechanism. But I think the important thing to take away from this is understanding that we react first and then, because that's our fast thinking subconscious, fast thinking brain, we react first and then if the message can get up to our conscious, slow thinking brain, we are then able to analyze it. Your clients reacted because they didn't feel safe. That is fundamentally what triggers that strong stress response activation is when we scan the environment for threat, not feeling safe, which prompts all the energy and effort to be redirected to staying alive rather than the message going up to our logical rational brain.

So let's talk then about what that means for what we do in an accidental counsellor mode. And if you think about it from a perspective, if somebody flipped their lid because they didn't feel safe, well, fundamentally our goal as an accidental counsellor is then to create safety in the moment so that they do feel safe. Once they feel properly safe, the cortex, prefrontal cortex, comes back online, if you like, using layman's language and they're then able to engage in a rational logical problem solving way in order to make decisions, which is where you want them to be when you're trying to give them some advice. So, using this skillset is more than just about supporting their wellbeing, it actually serves a purpose for you in your work because you need them to be in that logical, rational space to make decisions. All right, so with all that background in mind, let's leap into the details of what we do as an accidental counsellor.

What are the tasks, or the steps, if you like, that we might need to follow. Though, I would name not in a linear way, and we'll touch base on some of the core skill sets that underpin that. So like anything in life, the first thing I'd say is preparation is key. Once you've done some preparation, we're going to leap in and ask the question and then spend a chunk of time in listening mode really hearing them out to make sure we've made them feel really safe in the moment. Once we've spent time in that listening mode, if they're willing or where are necessary, so sometimes there isn't a need to encourage action, but often there is, the next step would then be to encourage them to take action, to put in place the techniques that work for them to regulate their emotions or to connect with ongoing help. And if you have that ongoing relationship with them you might also need to follow up to ensure that they have connected with help.

And then in addition, of course, being clear where the boundaries are is really important, understanding that line between what it means to be an accidental counsellor and the counsellor. And we'll spend a bit of time touching on self-care. So I'm going to run through each of these now. Let's talk about preparation first. When we end up in that accidental counsellor mode, it could be that the conversation is initiated by you or it might be that the conversation's initiated by them, we always want to think beforehand, before we leap on in, one, am I the right person? Given what's key to this is that I create a space of safety for them, am I somebody that they're going to feel safe with? And importantly, do I have the personal bandwidth to safely have this conversation? If you've done first aid training as opposed to mental health first aid training, you'll all remember your doctor's A, B, C, D is the steps to follow. And the D of course stands for danger.

Now, the same applies when you are considering being an accidental counsellor. You need to first assess, actually, have I got the capacity for this right now? Nobody would ever want to encourage you to leap on in and have the conversation and end up putting yourself at risk. But you might think, if not me, who could I encourage to connect with them? If I can see that there's a need, I might invite somebody else to reach out and connect if I feel I can't right now. I also want to think about what's the right time for both of us, and do I have time for the conversation? I don't want to leap in and ask them lots of questions about how they're going and spend that time listening if I'm really short on time, I've only got 2, 3, 4 minutes before rolling into the next client appointment, because I could open them up and actually leave them feeling really exposed without having got to the point where I connect them with further ongoing help.

I also want to give some thought to what's the right physical place for this meeting. Are we in a space where there's sufficient privacy for them? Are they likely to feel like this is a location where they feel safe? It might be that I even need to ask them where would feel most safe for them to talk. And I need to consider is this a location free of distractions? Now, those of you that are contemplating this skillset on the home front perhaps as well, all of these considerations are also appropriate in that context. So, like anything, preparation is key. Then we've got a leap in and work out how to begin. And often people have heard that phrase, are you okay, from the fabulous R U OK? campaign. But that often feels odd and clunky to begin with. I've found a really useful way to begin is to start with a phrase that goes something like, "I've noticed that..." And then describe some of the behaviours you've observed that seem really out of character for them.

So perhaps they burst into tears in front of you, you might start with, "I can see you are feeling really upset right now. You're feeling really distressed right now." And then an invitation, "Would you like to talk about what's going on?" Or, "Is everything okay?" Or, "How can I help?" Really important in these conversations to be clear that we are not going to commit to keeping the conversation confidential in situations where we might be concerned about their safety of the safety of someone else. Now, it's possible, depending on your role, that you are walking this fine line around where confidentiality is and isn't, and I want to acknowledge the complexity of that in some context. But most of the time when someone asks us, "Will you keep this confidential, what I'm sharing with you now or about to share with you?" The easy way to respond is, "Really happy to keep it confidential, unless there's anything we talk about that makes me concerned about your safety or somebody else's safety, because in those situations safety trumps confidentiality and I'm going to put that first."

Okay, so we've begun, we've asked the question. Then we need to move into a mode where we're listening. And I'm going to start by talking about the body language of how we really listen to hear and then drill down into some other specific skills we can use. So, ideally we would sit down where possible. If they're standing up, walking around, we're not going to force them to sit down, but ideally we'd invite them to a position of sitting. And I might actually just unshare for a moment so that I can show you visually what I mean. So ideally we'd invite them to be sitting and if possible we're going to sit back in our chair. Really important from a body language perspective because the way the brain works, and the way we learn our social skills is based on something called mirror neurons. So humans tend to copy and replicate the body language of the person they're observing.

So, if you are sitting down to listen to them and you are leaning in really intensely and staring straight at them with a really intense look, even as I'm doing it I'm probably triggering a reaction in you, it tends to increase their stress levels to see your anxious physical leaning in. Whereas if you sit back in your chair, pop your head on one side a little, not ridiculous of course, on one side a little and keep that eye contact soft and you're looking at them a little, you are looking away a little, it's less intense in terms of creating less safety in the situation. We want to sit back and have our body language be open. No king of the world, hero of the world positions with the hands up behind the head like that, but just really that open body language that conveys, "Actually, I have all the time in the world and I'm not in a rush for this conversation." And that's what's going to help them feel as safe as possible.

Then, when you do talk, it isn't just about your body language, it's also going to be about the pace that you talk at, the tone you use and the calmness with which you engage. If your body language is calm, your eye contact is soft and your tone is low and your voice is slow, it will be really hard for them not to start to match you over time. Now, I'm conscious as I demonstrate that I'm pushing it to the edge of the ridiculous to give you a sense of what might be involved, and it's quite different to your presenter energized voice. But I wanted to give you a little bit of a sense of what you are going for, that sitting back, shoulders down, conveying with body language and with voice that, actually, you are making lots of time for them. Now, if internally what's going through your mind is, "I actually don't have this time," that is okay, they're not going to spot that if your body language and voice stays really calm. Okay, so I'm going to go back to sharing again so that you can see.

And just based on one thing and that I've tried to show with these images, which I have to acknowledge are imperfect, actually surprisingly hard to find visuals out there that really demonstrate an ideal body position to be in that listening mode. But if you look at the two men down the bottom, the teenager and the other man, you can see that they're not lined up directly across from each other sitting across the table. They're sitting on the corners of a table together. It's a similar orientation for the two women up the top. Obviously he's leaning in a little too far down the bottom and her eye contact's a little bit intense at the top. But I wanted to demonstrate, show you visually that you are looking for an arrangement where either they're side by side or in an angle towards each other rather than directly head on. So if you are sitting with somebody who's distressed, try and move your chair to a spot where you're actually not directly across the table because it's going to be experienced as more threatening for them.

If you're thinking about how you might apply this on the home front with your teenagers, you might consider going for a walk side by side or sitting down watching television, turning the television off to have a conversation. But to be in a zone where you're not directly across the table makes a big difference. All right, so we put our body language and our voice into the best possible mode we can. Now let's talk about that skillset of listening. Everybody needs a good model. Ours is the HEAR model, hear, explore, acknowledge, and reframe, just as a cue to help you remember what it means to really listen. There's lots of language about the importance of being empathetic listeners. Here's for how to be an empathetic listener. You want your listening to be really purposeful in nature, because at that point that they're triggered, it's likely that you are also finding that your prefrontal cortex is starting to wobble a bit as you anticipate the complexity of what you fear might be a complex conversation.

So to avoid you getting into a zone where your own flight, flight, freeze response is triggered, you need to have something really purposeful to do with that prefrontal cortex. So instead of thinking internally, "What am I going to say? How am I going to respond? What am I going to do?" Pop all your effort and energy into focusing on trying to ascertain what is the problem that has triggered them. So you're going to listen really closely for what's the content of what they're saying, what's their perspective, what's their view? What's the problem that has really triggered them? What is it that they fear? You're also going to try and listen for, what are the emotions that they're conveying? They might be crying, they might be agitated, they might be angry, but underneath that mask of anger or the mask of tears, what are the emotions that sit underneath? Are they feeling ashamed? Are they feeling frightened? Are they overwhelmed? Let's see if we can hunt a bit deeper for adjectives that describe their emotions that really hit the mark.

We also want to try and listen, but beneath everything that they're saying and the emotions with which they express it to try and hunt for, what are their underlying needs in the moment? And those needs are closely connected to the problem. What is it that they need to have addressed in order to help them feel safe again? Okay, so you want your listening to be really purposeful. You're listening for what they're saying, what they feel and what they need. If all your effort is going into focusing on that, you are much less likely to have your own flip-the-lid-moment where your prefrontal cortex goes offline and you're going to make this process actually much more time efficient. So, listening really intently to what they're saying. Now, in that emotional state, it's all going to tumble out in a bit of a chaotic mess.

And so, you might find that you need to go exploring and ask them some more questions, ideally open questions that invite them to tell us more. We want to be curious in the way we engage. "Help me understand what it was that triggered such a strong response for you today. Help me understand how things got to the point that it got so well overwhelming for you. Help me understand what you need from us. What is it that I could do or we could do that is really going to help you today?" So, lots of open curious questions. So, listening in a purposeful way, asking open questions. And then, from time to time, we're going to intervene to acknowledge what we've heard them say. Now, that acknowledgement might come in the form of, "Ah. Okay. Mm," and some of those [inaudible 00:43:49]. It might come in the form of us just reflecting backwards and phrases that we heard them use.

It might be that we need to paraphrase a whole section of what they've said or offer them a summary that acknowledges what it is they said, what they feel and what they need, and then has us checking for understanding, did we get it right? Now, that's particularly helpful with those underlying needs. Because it's all tumbled out in this messy way, it's often not really apparent what it is they need, and we might need to have a guess when we summarize, "I think, from what you are saying, it sounds like what you need most right now is... Have I got that right?"

When we do that acknowledging we are also going to do some reframing because people who are in that really distressed state, we saw this on the slide around anxiety disorders and mood disorders, they're often in the space where they're using lots of catastrophizing, black and white language. So, ideally, our summaries would also have us doing some reframing that doesn't have us join with them in the level of catastrophe, has us acknowledge that they're distressed but also creates a sense of hope and potential for things to change. Now, reframing is actually quite a tricky skillset, because we want to do some reframing but without minimizing the intensity of what it is that they feel. Don't overthink this too much. If you reframe and you reframe too far and then you check, "Have I got this right?" When you check for understanding, if you haven't, they're going to let you know and you can simply say, "Okay, thanks for letting me know. Let me have another go at seeing if I can get it," and have another try and see if you get a bit closer the next time round.

It's not a perfect process, obviously. A little bit difficult to demonstrate this as a solo presenter, but I'm going to give you a bit of an example of a scenario that those of you who were giving perhaps tax advice to individuals might encounter. This is not any one individual, it could be so many potential clients in the mix. Conscious that tax time's coming up, and I'll talk you through an example of a lady, we'll call her Jill for this purpose. And so, Jill's come to her accountant because she needs to get her tax returns done of course, and also, she's in a zone where she's recently separated from her husband, we'll call him Bob. In that separation contexts, she needs to go through a process of compiling all her financial documents and providing full and frank disclosure before they can begin the process of navigating the property settlement.

But for Jill, the decision to separate was not hers. She's come to you for the advice, you start to talk her through what needs to happen to complete the tax return, what documents she needs to go hunting for. And next thing you know, she's in a puddle of tears in front of you because she's completely overwhelmed, not just by the conversation but by the whole context. You're probably thinking to yourself, "My next appointment's in 20 minutes, I don't have time to sit here and process and manage her tears. Actually, this all feels really stressful." The good news is when you really listen and hear somebody out thoroughly and imply all these elements, you can actually take them from a really distressed state to quite a calm state really quickly. So I spot that Jill's distressed, and if I do a one way role play here I might say to Jill... Actually, I'm going to stop sharing to show you.

I might then say to Jill, "Jill, look, I can see that me talking through what needs to happen and what the next steps are has prompted a really emotional response from you. And I want to acknowledge that this conversation sits in a much broader context for you. With a separation only really recent and so much that you need to navigate at the moment, I gather that things have been really distressing. Can you tell me a little bit more, Jill, about what you are finding hardest right now? What you are finding most overwhelming?" Now, you ask a question like that and that's going to prompt from Jill a whole additional tumble of emotion. So you are probably sitting there thinking, "Why are you even asking, Helen? I'm just going to get more of it." If you let it all spill out, it's like letting a pot of water boil over, letting that water spill out over the edges rather than putting a lid on it.

Then follow it up with a lovely acknowledgement, she's going to come back to calm much more quickly. So I've explored, I asked my open question to invite her to share more, she does share, and then I might offer an acknowledgement that says something like, "Okay. So, Jill, from what you are saying, the emotions today aren't really about the process of compiling what you need to from a tax perspective, but you're in a place right now where you haven't got certainty around where you're going to live in a couple of months time. You're in a space where the arrangements around who the children are spending time with are also not clear. All that uncertainty is really overwhelming at the moment for you, and it's happening in a context where you are not only navigating your own needs, but you're also trying to support and care for the children's needs. And so, I gather what you need right now is a really clear set of next steps that are going to help you navigate the next few days. Is that right, Jill?"

Let's just say she affirms that. I also might say to her, "Can we also talk about what additional supports I might be able to help you with that you might be able to get in place? Because I'm conscious this period's really tricky. It's not unusual that people would have an emotional response in the midst of all that you are dealing with. Can I talk to you about some options of additional resources and supports I could connect you with? So you're both offering that comprehensive acknowledgement of what they're saying in the moment, checking you've got it right, and you would've heard, I did some reframing in there as well to acknowledge that this is how she feels right now, but without saying this too will pass, effectively acknowledging things will move on.

So hopefully that gives you a bit of a sense of what we mean when we hear someone out. Let's also then talk about some of the things we don't want to do. We want to make sure, and I'll just draw your attention particularly to the list of things not to say when you're in that empathetic listen mode, we want to make sure we don't say, "Don't worry. Calm down. It'll be okay. I understand." And now that "I understand one", really well researched. If I was to say, "Oh, Jill, I understand. Oh, I get it, I understand," actually that's going to trigger Jill's stress response because what goes on for her in her brain is actually, "Helen, you don't understand. You actually don't know me." So it tends to activate the stress response rather than deactivate it. If you are thinking to yourself, "I want to say I understand," rather than saying, I understand, offer a comprehensive summary and acknowledgement. So, a couple of extra tips of don'ts.

Next step, of course, is to encourage action. We might provide the person with information about websites and helplines. And you can see I've put together a lovely list for you here. I want to draw your attention to the e-mental health resources down the bottom, fabulous list of additional supports that people can go to, evidence-based programs they might be able to tap into for support and, of course, all the helplines they could connect with. We might also encourage them to connect with what supports they have available from their family and community, and, of course, with professional help. And a good starting point is always for them to go and see their local GP for that GP to connect them with supports in the area. And you can see, part of what we are doing here is making sure it's clear that we're not the holder of their wellbeing, particularly if our relationship with them is a professional one in nature.

We've intervened in the moment as an accidental counsellor, we've listened, made them feel heard, and we connect them with ongoing support. Now, I talked through all of this and it'll probably make you think about all the situations of complexity I haven't addressed, which, of course, we can't in a one-hour session. And I've put together a bit of a list that you can see there, places you could go for information about this, the Beyond Blue website, the Lifeline website, the Black Dog Institute website, all of those have a fabulous connection of resources to help you navigate the how-tos to handle this kind of complexity. If you are wanting to do a much deeper dive course, a fabulous program is the Mental Health First Aid program that's provided by the Mental Health First Aid Association, which is an evidence-based program typically runs over two days if it's face-to-face, or in a blended online mode there's another mechanism that you can use.

Lots of providers that run that. We do, at Ripple Learning as well, but if you went to the Mental Health First Aid Association you'd be able to find all the organizations that are offering it out there. So, that gives you a much deeper dive than a one-hour if you want to go deeper. Now, just for the last couple of minutes I want to touch briefly on self-care before we go to questions, because as soon as you engage with conversations of this kind, you've got to make sure that you're also attending to your own needs. Part of that is staying self-aware, making sure you are clear where, for you, the line is at any given moment, you also want to be able to look out for any signs of vicarious trauma. Now, lots of talk about empathetic listening that I named earlier, and the language that's often used is that you want to put yourself in the other person's shoes.

Everybody's heard that phrase. I'd like to encourage, when we're being empathetic, that we take caution with how much imagining you do. As soon as you start to imagine what it might be like to be that person, you risk laying down some wiring in your brain so that their experiences can start to be stored in the form of memories for you and it can become confusing, what's your experience and what's their experience? This is particularly important if you are hearing a very intensely visual description and you find yourself in a space where you start to be able to visualize what it is that they experienced. If you spot yourself in that zone and then, in the days and weeks that follow, find yourself having those visual images come up again and again or any of these symptoms which might mirror PTSD, super important to connect with support early to go and see a counsellor to talk through it and process it.

And then, of course, we've got all the usual, standards self-care strategies that any Googling on self-care is going to produce this list, looking at engaging with building our cognitive resilience, our emotional resilience, our physical resilience, and our behaviour resilience. Of course, we're not going to unpack all of that today, but having those slides might just prompt you to reflect a little bit further around what self-care strategies you might have in place in your life at the moment, because Chad says are, if you reached out to do this training, you've probably and found counted a few challenging conversations lately and you've wondered how to handle it and felt a little overwhelmed. So, if that's happening for you, going back to bolstering your self-care strategies to ensure that you've got the reserves to handle the conversations that you need to have is really important. And that brings me to the end today, and I'll stop sharing and pass back to you, Susannah.

CCH Learning:

Thank you very much for that, Helen. Rather a lot of information happening there, but I hope that people have found it rewarding. We will be spending the next few minutes taking questions, so just a reminder to please type them into the questions' pane. To give you some time to type those up I will mention our upcoming webinars. So, as you can see, we've got, coming up we're looking at the officer duties of due diligence under WHS legislation, we're also looking at those year-end conversations for all your SMSF clients. We're looking at SME restructuring and thin cap and transfer pricing reform the new 3 million dollar supertax, what we know and what your clients must know, and age care for high net-worth individuals. If you're interested in any of those, please head to our website at wolterskluwer.cchlearning.com.au to have a look and see if they are for you. So let's have a little look and see what questions we have today. So I have a question from Sarah. Sarah was asking, what do I do if the person I'm talking to has a panic attack?

Helen Jarvis:

Ah! Okay, great question, Sarah. So, recognizing a panic attack, if we talk about that for those who may not have encountered it before, I think first thing to know is that, actually, panic attacks are really common, lots of people experience them, and you are talking about that stress response to the max. So, that really rapid heart rate, often very shallow breathing, they're struggling to get air in. The symptoms of a panic attack, actually, when you look at the list, are very similar to the symptoms of somebody having a heart attack. So the first thing we want to establish is have they experienced symptoms of this kind before? Do they know what's happening for them? If you see somebody in that very distressed state and they don't recognize it as a panic attack, they haven't had those symptoms before, consistent with our normal first aid principles, we need to assume that it could equally be a heart attack and, of course, call 000, connect with medical support, rather than ignore the potential that there's heart issues in play.

However, if they did say to you that it's a panic attack, if they're expressing that or you say, "Can you give me a thumbs up if it's a panic attack so I know that's what's happening?" And they indicate visually, then the strategies we are going to use is really to calm ourselves down. So first of all, we've got to stay calm ourselves, slow our body language down, and we're going to name, for them, that, "I acknowledge that what you are feeling feels really overwhelming at the moment and these feelings will pass. Most of the time these symptoms pass within about 10 minutes, sometimes faster, and you and I are just going to sit together until this passes. What I'd like you to do is just work on trying to slow your breathing, just dropping that pace right down." And you're talking slowly as you do. The advice used to help them do box breathing and techniques like that.

These days, the recommendation is actually just to encourage them to do what they can to slow their breath and to affirm for them that you'll sit with them till this passes and that it will pass. Hope that helps a little bit, Sarah.

CCH Learning:

Thank you for that, Helen. I really do hope that helps you there, Sarah. I also have a question from John. John was asking, what do I do if I'm concerned that the person might be suicidal?

Helen Jarvis:

Yeah, okay. It's a really good question, John. And I want to acknowledge that we probably haven't got a lot of time to go into a lot of depth around this, so I will give you the short answer. But can I please encourage anybody that's listening to this who wants deeper information to head to that Beyond Blue website or the Lifeline website, or do mental health first aid training? Because in those contexts, you'll spend a lot of time talking about how to engage with suicide. But what I'll speak to is the recommendations that are offered in all those contexts. The first key recommendation is actually to ask directly. And often people are a bit confronted by this idea, but the recommendation to is to ask, "Bob, I just need to ask, are you thinking about suicide? Have you had thoughts of suicide?"

And you're really asking that question directly. The research shows that asking it that directly doesn't increase the likelihood that they're going to act. I'd tell you, in my work as a mediator, I would probably ask this question four or five times a week. I get one of two responses either, "No, Helen, it's not that bad." Or, "Actually, yeah, and thanks for asking." Well, sometimes they don't say, "Thanks for asking," but their body language says, "Thanks. I'm glad you asked." I've never had anybody be horrified by the question. So it is really important to us because actually the process of naming it, we know increases safety. You are then in a position to support them to get some supports in place. So, if the answer is that they're concerned, yes, there have been thoughts of suicide, the next step is to engage with assessing the extent of the risk and doing some safety planning.

And rather than me going into the details of that now and not doing that properly, I'd encourage you to head to those resources I talked about to go deeper or do mental health first aid training, or please feel free to use my email or phone number that's on those slides to reach out and have a conversation with me directly. But really important that we don't just uncover the risk and do nothing, but if we uncover the risk that we are then assessing the extent of the risk and supporting them to connect with appropriate supports. If you're in this a moment and you haven't got time to look at the Lifeline website or the Beyond Blue website, and you are having that conversation with someone and you forget what to do, call Lifeline and get Lifeline on the phone to help you have the conversation with that vulnerable person in the moment. Hope that helps, John.

CCH Learning:

Thank you very much for that, Helen. And thank you, I hope that does really do help you there, John. Well, that does bring us to the end of our questions for today, but if you do have any further questions about this topic, please reach out. Helen's details are on the screen right now, so please do not be afraid to do so. And please, do not be afraid to reach out to any of the foundations and groups that Helen has mentioned as part of her presentation. So, in terms of next steps, I would like to remind you all to please take a moment to provide your feedback when exiting. We have asked you a couple of questions about today's webinar, so it's really important for us to hear your opinions. It's also a reminder that within 24 to 48 hours, you will be enrolled into the e-learning recording, which can be watched multiple times and have access to the PowerPoint transcript, any other supporting documentation, and of course, a CPD certificate.

I would very much like to thank Helen for the session today, and to you, the audience, for joining us. We do hope to see you back online for another CCH Learning webinar very soon. Please enjoy the rest of your day. Thank you very much.