

Community Helpers BINGO

Find someone who... (and have them initial the square!)

Plays a musical instrument	Is on a sports team	Has never broken a bone	Met a famous person	Has 2 or more middle names
Has travelled outside Canada	Has a tattoo	Has ridden a horse	Is a visual artist	Is from outside of Alberta
Has a dog	Has moved in the last 5 years	Free Space	Has gone canoeing	Has danced or acted on stage
Has hiked in the mountains	Is part of a family of 4 or more	Speaks more than one language	Has a cat	Has travelled outside Alberta
Was born outside of Canada	Has a pet other than a cat or dog	Has won an award	Has never had a cavity	Has camped

Ethical Issues

1. When people trust you enough to talk to you about their problems, what responsibilities do you have to them?
2. What information should you keep to yourself and what information should you pass on to a helping professional? How much should you tell your family and friends about what the people you are helping tell you?
3. What should you do if the people you are helping tell you that they are involved in something illegal?
4. What should you do if you think a person you are helping might be considering suicide?
5. What are your legal obligations if someone tells you about sexual abuse?
6. How can you maintain boundaries within a helping relationship?

Verbal vs. Non-Verbal Communication

Non-verbal communication may be more powerful than verbal communication, depending on the circumstances.

Eye Contact

- Combine eye contact with smiles and other non-verbal messages to demonstrate engagement.
- No staring, please!

Posture

- Leaning slightly forward and keeping your body language open encourages the speaker.
- Never slouch!

Facial Expressions

- Combined with head nods, smiles can be powerful in affirming that messages are being heard and understood.
- Your expressions should align with the emotion of the speaker.

Movement

- Refrain from fidgeting, looking at the time, doodling, tapping feet or drawing energy and attention from the speaker.

Appearance and Tone of Voice

- How you dress, overall appearance and hygiene all communicate something.
- Tone of voice easily changes the meaning of exactly the same words.

Signs and Symptoms of Stress and Concern

People who experience mental illness or mental health concerns often show warning signs such as the ones listed below. If you know someone who shows several of these warning signs, you may want to see if that person needs help. If you suspect that someone is in immediate danger, refer that person to an adult or professional helping resource immediately. Be aware that someone who needs help may not show any of these signs or they may show signs that are not on this list. Pay attention to changes in behaviour and/or physical symptoms. Also know that someone who needs help may deny that there is anything wrong.

Attendance (work/school)

- Constant early arrival
- Tardiness (late arrival)
- Absences
- Suspension
- Frequent schedule changes.

Physical Symptoms

- Staggering or stumbling
- Vomiting
- Glassy, bloodshot eyes; wearing dark glasses
- Lack of coordination
- Dilated pupils
- Slurred speech
- Poor hygiene
- Sleeping in class/office or frequent fatigue
- Aches and pains
- Physical injury
- Rapid change of weight
- Drastic changes in appearance
- Self-harm.

Illegal Acts

- Theft
- Assault
- Vandalism
- Carrying weapons
- Driving under the influence
- Possession of drugs.

Behavioural Changes

- Continual breaking of rules
- Fighting
- Cheating
- Throwing objects
- Sudden outbursts, verbal abusiveness
- Dramatic attention seeking
- Crying
- Extreme negativism
- Hyperactivity, nervousness
- Lack of motivation
- Avoiding contact with others
- Change of friends, usually negative
- Sudden popularity
- Jumpiness if touched
- Unrealistic goals
- Inappropriate responses
- Withdrawal
- Constant expression of boredom
- Risky or self-destructive acts
- Wearing many layers of clothing
- Constant washing
- Attempts to run away from home
- Non-involvement in social activities
- Sudden drop in grades.

CAST Summary

1. Start the conversation.

Begin the interaction, whether the conversation is face-to-face, over the phone, online or by text. Think about how you will approach someone who seems to have a concern. Starting with their behaviour is usually effective, with observations such as:

- “You seem quieter than usual today. How are you?”
- “You’re dragging your feet this morning. What’s up?”
- “I haven’t heard a single joke from you today: That’s not your style. What’s happening?”

2. Uncover the concern.

Ask about the concern the person is having. Use your active listening skills so that the person can talk about their concern freely. Focus on open questions, such as:

- “What happened?”
- “How did you feel?”
- “What else have you done about this?”
- “Who else is involved?”

3. Probe Possibilities.

Ask what actions the person is thinking of that might address the concern. Alternate between steps 3 and 4 so that the person can think through a number of possibilities and the outcomes their actions might produce.

- “What are you thinking of doing?”
- “What ideas do you have for overcoming this?”
- “What else have you thought about doing?”

4. Outcomes.

Ask about consequences of each possible action (repeat 3 and 4 as necessary). Help the person think through the impact of the actions they might take.

- “What will happen if you do that?”
- “What will the result be?”
- “Who else might be affected if you do that?”

5. Result.

Ask what the person thinks they will do.

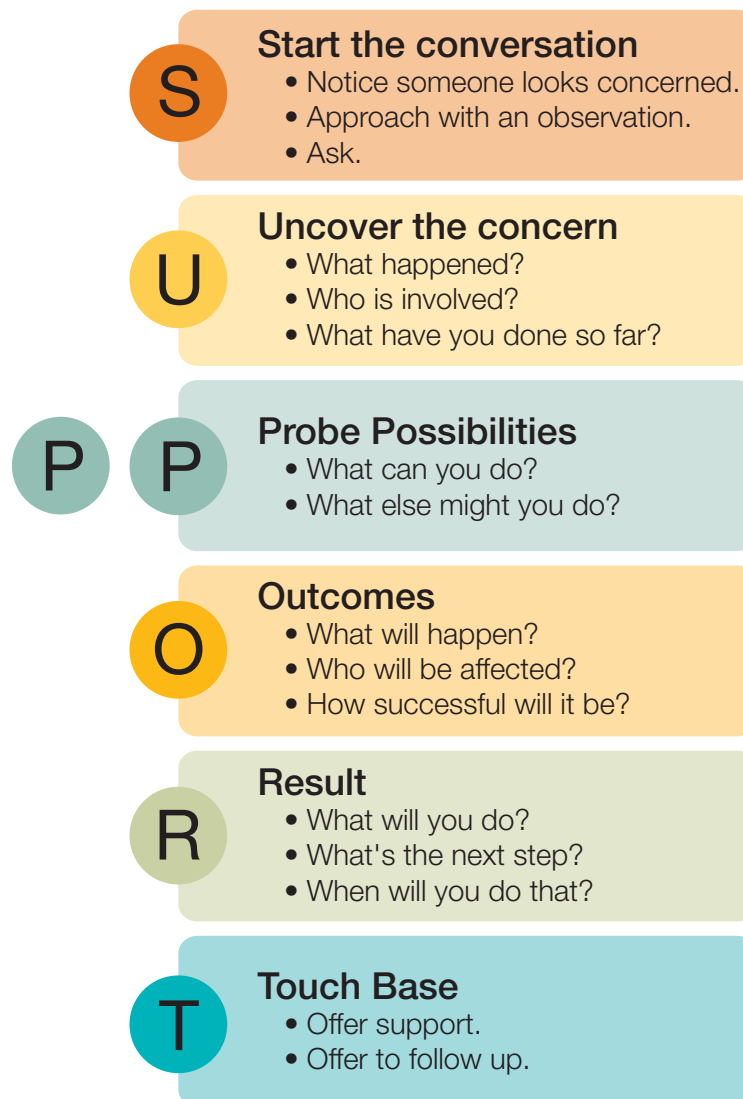
- “What are you going to do?”
- “What is your next step?”

6. *Touch base.*

Make an offer to follow up, check in and possibly help the person with their action.

- “I’ll text you tomorrow to see how it went.”
- “Would you like me to walk over to their office with you?”
- “I’d like to know how you’re doing after this. When can you let me know?”

CAST Steps



CAST for Yourself: Summary

1. Start the conversation.

Find space and time to think through the concern. Take a moment to care about yourself in the same way you care about others, and suspend any judgment you have of yourself.

2. Uncover the concern.

Ask yourself the same kind of open questions you would ask others in order to uncover the key issues:

- “What happened?”
- “How did you feel?”
- “What else have you done about this?”
- “Who else is involved?”

3. Probe Possibilities.

Think about actions, one at a time, that might address the concern. Alternate between steps 3 and 4 so that you can think through a number of possibilities and the outcomes your actions might produce.

4. Outcomes.

Think about the consequences of each possible action (repeat steps 3 and 4 as necessary). Think through the impact of the actions you might take on yourself and others, short-term and long-term.

5. Result.

Decide what you will do (or go back to step 3 to think of another possibility if you cannot decide). Determine your next step.

6. Touch base...and celebrate!

After you have taken the first step, take a moment to check in with yourself and celebrate that you have resolved, or are on your way to resolving, an issue.

CAST for Yourself

S

Start the conversation

- Find space and time.
- Remove judgment.
- Care for yourself.

U

Uncover the concern

- What happened?
- Who is involved?
- What have I done so far?

P

P

Probe Possibilities

- What can I do?
- What else might I do?
- What else might I do?

O

Outcomes

- What will happen?
- Who will be affected?
- How successful will it be?

R

Result

- What will I do?
- What's the next step?
- When will I do that?

T

Touch Base...and Celebrate!

- Check in with yourself.
- Celebrate!

Crisis Situations

Scenario 1

Until now, Afsheen has been working and living at home with his parents. He wants to go back to school so he quit his job. His parents were really angry and threw him out of the house. They said they were not going to support him to go back to school. Now he has no place to live and almost no money. He is discouraged, anxious and does not know what to do.

Scenario 2

Kari is in a very unstable relationship. She lives with her boyfriend, who is extremely jealous of anybody she talks to. He is often verbally abusive to her and sometimes hits her. She is afraid to leave him because of his threats. She feels trapped and hopeless.

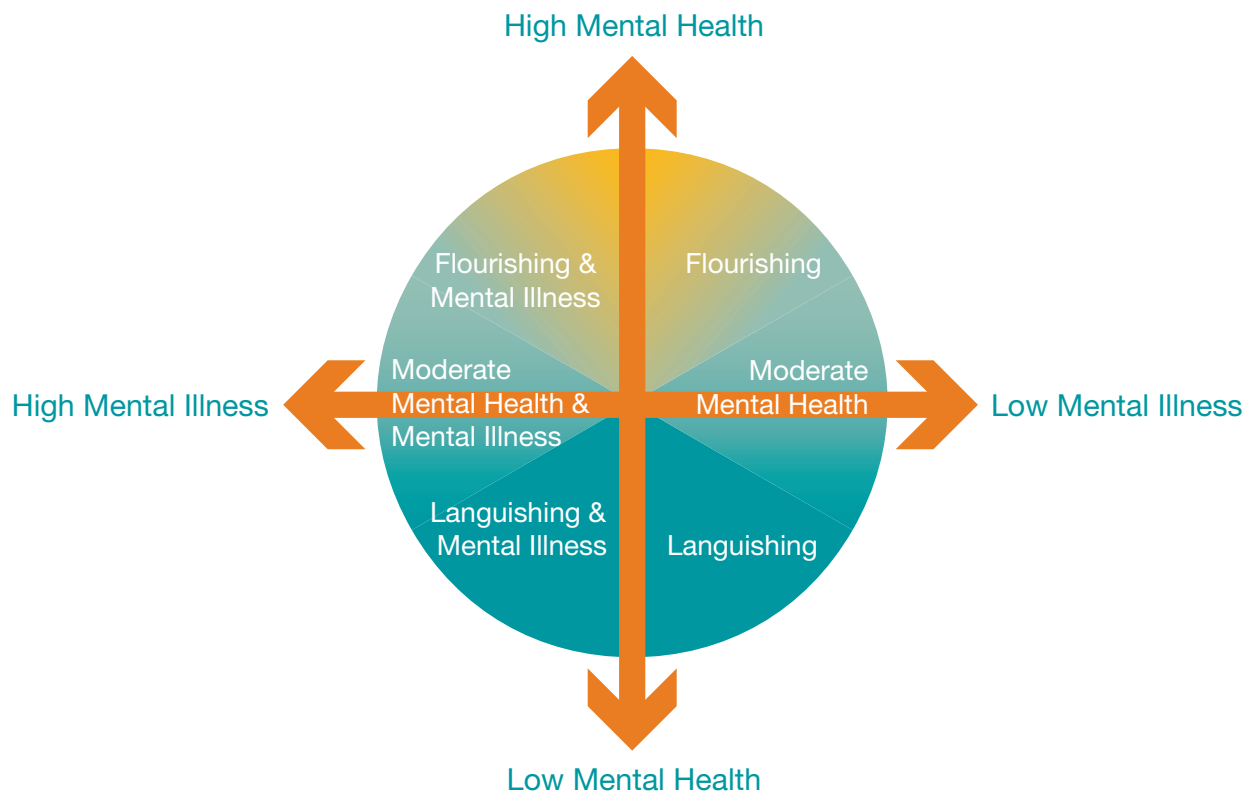
Scenario 3

Darlene, now 15, ran away from home. She quit school and worked in a diner. She has been sharing a place with two other people but has to move because she was fired and has no money to pay the rent.

Scenario 4

Kwon is in his second year of university. He is in pre-med because his parents want him to become a doctor, but he hates his courses and is not achieving high grades. His parents are angry at his performance and he has become increasingly more depressed over the last few weeks. He has talked about having “no way out” and that his only option might be to “end it all.”

Connecting Mental Health and Mental Illness³¹



This model was developed by Corey Keyes in the mid-1990s. Keyes called it the dual-continua or two-continua model of mental health and mental illness. One of the intentions was to show that mental health and mental illness could exist in the same person at the same time. This model also illustrates how a person can have low mental health (languishing) but not have a mental illness.

³¹ Keyes, C.L.M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539-548.

When Called to a Crisis³³

- Remain calm.
- Communicate. Ask questions, listen, avoid interrupting.
- Decrease other distractions.
- Make a statement about the behaviour you are observing (e.g., “You seem to be afraid, angry, confused”). “Please tell me what’s making you afraid.”
- Repeat questions when necessary, preferably short, clear sentences.
- Don’t make assumptions about what the problem is.
- Be an ally to the person in distress with statements like: “I’m here to help. How can I help?”
- Avoid judgmental statements such as: “You’re acting weird.”
- Allow the person as much space as you can. Don’t stand too close.
- Don’t shout.
- Offer choices. Ask them if they would like you to help them talk to a parent or a teacher.
- Explain clearly what you are doing and why you are doing it, and if necessary, what you want the person to do and why.
- If you believe there is a real physical danger (to you, them or others) leave the person and keep yourself safe.

³³ Adapted from Costa, L. & Chambers, J. (n.d.). De-escalation in police encounters with emotionally disturbed persons. Retrieved September 28, 2019 from <http://bcm.connexontario.ca/Resource%20Library/Crisis%20Services/>

Emotions and Feelings Facts and Myths

- | | | |
|------|-------|--|
| True | False | a. According to some therapists, the four primary emotions are joy, anger, sadness and fear. |
| True | False | b. Some feelings are wrong or negative. |
| True | False | c. Anger is bad and should be avoided. |
| True | False | d. We can choose to feel happy (or sad or scared or angry) by deciding to feel that way. |
| True | False | e. Other people (have the power to) make us feel angry, happy, etc. |
| True | False | f. Repressing feelings can make us sick. |
| True | False | g. Some people have no feelings. |
| True | False | h. Some feelings can get us into trouble. |
| True | False | i. Feelings are emotional energy. |
| True | False | j. Strong uncomfortable feelings may be a sign of unmet needs. |

Dispelling Myths About Suicide

- | | | |
|------|-------|--|
| True | False | a. The springtime months have the highest reported suicide rates. |
| True | False | b. People who talk or express (e.g., art, writing, music) about suicide do not die by suicide. |
| True | False | c. Men die by suicide more often than women. |
| True | False | d. Women attempt suicide more often than men. |
| True | False | e. The tendency to die by suicide is genetically inherited. |
| True | False | f. Discussing suicide with a depressed person is dangerous because you could plant the idea. |
| True | False | g. A high percentage of suicides are not reported as suicides. |
| True | False | h. Sudden improvement after a suicidal crisis means the risk is over. |
| True | False | i. Suicidal people clearly want to die. |
| True | False | j. There is a significant relationship between alcohol and suicide. |
| True | False | k. Suicide among the elderly is rare. |
| True | False | l. Widowed, divorced or single people kill themselves more often than married people. |
| True | False | m. LGBTQ2S+ adolescents are far more likely to attempt suicide than the general population of adolescents. |
| True | False | n. Only professionals can help those who are suicidal. |

Example of a Personal Safety Plan

Name: _____

Date: _____

Four things I can do when I start to think about suicide (e.g., taking deep breaths, journaling, walking, talking to a friend).

If the strategies above don't work, I can connect with an emergency contact (this can be a counsellor, family member or friend). List contact(s) below, including their name and number. Contact each before the next crisis so that they can be prepared.

If my emergency contact is not available, contact 24/7 supports. These supports can include:

- Healthlink (811)
- Mental Health Help Line (1-877-303-2642)
- Kids Help Phone (1-800-668-6868)

If the above strategies are not successful, I can go to the nearest emergency department or contact 911.

Date to Review Plan: _____

Person/Resource to Review the Plan With: _____

Safety Planning Tips

The making of a personal safety plan represents “action” that the person in crisis takes on behalf of themselves. By listing resources, the person begins to identify choices and supports they have lost sight of.

Length of Plan: The “Date to Review Plan” sets the length of the plan. The length should be manageable according to the level of crisis.

This is a Personal Plan: This is a safety plan the person makes for themselves. It is not a contract between them and you or your agency.

Agreeing to Use Resources: Whenever possible, encourage the person to reach out to their resources to make an initial connection (e.g., “I’m going through a rough time right now, can I call you if I need to?”).

This is not a Guarantee: The safety plan cannot in itself prevent suicide. It is a tool to be used in assisting a person in crisis to identify and connect with resources.

You as a Resource: You may decide to be part of the safety plan. If so, set clear limits of your involvement.

Follow-Up: Be sure to follow up at an agreed-upon time.

Survival Kit: A Way Of Empowering Oneself

I want you to create a crisis survival kit for yourself. This kit should contain things that you think will be helpful at a time when you are struggling with an emotional crisis. I want you to put those objects in a box – possibly a shoe box will do – and put the box in a place where it is easy for you to get at when you need it, such as a closet shelf or under your bed.

I will give you some suggestions of things you might want to consider placing in your survival kit, the sort of things that other people have used in their kits. You could put in pictures of your family, those whom you love and who love and sustain you, those for whom it is important to go on living. You could place in your kit some letters written by loved ones or even a letter to yourself reminding you of all the things that are valuable and worth living for. You could place a few small cherished objects in your kit. You might want to put in a small tea pot and tea bag as a reminder to make yourself a cup of tea before you take any action that might cause you harm. A chocolate bar might help, what's your favourite? You could make a CD of your favourite songs, the ones that give you a sense of meaning and hope – a long enough playlist to listen to so that that your self-destructive thoughts have time to pass. A book of poems or meditations that help you to have perspective could go into the kit. Some people who value their religious faith have written out verses and prayers from holy books, perhaps even had a priest or holy person help them come up with things to read and meditate on that would be meaningful at such a time. You might want to put in a phone list of support people who would be willing to talk with you at such a time. Write down the phone numbers of the local distress line and the emergency department of a nearby hospital.

These are just a few ideas; you can come up with others on your own.

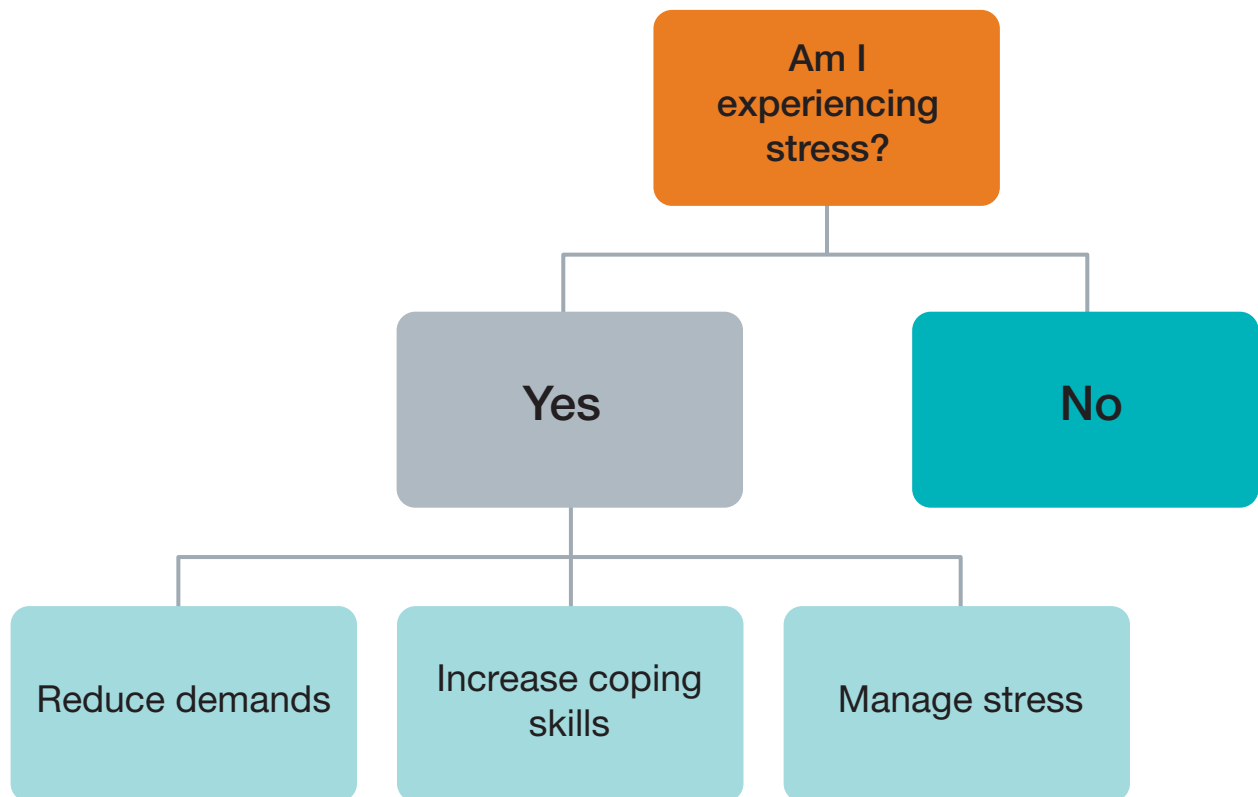
When you put your kit together you will be telling yourself that your life is worth sustaining. The very act of assembling the kit is a strong and positive message to yourself – your life is important enough that you will put the time and resources into building the kit. Assemble your kit soon, sometime within the next couple of days when you feel strong enough. You do not have to wait until all your problems are resolved, just do it at a time when you are in touch to some extent with your own worth and hopefulness.

When you see the kit you will be reminded that you value your life enough to prepare for the bad times. When you look through the kit, drink your tea, eat your chocolate bar, look at the pictures of those you love and hold some of the objects that you especially cherish, you will again remind yourself that at times your life does have meaning and purpose.

Once you have put your kit together, keep an eye open for other things that would make sense to go in there. You can keep extending the contents of your kit, making it more you. Each time you add something new, you remind yourself of the importance of sustaining your life. Soon after you have used the kit, replenish the tea and chocolate so it is ready to go again.

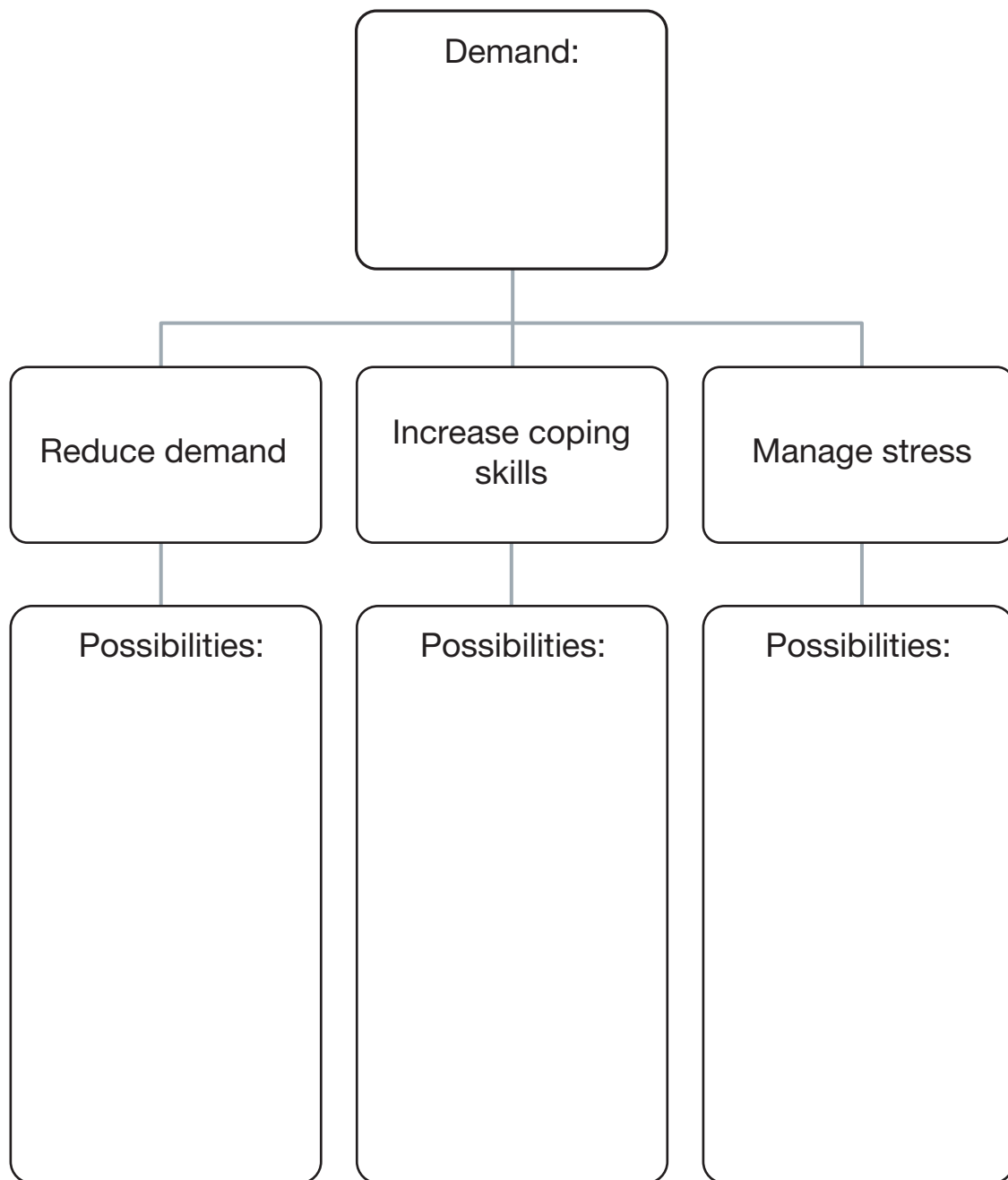
Wilton, T. (1992). Tool kit. *Psychologist's Association of Alberta*, 2, 10-11.

The Stress Model⁴⁵



⁴⁵ Adapted from Redekopp, D.E. & Huston, M. (in press). *Strengthening mental health through effective career development. A practitioner's guide*. Toronto: CERIC. Adapted from Hiebert, B. (1988). Controlling stress: A conceptual update. *Canadian Journal of Counselling*, 22(4), pp. 226-241.

Stress Model Worksheet



Social Media Tally Sheet

Social Media Platform: _____

Example: Tally - Ⅲ Ⅱ Total - 7

	Positive		Negative	
	Tally	Total	Tally	Total
Judgmental words, memes or pictures				
Neutral words used judgmentally				
TOTAL				

	Tally	Total
Images/ads/links showing the need for improvement in looks, physique, smarts, etc.		

The Card Sort

Terms

Ally: A person who is supportive of LGBTQ2S+ people and their rights. Allies may be gay, straight, transgender, queer, two-spirit, etc.

Asexual: A person whose attraction to others does not include sexuality.

Bisexual: A person who is physically and emotionally attracted to both males and females.

Cisgender: A person whose gender identity is the same as the sex they were assigned at birth.

Dyke: Slang term meaning lesbian, typically considered derogatory.

Faggot/Fag: A derogatory term for a gay man. Historically the term was used to describe a bundle of sticks used to burn individuals at the stake that went against the church, such as those 'accused' of homosexual behaviour.

Gay: A male who is physically and emotionally attracted to other males. This term can also apply to both men and women.

Gay-Straight Alliance (GSA): Student run organizations found in some K-12 schools and universities that create safe and supportive spaces for LGBTQ2S+ individuals and allies.

Gender Expression: The way one presents themselves as feminine or masculine.

Gender Identity: Our internal sense of maleness, femaleness, or a combination of both or neither.

Homophobia/Transphobia: An irrational fear or hatred of people who are, or are perceived to be LGBTQ2S+, often exhibited by prejudice, discrimination, intimidation, or acts of violence

Intersex: Having both male and female anatomical or chromosomal characteristics.

Lesbian: A female who is physically and emotionally attracted to other females.

Pansexual: A person who is physically and emotionally attracted to people of any gender.

Pink Triangle: Pink (for gay men) and Black (for lesbian women) triangle symbols were used by Nazis for gay and lesbian prisoners. Now they are reclaimed as symbols of gay and lesbian pride.

Queer: Historically a negative term for homosexuality and is still often used as a derogatory term against LGBTQ2S+ people today. Recently, though, many LGBTQ2S+ people and communities have reclaimed the word and use it in a positive way to refer to themselves and aspects of their identity.

Questioning: A person who is unsure of their sexual orientation or gender identity and starting the process of self-discovery.

Rainbow Flag: A symbol of the LGBTQ2S+ movement designed in 1978 in response to the murder of Harvey Milk, the first openly gay man elected to public office in California.

“That’s So Gay” (also “Gay” when pronounced with an inflection): A common derogatory phrase that uses the term gay to describe something negative, stupid or feminine.

Transgender (Trans): Someone whose internal gender identity (their sense of maleness, femaleness, or a combination of both or neither) does not align with their physical body or with societal expectations of what it means to be male or female.

Two-Spirit: A spiritual identity for some Indigenous people. This term implies the embodiment of both masculine and feminine spiritual qualities within the same body. Some Indigenous people use this term instead of gay, lesbian, bisexual, transgender, etc.

10 Ways to Act as an Ally

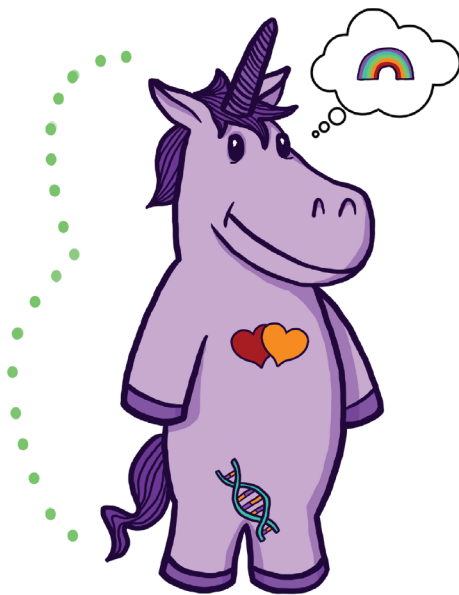
1. **Don't Laugh.** Let others know that jokes and comments based on race, religion, sexual orientation, gender, ethnicity, etc. are not funny.
2. **Speak Up!** If you feel comfortable, let those who behave disrespectfully know that you don't appreciate it.
3. **Challenge Bystanders.** If you feel comfortable, let spectators know they are not helping.
4. **Don't "Get Even."** Responding to meanness with meanness won't help matters.
5. **Be A Friend.** Show kindness and support to the targets of negative behaviour.
6. **Involve Adults/Authorities.** Tell a teacher, counsellor, administrator or peace officer about ongoing incidents and get support at home from trusted friends and family.
7. **Be Non-Judgmental.** Demonstrate to others that you are willing to listen and talk with an open mind.
8. **Be Inclusive.** Ensure that your language and behaviour are respectful to all people.
9. **Be Self-Reflective.** Be aware of your own prejudices and work to change them.
10. **Take Action!** Speak out against bias in your community and in the media.

Adapted from Institute for Sexual Minority Studies and Services (2003). *FYrefly* in schools. Edmonton, AB: ISMSS, p. 7.

The Gender Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



 Gender Identity

Female / Woman / Girl
Male / Man / Boy
Other Gender(s)

 Gender Expression

Feminine
Masculine
Other

 Sex Assigned at Birth

Female Male Other/Intersex

 Physically Attracted to

Women
Men
Other Gender(s)

 Emotionally Attracted to

Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Sexual Orientation, Gender Identity and Gender Expression Resource Sheet

Crisis Support

If you are in immediate distress call 911, the Mental Health Help Line (1-877-303-2642) or 811.

Kids Help Phone

(on line persons also ready to listen and help)

- Website: www.kidshelpphone.ca
- 1-800-668-6868
- Text CONNECT to 686868.

Local Resources

If the people you are helping are school-aged, check with the school's:

- LGBTQ2S+ "Safe Contact" person
- the gay straight alliance (GSA) liaison.

If the people you are helping are enrolled in a post-secondary institution, check with:

- student services/counselling centre
- an LGBTQ2S+ association or group, such as a Pride Centre on campus.

If the people you are helping need general community resources, check for the following organizations or types of organizations in your community:

- Alberta Health Services
- Family and Community Services
- Pflag chapters (<https://pflagcanada.ca/pflag-chapters/alberta/>)
- Police services (for services related to hate crimes and bullying)
- Pride centres
- LGBTQ2S+ support groups.

Resources Related to Abuse, Bullying, Family Violence and Sexual Assault

Family Violence, Child Abuse and Elder Abuse

Go to <https://www.alberta.ca/family-violence-prevention-resources.aspx> for current information on family violence and related issues. Many resources have been translated into a variety of languages such as Arabic, Blackfoot, Chinese and Plains Cree.

Call 911 if there is imminent danger.

Family Violence Info Line

24 hours/7 days a week

170 languages

310-1818

Endfamilyviolence.alberta.ca

(Includes Safer Spaces – alberta.ca/SaferSpaces – for individuals who need to break a lease or rental agreement and move locations)

Additional information can be found at <http://endingviolencecanada.org/>.

Abuse

For abuse or suspected abuse of an adult or child, call 1-855-4HELPAB (1-855-443-5722) during business hours.

Child Abuse, Neglect and Sexual Exploitation

<https://www.alberta.ca/get-help-for-child-abuse-neglect-and-sexual-exploitation.aspx>

Alberta Human Services: Find Supports and Services. Call one of the numbers or visit one of the websites below or visit www.humanservices.alberta.ca/abuse-bullying/15666.html.

Child Abuse Hotline: Call 1-800-387-5437 or visit www.humanservices.alberta.ca/abuse-bullying/14841.html.

Alberta Elder Abuse Awareness Council: Call 310-1818 or visit www.albertaelderabuse.ca.

Bullying

Bullying: Get Help. Call 1-888-456-2323 or chat online at www.humanservices.alberta.ca/abuse-bullying/bullying-get-help.html.

Sexual Assault

Sexual Assault Services in Alberta. <https://aasas.ca/get-help>.

Mental Health Helpline. Call 1-877-303-2642.

Addiction Services Helpline. Call 1-866-332-2322.