



A BRIEF STRUCTURED APPROACH TO WORKING  
WITH YOUNG PEOPLE

FACILITATOR MANUAL



Project Air Strategy acknowledges the major support of the NSW Ministry of Health. The Project works with mental health clinicians, consumers, and carers to deliver effective treatments, implements clinical strategies supported by scientific research and offers high quality training and education.

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### **AIR THERAPY: A brief structured approach to working with Young People.**

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# TERMINOLOGY

## Clinician

The term 'clinician' refers to any clinician who has tertiary qualifications in mental health. This includes psychologists, counsellors, social workers, mental health nurses, psychiatrists, or other qualified health workers.

## Young People

In this manual the term 'young people' has been used generically to refer to people aged 12-18 years, or up to 25 years for youth services, who are the focus of treatment.

## (Emerging) Personality Disorder

Personality disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Guide for Mental Disorders (DSM). Personality disorder refers to personality traits that are maladaptive and pervasive in several contexts over an extended period of time, causing significant distress and impairment. Personality disorders are characterised by patterns of interpersonal conflict, emotional dysregulation including anger and impulsivity, and difficulties with identity or a healthy sense of self. For young people, the diagnosis might be termed 'emerging personality disorder'. This term may be applied if a young person does not meet full diagnostic criteria but is presenting with some symptoms consistent with a personality disorder diagnosis. For young people like this, the ordinary challenges of adolescence and young adulthood are heightened. Emotions are felt intensely, and interpersonal relationships can be particularly challenging. If a young person is experiencing emerging personality disorder symptoms, they may not understand what is happening or why their journey towards adulthood is more difficult than that of their peers. It is therefore important to recognise the unique challenges they may be experiencing and maintain a compassionate position that is centred on empathy and understanding.

## Complex Mental Health

Complex mental health encompasses a combination of needs and factors contributing to 'complexity'. These are likely to:

- Significantly impact functioning
- Impact across settings (e.g., home, work, community)
- Include challenging behaviours and result in higher needs

- Require a targeted response from a range of services
- Have a long duration: the mental health issue is not due to a specific single event, but part of a longer history of difficulties (> 12 months)

It is important not to misattribute severe and debilitating distress as a “normal” part of adolescence. Being able to identify when stressors are becoming a serious issue is essential. The young person’s overall functioning should be the focus of examination, rather than individual symptoms. While it is common for young people to experience difficulties and take risks, it is the frequency, duration and severity of these behaviours that make them a serious mental health concern:

- Frequency: How frequent is the behaviour?
- Duration: How long has the behaviour been occurring?
- Severity: How severe or extreme is the behaviour?

In this manual the term ‘complex mental health’ refers to a range of presentations that may include self-harm and suicidal behaviours, traits of personality disorder, emerging personality disorders and diagnosed personality disorders. The term complex mental health has been chosen to encapsulate these presentations and make it easier for clinicians to utilise the manual.

### Risk

Risk can refer to a range of behaviours young people engage in or are subject to. Clinicians should be mindful of all the elements of risk relevant to each individual client and their mandatory reporting obligations.

The broader term of ‘risk’ typically encompasses risk of harm to self and others. AIR Therapy will mainly focus on the risk of harm to self (i.e., self-harm and suicidality), due to its high occurrence in young people with complex mental health presentations. Self-harm and suicide are two distinct behaviours. A young person may self-harm without suicidal intent, and a young person may suicide without ever engaging in self-harming behaviours. It is important to note that death by misadventure may occur because of self-harm. All instances of self-harm or suicidal ideation should therefore be responded to appropriately with the utmost empathy and care.

Young people with complex mental health presentations may engage in a range of unhelpful behaviours (i.e., self-harm, drug and alcohol use, binge eating, social withdrawal, aggressive

behaviour, and risky sexual behaviour) to manage their emotions. While these behaviours can result in short-term relief by allowing young people to express their emotional pain, ‘feel something’, communicate a need for help, numb overwhelming emotions, or distract from overwhelming emotions, over the long-term they lead to increased distress and poorer functioning.

### *Self-harm*

This term refers to the intentional infliction of pain and damage to one's own body and is also referred to as ‘non-suicidal self-injury’ (NSSI). It usually involves cutting, burning, hitting, scratching and other forms of external injury; however, it can also include internal or emotional harm, such as consuming toxic substances, inserting objects, restricting or overconsumption of food, prescribed medications, or illicit drugs, or deliberately engaging in unsafe sex practices. It is important to consider that young people may be engaging in this behaviour because they have not yet learned more appropriate and effective ways to cope. Clinicians and carers should remain empathetic and non-judgmental while considering the use of positive coping strategies (McCutcheon, et al., 2007).

### *Suicidality*

This term refers to an individual's risk of suicide, usually indicated by suicidal ideation or intent, and may involve a suicidal plan. Some individuals experience chronic suicidality (i.e., persistent suicidal ideation or intent over longer periods of time), whilst others experience suicidality more short-term (i.e., in crisis).

‘Acute risk’ refers to the immediate risk of a person dying by suicide. Characteristics of acute risk may include:

- The young person has a clear plan for suicide
- The means by which the young person intends to die is potentially lethal
- The young person has access to the means, or can readily gain access to the means to enact their plan
- There is nothing to suggest hope of rescue
- The young person expresses feelings or hopelessness regarding the future
- The young person may feel like a burden to the people around them
- Delusions may be present, causing the person to believe they must die
- Comorbid depression and / or substance abuse is present

Personality disorders have been reported in more than a quarter of young people who die by suicide (Houston, et al., 2001).

# INTRODUCTION TO THE MANUAL

## **Impetus of this Program**

Specialist psychological therapies have been developed for the treatment of complex mental health issues and research supports good outcomes for individuals who engage in these therapies (Cristea, et al., 2017; Storebø, et al., 2020). A range of challenges are experienced by mainstream mental health services resulting in a call for alternative options to provide support for clients. Hybrid interventions such as AIR Therapy increase the reach of clinicians as they can be delivered online, benefitting not only metropolitan areas but also rural communities as well.

This manual is designed to assist mental health clinicians to work effectively with young people in both an online and/or an in-person setting. Online-delivered AIR Therapy is bridging access gaps, and providing treatment when face to face contact is not feasible. Internet delivery means therapy is not restricted by geographic location and is less time-consuming, making it more cost effective, and allowing therapists to treat more clients (Hedman, et al., 2011; Vigerland, et al., 2016a). Furthermore, it has been proposed that this type of therapy is ideally suited to adolescents, due to their willingness to engage with online platforms (Pretorius, et al., 2009). Online therapy usually takes a guided-self-help approach, with clients gradually completing activities and modules and the therapist providing continuous support via a secure online messaging system (e.g., Johansson, et al., 2012). Crucial to the effectiveness of these approaches is therapist contact, usually via webcam (Johansson, et al., 2012), with several studies demonstrating their equivalent efficacy to in-person treatments of anxiety and depression for both adults and adolescents (e.g., Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010; Hedman, et al., 2011; Richardson, et al., 2010; Vigerland, et al., 2016b). Online therapies have also shown potential for reducing self-harm (Lewis, Heath, Michal, & Duggan, 2012), suicidal ideation (Christensen, et al., 2014) and are effective and acceptable for people with a personality disorder (Bailey, Knowles & Grenyer, 2023).

The aim of this intervention program, in line with the relational approach of the Project Air Strategy for Personality Disorders (Project Air Strategy for Personality Disorders, 2015), is to assist mental health clinicians to work together with young people presenting with complex mental health presentations. It is a brief manualised approach targeting core features of

complex mental health presentations, designed to build skills, enhance agency, and generate opportunities for reflection.

### **Theoretical**

Approximately 6.5% of the Australian population meet the diagnostic criteria of personality disorder (Jackson & Burgess, 2000). Estimates of personality disorder in adolescent populations have varied. The prevalence of adolescent personality disorder was found to be 2% in Hong Kong (Leung & Leung, 2009), and between 3.2% and 6.3% in the United Kingdom and Canada (Guilé, et al., 2021; Zanarini, et al., 2011). However, a French study found that 11% of boys and 26% of girls met criteria for a diagnosis at age 14 (Chabrol, et al., 2001). This was broadly consistent with the results of Chanen, et al. (2004), who found that 11% of Australian adolescents in outpatient services met criteria. These variations in prevalence can potentially be explained by differences in study designs (i.e., recruitment of inpatient vs outpatient populations; differentiation between 'severe' and 'moderate' presentations). For instance, Bernstein and colleagues (1993) found that in young people aged 11 – 14, 8.3% of boys and 11.5% of girls met criteria for 'moderate' borderline personality disorder, and 2.8% of boys and 3.8% of girls met criteria for 'severe' presentations of borderline personality disorder. It should be noted that, depending on the context, prevalence can be as high as 19-65% for hospitalised adolescents (Becker, et al., 2002; Knafo, et al., 2015; Sharp, et al., 2012), as well as 78% for adolescents that present to the emergency department for suicidal behaviours (Greenfield, et al., 2015). Taken together, the evidence suggests (emerging) personality disorder presentations affect a significant portion of adolescents. Therefore, early intervention becomes crucial decreasing the persistence and severity of the disorder, including secondary outcomes, such as suicidality and other disability (Chanen & Thompson, 2018).

Personality disorders are complex mental illnesses and, as such, have a pervasive impact on functioning particularly if they are not treated early (Chanen, et al., 2009; Grenyer, et al., 2017). Psychotherapy is the first line of treatment for personality disorders, with no recognised pharmacological interventions as the first line of treatment (Bateman, Gunderson, & Mulder, 2015; NHMRC, 2012). Personality disorders arise from the complex interaction between genetics, developmental mechanisms, adverse life events, and primarily manifest in relationship difficulties (Bateman, et al., 2015). Hence, the rationale for psychotherapy interventions is to address these difficulties in order to reduce risk and distress (Linehan, 1993). Therapy can effectively impact the client's outcomes, such as a reduced general severity and affective instability (Rameckers, et al., 2021). Empirically based psychotherapy has been shown to significantly reduce direct and indirect health care



costs and burden of disease, particularly when intervention occurs early in the symptom trajectory (Chanen, et al., 2009). As personality disorders tend to emerge in adolescence, early intervention efforts seek to target this life stage to prevent symptoms, such as impulsivity, self-harm and emotional dysregulation from worsening (Grenyer, et al., 2017). Early recognition and treatment of personality disorder symptoms has emerged as a national priority area (NHMRC, 2012), however, interventions developed specifically for adolescents are rare (Chanen, et al., 2009). Furthermore, access problems and stigma around formal mental health services often present barriers to young people from beginning their treatment journey (Grenyer, et al., 2017). There is a growing need to develop new models of care and the high demand for services in the treatment of personality disorder has been recognised internationally (Grenyer, et al., 2017).

### **Development of AIR Therapy**

AIR Therapy: A 6-module program for adolescents with complex mental health issues will extend the provision of more cost-effective, accessible treatment of complex mental health presentations in adolescence. Previous research at Project Air Strategy has developed and implemented a comprehensive evidence-based guide for clinicians working with young people with personality disorder (Townsend, et al., 2018; Grenyer, et al., 2018). This brief manualised approach is the basis for this intervention and the activities, modules and tools included within. The intervention is based on the Relational Model of Care (Grenyer, 2014). This model emphasises the need to understand symptoms of mental illness as stemming from problematic and dysfunctional relationship styles that have developed over time (see Project Air Strategy [Adolescent Manual](#), p 13 - 18 for more details). The intervention incorporates multiple relationships relevant to adolescents: their relationship to self, the clinician, family, peers and the school and community. Furthermore, the online version of the intervention has been developed drawing on the expertise of our national and international consultants (e.g., Professor Nick Titov, Macquarie University – MindSpot Clinic; Professor Pim Cuijpers, Amsterdam) and benchmarking against the uMARS criteria (Stoyanov, et al., 2016) for online and mobile health applications. Its development has also been informed by a rapid literature review and scoping review around content and features that will maximise the effectiveness of the intervention and will appeal to adolescents (Reis, Matthews, & Grenyer, 2020).

### **Important Considerations**

In working with young people, some important principles apply:

- Legal frameworks underpinning work with children and adolescents, including health, school, and government policies.

- As young people mature, it is important to balance the autonomy of the young person with the responsibility of their legal guardians and the expectations about age-appropriate behaviours.
- Consider, respect, and be sensitive to culturally diverse backgrounds.

### **Effective Treatment for Adolescents with a Personality Disorder**

Common elements of effective treatments for personality disorder have been identified in the literature (Bateman, et al., 2015), comprising of five main principles. This manual has adopted these principles into the design of AIR Therapy. The five common elements as reflected in this manual include:

1. Structured (manual directed) approach
2. Young person is encouraged to assume control / take responsibility of themselves
3. Clinicians help to connect feelings with situations and actions
4. Clinicians are active, responsive, and validating
5. Clinicians take part in supervision with their supervisor to debrief and discuss group processes and personal reactions

### **Key Principles in Supporting Young People with Complex Mental Health**

#### **Presentations**

Project Air Strategy through its Treatment Guidelines promotes the following key principles for supporting people with complex mental health presentations (Project Air Strategy, 2015). Adopting and maintaining these key principles throughout the program helps to engage and foster a belief that services provided are valuable, consistent, and beneficial. These guidelines also promote non-judgmental, stigma-free, and respectful communication and relationships between facilitators and group members.

#### **Key Principles for Working with Young People with Complex Mental Health Presentations**

- Be **compassionate**
- **Listen** and **validate** the young person’s current experience
- Take the young person’s experience **seriously**
- Maintain a **non-judgmental** approach
- Remain **calm, respectful** and **caring**
- Engage in **open communication**
- Be **clear, consistent,** and **reliable**
- Convey **encouragement** and **hope**
- Monitor your own **internal reactions**
- Do not misattribute **extreme distress** or impairment as “normal” adolescent difficulties

- Create a **welcoming** and **understanding** environment that encourages open discussion about mental health among young people and adults
- **Work collaboratively** with the young person, parents, guardians, schools and health professionals
- Be aware and supportive of **diversity** in identity and background, including the Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD), and the LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual) community
- Prioritise the **education** of the young person, including school attendance and completion of schoolwork
- Support and make **reasonable adjustments** to assist a young person's return to school after a mental health emergency
- Reinforce the young person's **strengths** and resilience while implementing trauma-informed care where appropriate

Young people with complex mental health presentations are often mistakenly identified as experiencing behavioural problems or conduct disorder. Responses may include behavioural management strategies, such as isolation and suspension. Due to the nature of personality disorders, these strategies can often make the situation worse for the young person. It is important to consider the function of the young person's behaviour and what they are trying to communicate. Often, the young person is trying to communicate their need for connection, attachment, or for their pain to be seen, heard, and validated.

### **A Note on Personality Disorder**

Changes to the conceptualisation of personality disorders have been proposed by expert researchers in the field, where a dimensional model of personality disorder has been proposed. This dimensional model captures the presence or absence of personality disorder, the severity and traits exhibited by individuals (Bach, et al., 2017; Tyrer, et al., 2015). This has been reflected in changes to the International Classification of Diseases – 11 (ICD-11) and in the emerging measures and models section of the Diagnostic and Statistical Manual – 5th edition (DSM-5; American Psychiatric Association, 2013). The introduction of the dimensional model of personality disorders, will replace the existing categorical model which describes ten specific personality disorders (for example borderline personality disorder). The dimensional model will assist in addressing the high rates of comorbidity common in personality disorders (Grenyer, 2017). It is acknowledged that much existing knowledge and the evidence-base in personality disorders has derived from the categorical conceptualisation, therefore this manual has been developed for young people with complex

mental health presentations with a focus on difficulties commonly experienced in borderline personality disorder.

### **A Note on Culture**

Cultural context influences notion of “self”, social roles, and understanding of what constitutes mental health. Social and cultural milieu are an important contextual consideration relevant to mental health diagnoses and “*a diagnosis of personality disorder should perhaps not be made when a person’s cultural context might better explain their personality traits*” (Balaratnasingam, et al., 2017, p. 31). Kilian and Williamson (2018) refer to several considerations with working specifically with Aboriginal young people:

- the involvement of families and caregivers with patient/client consent;
- an acknowledgement of the role of the community in mental health promotion, and;
- greater interprofessional collaboration and information sharing through the establishment of central points of first contact, responsible for the coordination of service delivery and communication.

### **Who should use this manual?**

This manual is for mental health professionals who are interested in facilitating programs for adolescents with complex mental health presentations. Clinicians delivering the program should be adequately qualified and should be engaged in regular supervision, peer consultation, and other continuous professional development. Clinicians may also consider participating in Project Air’s AIR Therapy training.

### **Who is this intervention for?**

Clinicians will determine if this intervention is appropriate for individual young people based on their professional judgement. The programs focus is to support young people who present with suicidal ideation, self-harm, emotion dysregulation, difficulties with identity, interpersonal relationship difficulties, impulsive behaviour, or personality disorder symptoms. Young people with a primary problem of psychosis or drug and alcohol dependence are generally not suitable for this specific approach and may require alternate treatment. In addition, clinicians must consider the young person’s capacity – if they are able to receive psychological educational material, independent reading and writing abilities, and insight into their problems and situation.

# CREATING AND MANAGING BOUNDARIES

Creating and maintaining boundaries when working with young people with complex mental health presentations is important. Boundaries help to create a respectful and safe environment for both the young person and the clinician. They also provide the young person with an idea of what to expect in the therapy setting. These boundaries need to be established at the commencement of the treatment and clearly understood by the young person. The clinician and young person both need to be agreeable to the boundaries before commencing treatment.

Creating and maintaining boundaries is facilitated by:

- Informed consent
- Confidentiality (i.e., explanation of the term and limits to confidentiality)
- Setting the frame (including risk management and early terminations)
- Goal setting (i.e., overall goals of AIR Therapy, session goals and individual goals)
- Professional working relationships

## **Informed Consent**

The ability to provide informed consent involves clients being provided with sufficient information to decide if they would like to engage in the AIR Therapy. Information they may require includes:

- Eligibility criteria
- Duration of the program
- Length and date of each session
- Aims of the program
- Topics covered in the program
- Expectations of the young person
- Crisis support information
- Whether the attendance/participation of the person attending the program will be recorded by an organisation and if there are any consequences related to their participation

The young person should be provided with information about AIR Therapy prior to the start of the program. This can occur in the context of an intake assessment; however, it is recommended this be repeated in the first session of the program. When working with young

people it is important to consider the role of parents/carers/families in therapy as this can improve engagement and increase overall wellbeing (headspace National Youth Mental Health Foundation, 2022). Where possible, parents/carers should be provided with information about the intervention and provide consent. It is noted there are times this may not be possible or appropriate. Young people may also be reluctant to have their parents/carers involved in their mental health treatment. In these cases, clinicians should consider if the young person is a mature minor. A mature minor is an adolescent under the age of 18 years who is capable of understanding fully the nature, consequences, risks and implications of the proposed health care or other action and of non-action. There are state-based considerations regarding consent of young people – for example, in New South Wales, young people over the age of 14 years, can consent to their own treatment. It is generally accepted that young people over the age of 16 years can consent to their own treatment. Where young people are under the age to give consent, they should still be asked to assent to treatment.

Clinicians should refer to the internal policies and procedures relevant to their organisation pertaining to consent.

### **Confidentiality**

The concept of confidentiality should be explained to young people, alongside the limits to confidentiality. Young people should be asked to explain their understanding of consent.

Generally, it is expected that ‘what is discussed in the room, stays in the room.’ Therefore, clinicians do not share personal discussions or details that were shared during the therapy sessions with other people. There are some circumstances in which confidentiality does not apply. These reasons should be discussed with the young person prior to engaging in intervention. Reasons include (APS Code of Ethics, p. 14-15):

- With the consent of the relevant client or a person with legal authority to act on behalf of the client
- Where there is a legal obligation to do so (i.e., mandatory reporting, subpoena)
- If there is an immediate and specific risk of harm to an identifiable person or persons that can be averted only by disclosing information (including the young person themselves)
- When consulting colleagues, during supervision or professional training, provided the clinician:
  - conceals the identity of the young person and associated parties involved or

- obtains the young person's consent, and gives prior notice to the recipients of the information that they are required to preserve the young person's privacy and obtains an undertaking from the recipients of the information that they will preserve the young person's privacy

If risk is disclosed to the clinician, it is recommended parents/carers are notified as appropriate to ensure the safety of the young person. Clinicians will use their judgement to determine an appropriate course of action.

### **Setting the Frame**

The frame establishes a shared understanding regarding the parameters of the intervention. This provides the young person and their carers with a safe and predictable therapeutic environment. A conversation about the therapeutic frame includes practicalities such as the time, location, duration of the sessions and outline of therapy. Informing the young person about the duration of the overall AIR Therapy program, as well as the frequency of the sessions is important and provides the young person with an understanding of the commitment they are making and what to expect. AIR Therapy is designed to be delivered over a 6-week period, with each module running for approximately one hour. However, depending on the organisational context and other relevant factors, the model is flexible and can be adapted. It is recommended that the sessions are held at the same time and on the same day of the week, as this promotes consistency. Decisions surrounding the time and day of the sessions should be determined according to the availability of the clinician. Knowing the location of the sessions (i.e., online vs. clinic) is important for the young person as it can provide a sense of safety. This may also entail discussions around practical issues, such as access to appropriate space, preference of the young person, and privacy. When setting the frame, expectations on attendance should be discussed, as well as how missed sessions are handled (i.e., how to notify the clinician about absence, additional cost, make-up sessions, etc.). Many programs designed specifically for complex mental health conditions have rigorous and strict attendance and participation requirements. It is encouraged that the young person attends the program in its entirety. Clinicians should also discuss expectations regarding homework and crisis management (i.e., emergency contacts, management of risk, contact outside of therapy). Clinicians should consider relevant organisational policies and resources.

### ***Early Terminations***

Clinicians should encourage the young person to stay for the entire session, however it is acknowledged that this may not always be possible. Situations such as being triggered by

content may result in a young person wishing to leave the session early. The following protocol should be followed when a young person wishes to leave the session early due to being distressed:

- Young person expresses to a clinician the desire to leave the session early.
- The clinician should attempt to immediately debrief with the young person or ask the young person to wait outside and not to leave until they have debriefed with the clinician. The young person should have an opportunity to have a break – this might include using the bathroom, having a drink of water, or getting some fresh air outside.
- The clinician should encourage the young person to stay and reflect upon skills which they can use to support them if they remain in the session:
  - If the young person is unwilling, they must be allowed to leave the session. They should also be provided with emergency contact numbers. Depending on the risk profile, clinicians may need to consider enacting the safety plan.
  - The clinician should aim to follow up with the young person one or two days following the session.
- The clinician should debrief with their supervisor.
- Such issues should be documented in the record of the therapy, including the reasons why decisions were made, or actions taken.

Young people with complex mental health presentations often have a history of negative relationship experiences that make it difficult to form and maintain a stable and trusting relationship in the here-and-now. Clinicians are encouraged to prioritise building safety and trust during the intervention, to minimise the chances the young person does not complete the intervention.

### *Managing Risk*

Working with young people with complex mental health presentations generally involves a level of risk. Clinicians should be prepared to manage risk and make themselves aware of local policy and processes.

Clinicians should ensure they have adequately assessed risk for each client and specifically and directly asked about self-harm and suicide. A collaborative safety plan should be developed with the young person prior to intervention commencing. The [Project Air Care Plan](#) (also see page 59) may be useful to complete with clients and provide to parent/carers, schools, other health professionals and relevant bodies. Other resources can include apps



that can be used on the client's mobile phones, such as Calm Harm, Clear Fear and BeyondNow Safety Planning.

Clinicians should ensure they are engaging in reflective practice and regular supervision when working with high-risk clients. The following principles can guide the clinician when responding to a crisis (further details can be found: [Working with Youth People with Complex Mental Health Issues](#)).

#### **Key Principles for Responding to a Crisis**

- Remain calm, supportive, and non-judgemental
- Avoid expressing shock or anger
- Stay focussed on what is happening in the here and now. Avoid discussions about the young person's childhood history or relationship problems as these can 'unravel' the young person and are better addressed in ongoing treatment or when the young person is calm
- Show compassion and express empathy and concern
- Explain clearly the role of all staff involved including how, when and what each will be doing to support the young person
- Conduct a risk assessment. Remember, the level of risk changes over time, so it is important to conduct a risk assessment every time the person presents in crisis
- If required, respond to the immediate risk by actively seeking emergency help such as calling an ambulance to attend to the immediate care needs of the young person
- Follow-up after the crisis, and ensure you make further appointments or refer the young person to a counsellor or other professional
- After the crisis, ensure that the follow-up appointment and referral was actioned
- Review the crisis to learn from it and ways to improve responses in future

#### **Goal Setting**

Establishing the goals of AIR Therapy provides young people with an expectation of what the aim of the overall intervention is and what they can expect to gain from it. The same applies to the specific session goals. The clinician provides support for the young person to explore and set individual goals they would like to achieve during and following the treatment. The program aims to provide a respectful, safe environment for young people with complex mental health presentations to learn skills and strategies as they increase hope for recovery within a supportive and non-judgmental environment.

## **Professional Working Relationship**

When working together, it is important to discuss the role of the clinician and related professional boundaries. The young person must understand what they can expect from the clinician and limitations, such as the clinician not being available outside of work hours, preferred channels of communication, and management of risk. Therapy provides an opportunity for the clinician to model respectful communication and facilitate interpersonal learning. Clinicians will actively support young people to engage with the content. While attending the sessions neither the young person nor the clinician should be under the influence of drugs or alcohol and should aim to be psychologically available, in order to engage with the content and activities. Phones should be switched off or put on silent. Participation requirements can be adapted for different organisational settings.

### *Transference and Countertransference*

The issues that young people struggle with can often present themselves in the therapeutic relationships. Some may experience patterns of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation. It is important that clinicians recognise these feelings of idealisation and devaluation may also be directed at them. Clinicians should recognise the young person's need for attachment and their simultaneous fear of relationships. Clinicians should remain consistent and reliable in their interactions.

Young people with complex mental health presentations may find it difficult to regulate their emotions appropriately and may express intense emotions. When this occurs, clinicians should listen and remain 'contagious with calm'. If a young person reacts with intense anger, the clinician should not become reactive, and instead provide a safe environment, contain their feelings, and acknowledge that for the young person these feelings are very real at the time. Emotional distress may also present as dissociation. When clinicians observe a young person daydreaming or drifting off, they should provide ways to keep them present (i.e., giving them an activity to do, mindfulness/grounding, sensory engagement, asking them a question, direct eye contact).

### *Communication*

Talking to a young person with complex mental health needs can be difficult. Clinicians will notice that the conversation will not always run as smoothly as hoped. Below are 5 ways to be "good enough" (further details can be found: [Working with Youth People with Complex Mental Health Issues](#)).

- Constancy – be a steady and stable support in the young person's life

- Attunement – actively listen and attend to the young person’s needs, wishes and desires
- Empathy – aim to understand the young person’s experience
- Continuity – offer stability and connection
- Manage reactions – think about your responses rather than just reacting

### *Trauma Informed Approaches*

Many (but not all) people struggling with complex mental health problems have had difficult experiences during childhood. We all have an inbuilt desire to bond and attach securely to others but sometimes events or situations happen that make this difficult - such as witnessing domestic violence, being neglected, or being abused physically or emotionally by family members or others. Such experiences can undermine trust in others, and lead to insecurities, or disorganised feelings about relationships that can present as approach (i.e., being “needy”) and avoidance (i.e., being “cold” or “wary”) simultaneously. Engaging in safe, consistent professional relationships, helps young people rebuild their trust in themselves and others.

# FACILITATOR WELLBEING

## Facilitator Wellbeing

In working with young people facing complex mental health problems, it is common for clinicians to experience emotional responses, including:

- Feeling uncomfortable, confused, frustrated or angry
- Feeling powerless, anxious and worried by the situation
- An intense like or dislike for a young person
- Wishing the young person would move to another school or service
- Feeling pulled to the rescue of the young person and becoming (overly) emotionally invested
- Feeling incompetent and overwhelmed by the young person's presenting complexities
- Doing more or less than usual
- Difficulty providing a consistent response due to the "push-pull" nature of the relational style

## Reflective Practice

Reflective practice broadly refers to processes through which clinicians locate and challenge assumptions and biases to increase awareness and professional competence. Structured approaches have been found to enhance reflective thinking and specific time should be allocated to this (i.e., formal supervision meetings) (Cooper & Wieckowski, 2017). The process through which this occurs will vary based on the individual, for example, some people find discussion useful, others prefer to write things down.

### *Reflective Practice Process*

There are several models of reflective practice available. Below is a series of suggested steps to facilitate reflective practice:

- Describe the interaction
- What were my thoughts, assumptions, and expectations about the interaction?
- What was the emotion of the interaction? Similar or different from my usual experience with this young person?
- To what degree do I understand this reaction as similar to the young person's interactions in other relationships?

- What did I want or hope to happen?
- What assumptions, models, or theories do I now use to understand what is going on?
- What past professional or personal experiences may have affected my understanding?
- How else may I describe and interpret this interaction in the session?
- How might I test out alternatives?
- How will the young person's responses inform what I do next?

### **Self-Care**

Self-care is highly personal. It is the responsibility of clinicians, supervisors, and agencies to ensure all steps are being taken to ensure clinician wellbeing. Some evidence-based suggestions include:

- Supervision: individual and/or group supervision
- Mindfulness: engage in regular mindfulness activities
- Boundaries: reflective practice, work/life balance (i.e., not answering emails outside of work hours)
- Physical wellbeing: looking after yourself (e.g., eating well, sleep hygiene, regular exercise)

# OVERVIEW OF THE INTERVENTION

## **Aims of the Intervention**

AIR Therapy aims to:

- Improve young people's resources and agency to manage their challenges and improve wellbeing
- Provide young people with complex mental health presentations a non-judgmental, non-punitive space for discussing their experiences
- Provide evidence-based psychoeducation and skills development

## **Duration**

The program has been designed as a 6-week program, with weekly sessions. The length of a session represents one standard 50-minute psychotherapy session; however, the format is flexible.

## **Flexible Delivery**

AIR Therapy was initially developed as an online intervention. Over the course of its implementation, the intervention has been shown to be appropriate to deliver in a range of formats.

Examples of alternative formats could include:

- Delivering AIR Therapy completely online by way of telehealth
- Delivering AIR Therapy in a hybrid format with partial online attendance, partial in-person attendance
- Setting aside the first two weeks for individual assessment and orientation sessions, making this an 8-week program in total
- Extending the amount of time taken to cover the topics (e.g., taking two weeks to cover all the material in each topic, making this a 12-week program)
- Going through all the material twice

## **AIR Therapy Participants**

AIR Therapy has been designed for adolescents with complex mental health presentations. It is acknowledged it is likely young people will need longer term intervention beyond the conclusion of this program and should be referred to appropriate services to facilitate this.

Eligibility criteria (if any) should be discussed and determined prior to the implementation of AIR Therapy. It is recommended that there are few, if any eligibility criteria.

Engaging in an intake assessment process will assist to identify:

- The nature of a young person's difficulties
- Issues which may preclude them from taking part in the program (i.e., significant cognitive impairment, active psychosis, or other acute mental health presentation)
- Whether the individual can read and write (if so, additional support can be provided)

# INTERVENTION STRUCTURE

Module	Topic	Objectives
1	Introduction to AIR Therapy	<ol style="list-style-type: none"> <li>1. Be introduced to mental health difficulties young people may experience.</li> <li>2. Consider the people in your life you can go to for help.</li> <li>3. Think about your goals and why you decided to try AIR Therapy.</li> </ol>
2	Mindfulness & Managing Distress	<ol style="list-style-type: none"> <li>1. Learn to recognise what you are feeling when you are distressed &amp; what you can do about it.</li> <li>2. Learn about mindfulness and develop strategies to help you practice.</li> <li>3. Learn about art therapy and how it can be helpful when you are distressed.</li> </ol>
3	Emotions	<ol style="list-style-type: none"> <li>1. Develop an understanding of what emotions are, why they are important, and myths about emotions.</li> <li>2. Develop skills to identify and interpret emotions.</li> <li>3. Develop skills to manage and express emotions.</li> </ol>
4	Self & Identity	<ol style="list-style-type: none"> <li>1. Learn about self-identity and what it means to have an identity.</li> <li>2. Recognise your beliefs and values and how they shape your identity and who you are.</li> <li>3. Learn about developing goals and how they can help you live a personally meaningful life.</li> </ol>
5	Relationships and Interpersonal Skills	<ol style="list-style-type: none"> <li>1. Learn about healthy relationships.</li> <li>2. Develop skills to recognise and work through conflicts and arguments.</li> <li>3. Learn about interpersonal effectiveness skills and develop these skills to help manage relationships in your life.</li> </ol>
6	Self-Care	<ol style="list-style-type: none"> <li>1. Understand the meaning of self-compassion and why it is important.</li> <li>2. Learn about self-care and some tips to practice self-care.</li> <li>3. Learn about making choices.</li> </ol>



## Delivery Considerations

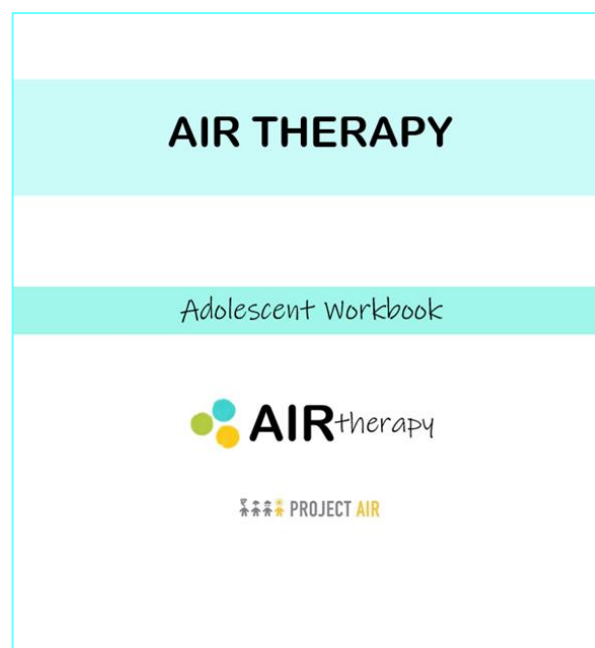
Individual modules are designed to be delivered in one 50-minute session. Clinicians may take a flexible approach, depending on relevant organisational or client-related factors. This may include delivering modules over multiple sessions.

Each module begins with module goals, and includes educational and informational content, activities, resources/fact sheet and space for notes and reflection. Each session (excluding the first) should begin with a reflection on the previous module and a review of at home tasks as set by the clinician.

Each session should be documented in accordance with professional and organisational requirements.

At the end of each session, clinicians are encouraged to engage in reflective practice. This also acts as an opportunity for the facilitator to identify their own feelings about the young person (i.e., countertransference) and the session and to identify whether they themselves have been triggered in any way. These experiences can then be discussed when debriefing or in supervision.

This clinician manual is designed to be used alongside the Adolescent Workbook. Clinicians should make themselves familiar with the Adolescent Workbook prior to engaging in this intervention.



# MODULE ONE: INTRODUCTION TO AIR THERAPY

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Goals

Mental Health Difficulties in Young People

Our Relationships

*Activity: Circle of Closeness*

Getting Support

*Activity: My Support People*

Help in a Crisis

*Activity: My AIR Therapy Goals*

Resources and Factsheets

Notes

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AIR Therapy has been designed to help young people aged 14 - 19 years old experiencing distress due to overwhelming feelings, difficulty controlling emotions and problems with relationships or sense of self.

Young people will be provided with information and supported to develop skills to help them cope with these challenges and improve their wellbeing.

Over the six modules young people will:

1. Learn about their support network and how to ask for help
2. Develop mindfulness and distress tolerance skills
3. Learn about themselves, their values, and their goals
4. Learn how to recognise, respond, and regulate distressing or uncomfortable emotions
5. Learn about healthy relationships and develop skills to communicate effectively
6. Practice self-care and learn about making choices and helpful behaviour

Discuss with young people what they might be interested to learn about.

## GOALS

In module one clinicians will support young people to:

1. Understand mental health difficulties they may experience
2. Consider the people in their life they can go to for help
3. Think about and develop goals for participating in AIR Therapy

## CONTENT

### **Mental Health Difficulties in Young People**

Feeling stressed, sad, anxious, or angry are normal emotions that all young people experience. Sometimes, however, these emotions can stick around for long periods of time become overwhelming or cause us to experience a lot of distress. When this happens, it may be difficult to control our emotions and they can impact on our thoughts, feelings, and behaviour.

This can impact on daily life, making it more difficult to engage in everyday activities like going to school or work. We may have problems in our relationships or find it difficult to build relationships with other people.

What does AIR stand for?

The 'AIR' in AIR Therapy, represents the three areas that you may have difficulties with. It stands for:

#### **A = Affect**

Affect is another word for 'emotion'. You may notice you are highly sensitive, feel distressed easily, uncomfortable emotions stay around for long period of time or are intense and overwhelming. You might feel irritable, angry, or impulsive.

#### **I = Identity**

Young people sometimes find it challenging to have a strong sense of identity or understand who they are as a person. You may notice that your sense of self shifts easily, you find it difficult to identify and achieve goals, you notice feelings of emptiness or are critical or judgemental of yourself, your thoughts, and your behaviour.

#### **R = Relationships**

Young people with mental health difficulties may find it hard to build and maintain positive relationships. You might notice that your relationships with others are troubled by a lot of arguments, you find it difficult to communicate how you are feeling, or you have many worries or fears about relationships.

If you are experiencing some of these difficulties, you are not alone. It is estimated in Australia that one in seven young people (14% or 560 000 people!) experience a mental health condition.

### **Our Relationships**

Relationships in life can be challenging, and they are also important to help us overcome difficulties and understand ourselves.

We will think about different types of relationships in our lives including:

- Relationship to self
- Relationship with clinicians or professional support people
- Relationships with family
- Relationships with peers
- Relationships with school, work and/or community

### **Getting Support**

Everyone goes through difficult times, and no one is expected to manage everything on their own. Nobody can! Sometimes we need to ask for help, and it can be difficult.

Are there people you trust who you can ask for help if you need?

Here are some simple steps you can take when asking for help. We will learn more about this in module five.

1. Think about what you need help with
2. Decide who the best person to talk to is
3. Pick a time and place. Choose somewhere you feel comfortable and give yourself time to talk without feeling rushed.
4. Try communicating what you are feeling.
5. Think about what you would like from the other person. Try communicating that to them.

### **Help in a Crisis**

Sometimes, the people close to us, or our support system may not be available. Or we might be in crisis, our emotions are overwhelming, and we need immediate support or help. AIR Therapy is not an emergency or crisis support service.

Discuss risk management and crisis planning.  
Direct young people to crisis support services as needed.

*A range of crisis support services are provided in the adolescent workbook. Clinicians are encouraged to consider if there are any additional relevant local crisis support services available.*

## ACTIVITIES

### **Circle of Closeness**

Support young people to consider the people around them and how close they feel to them. Reflect on the nature of these relationships. Consider the responses of young people, particularly if they are unable to identify people, they feel close to. Explore and reflect on responses.

### **My Support People**

Support young people to develop a list of who they are comfortable reaching out to when they require support. This might include, parents/carers, teachers, counsellors, other family members, other health professionals. It is important to ensure young people know how they can contact these people, and how they will communicate their need for support.

### **My AIR Therapy Goals**

Work with young people to consider what they would like to work towards in AIR Therapy. Consider the elements of AIR. For example, *I would like to learn some ways I can communicate how I am feeling when I am angry or frustrated.*

### **MODULE ONE KEY LEARNING**

Build rapport and set the frame for therapy. Establish goals and begin to develop a sense of agency in the young person regarding their mental health. Begin to consider important relations and how to seek support.

**Clinicians should set homework/at home activities relevant to the young person. Some examples may be to tell someone close to them they have included them in their circle of closeness, develop a new goal.**

# MODULE TWO: MINDFULNESS & MANAGING DISTRESS

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Homework and Session Review

Goals

Managing Distress

*Activity: Self-care Bingo*

Mindfulness

Practicing Mindfulness

*Activity: Positive Activities*

*Activity: Making and Using a Sensory Box*

*Activity: Art Therapy*

*Activity: Relaxation and Mindfulness Planner*

Mindfulness and Relaxation Resources

Notes

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## GOALS

In module two, clinicians will support young people to:

1. Learn to recognise their emotions, particularly distress, and develop strategies to help them manage these emotions
2. Learn about mindfulness and develop a plan to practice this
3. Experiment with art therapy techniques and how this may be beneficial for them

## CONTENT

Review previous week and provide space for any follow up/reflection. Is there anything to be added to the activities/goals?

### Managing Distress

Feeling distressed or in crisis is difficult. Although most people will experience difficulties or feelings of distress during their life, it's easy to feel confused and overwhelmed when you are going through it.

Feelings of distress are common, but they can look different for everyone. Noticing when we are feeling distressed or overwhelmed by painful emotions can help bring us back to the moment.

Draw attention to the checklist and support young people to reflect on their experience.

Thing you can do when you notice these feelings:

1. **Seek support:** talking to someone you trust about how you're feeling can help you feel supported and listened to. A close friend, family member, therapist, someone at school?
2. **Find ways to distance yourself from difficult thoughts and feelings.** In moments of distress, it can be useful to distance yourself from situation that are making things worse. Sometimes we need a little distraction. Some things you can try:
  - a. **Activities:** engage in an activity you like (e.g., watch a movie, do some exercise, read a book, make your favourite meal...)
  - b. **Contributing:** Focus on doing something for someone else. Maybe this includes visiting a grandparent, volunteering at your school, or coaching a sporting team.
  - c. **Leave the situation or take time out:** Try a mindfulness or relaxation activity.
  - d. **Find ways to look after yourself:** Be kind to yourself in moments of distress. Practice your self-care strategies:

Help young people to consider examples of how they can manage these feelings.

## Mindfulness

When we are feeling overwhelmed by strong emotions, we can use mindfulness as a tool to focus our attention and work through difficult feelings.

To be mindful means to focus on what is happening in the moment. It is about pay attention to the situation in an open and non-judgemental way.

Sometimes focussing on our thoughts and feelings or starting to relax can be confronting and makes us notice uncomfortable emotions we haven't before. We might feel like giving up if we don't feel calm and peaceful straight away. But remember, these skills get easier the more you practice them.

### *Myths about Mindfulness*

There are some common myths people think about mindfulness that may make it more difficult or contribute to feelings of frustration or confusion.

**1. Practicing mindfulness means to “stop thinking”**

Thinking is automatic and something we do all the time. Mindfulness is not about stopping our thoughts – trying to do this could lead to a lot of frustration. Rather, it is about noticing our thoughts and trying to focus on what is happening around us.

**2. Practicing mindfulness means I will immediately feel “calm and peaceful”**

Some people think that as soon as we start practicing mindfulness, we will feel calm and peaceful immediately. While it is true that mindfulness can help calm strong and overwhelming emotions, ‘practicing’ mindfulness means just that – practice.

Mindfulness might be a skill you have never tried before or only have a little bit of experience with, and it takes time to learn a new skill.

**3. There is only one way to be mindful**

How mindfulness looks and what works best is different for everyone. Part of practicing mindfulness as a skill is working out the ways in which you can focus on the moment in a way that feels comfortable for you. If you have tried mindfulness before and didn’t find it helpful, let’s try some new ways of practicing mindfulness.

**4. Mindfulness will fix everything**

Being mindful and practicing mindfulness is a tool we can use when we are struggling or are in distress. This is only one of the tools. Mindfulness will not fix everything but it one way to help work through some of the difficult emotions we might be experiencing.

Pause for young people to rate their experiences of mindfulness.

### **Practicing Mindfulness**

These are a few steps you can use to practice mindfulness:

- 1. Observe and notice the experience.** You can use your five sense to experience what is happening around you. Also try noticing your thoughts and feelings. While doing this, try not to fight or push your thoughts or feelings away. You might like to think about your thoughts or feelings like clouds in the sky – they come and go, and you can watch and observe them.
- 2. Describe what experiences you notice.** Try putting words to your experience and emotions. Use words that say what is happening for you, and how you feel within yourself. E.g., “my heart is racing”, “my stomach is cramping”, “my face is hot”.



- 3. Participate in the moment.** Put energy and effort into the current moment and activity. Try and focus on what you are doing, whether this be a breathing exercise, doing some art or something else. Try to focus and participate in the activity.

Discuss WHAT and HOW skills.

## ACTIVITIES

### **Self-Care Bingo**

Review bingo card and support young people to consider what they already do for self-care. Encourage them to provide examples. Reflect on any areas they may be able to develop their self-care skills and support them to develop ideas/examples as to how they can do this.

### **Positive Activities**

Review list of positive activities – consider activities young people already engage in to manage their distress, activities they would like to try, or other things that are not listed.

### **Making and Using a Sensory Box**

Our six senses (sight, sound, smells, taste, touch, and movement) play a role in helping us understand, communicate, and react to our environment. When experiencing strong emotions or during times of crisis, we may become overwhelmed. Focussing on our five senses can help us to relax and may help us to stay present in the moment. Discuss with young people sensory experiences they enjoy – these might be calming/soothing or activating and energising. Consider a range of options to include in their sensory boxes.

### **Art Therapy**

Three examples of art-based mindfulness are provided – continuous line drawing, repetitive shape/line drawing, colour challenge and colouring in. Encourage young people to practice these tasks and notice their experiences of them.

### **Relaxation & Mindfulness Planner**

Support young people to schedule in time to practice mindfulness skills. Discuss the importance of noticing and reflecting on their thoughts and experience. Encourage them to practice a range of skills across the week to see what works best for them!

## MODULE TWO KEY LEARNING

Encourage young people to notice their experience of distress and promote agency in managing these feelings. Explore a range of mindfulness skills and begin to consider the ways young people take care of themselves.

**Clinicians should set homework/at home activities relevant to the young person. Some examples may be to schedule a self-care activity, begin/continue collecting objects for their sensory box, practice a mindfulness activity daily.**

# MODULE THREE: EMOTIONS

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Homework and Session Review

Goals

What are Emotions Anyway?

*Activity: Dropping Anchor*

The Purpose of Emotions

*Activity: Myths About Emotions*

Emotions – Thoughts – Behaviour

*Activity: Identifying and Naming Emotions*

Reflecting on our own Emotional Experiences

*Activity: Reflecting on my Emotions*

Reflecting on our Emotional Experiences

*Activity: Checking in on my Emotions*

Resources and Factsheets

Notes

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## GOALS

In module three clinicians will support young people to:

1. Develop an understanding of what emotions are, why they are important, and explore some myths about emotions
2. Develop skills to identify and interpret emotions
3. Develop skills to manage and express emotions

## CONTENT

Review previous week and provide space for any follow up/reflection. Is there anything to be added to the activities/goals?

### What are Emotions Anyway?

- Everyone experiences emotions. Emotions are information to help us understand ourselves and the world around us.
- Most young people experience intense anger, sadness, anxiety, or fear at some point.

- It may be helpful to think of your emotions like a wave. Emotions come and go like the tide coming in and out. How strong the emotions are and how long the emotions last for are different for everyone.
- Maybe you have noticed that your emotions appear to be stronger, or last longer than others around you.
- It can hard to manage these distressing emotions.

### **Caught up in an Emotional Storm**

Sometimes during distressing or crisis situations we may feel like we are caught up in an emotional 'storm' – tossed around by the waves and the wind (i.e., our distressing thoughts and emotions) and unable to see and think clearly.

When we feel overwhelmed by our emotions, we may lose track of our surroundings.

Distress tolerance and mindfulness skills, like the ones learnt in module two can help bring us back to the present moment and pause and check-in on ourselves.

Practicing these skills can help bring ourselves back to the present moment and we will be better able to understand and communicate our emotions

### **The Purpose of Emotions**

Emotions:

- Can help us understand a situation
- Help us communicate
- Can motivate us to act on something important
- Act as a warning
- Help remind us that our experiences are important

Knowing the purpose and importance of emotions, even the painful ones, can sometimes help us in accepting them.

Support young people to consider the last time they experienced a big emotion and reflect on what that emotion was trying to tell them.

## Myths about Emotions

Common Thoughts	Information
<b>There is a right way to feel in every situation</b>	<p>Everyone experiences situations differently. There is no right way to feel in a situation and something may bring up emotions and feelings for you that it doesn't in other people. That is okay. What is important is recognising these emotions and trying to understand their purpose or why you might feel that way. Noticing these feelings and trying not to be critical of yourself can be helpful to managing your emotions.</p>
<b>Letting others know that I am feeling bad is a weakness</b>	<p>Communicating your feelings calmly and appropriately is important and is a sign of strength. Communicating how you are feeling can help you understand your emotions, as well as the people around you and work out the next steps. Everyone experiences challenging and it is okay to let others know or ask for help managing them when we need it.</p>
<b>Emotions have a purpose. They don't happen for no reason</b>	<p>This is true! All emotions have a purpose and are trying to communicate something to us. Sometimes it is difficult to recognise their purpose but understanding they occur for a reason can help us stay in the moment and live manage our emotions.</p>
<b>Negative feelings are bad and destructive</b>	<p>All emotions, including negative emotions, have a purpose. Although negative emotions can be difficult and feel overwhelming at times, they are important, and everyone experiences them.</p>
<b>All emotions are okay. They are not silly.</b>	<p>Everyone experiences different emotions and sometimes we can experience emotions that we don't understand or that cause us pain. This does not mean they are silly. If you can, try thinking about what the emotions mean and why you may be experiencing it.</p>
<b>I am the best judge of how I feel</b>	<p>We are the best judges of how we feel. Even though it can be hard to understand or think about our feelings, there are some skills we can learn to notice our emotions and how they feel for us.</p>

<b>Other people are the best judge of how I should feel</b>	You are the only one who is experiencing exactly what you are feeling. This is why learning to communicate our emotions is important.
<b>Painful emotions are not important and should be ignored</b>	Painful emotions are normal and can tell us important things about the events in our life, a situation we are in, or the thoughts we are having.

### Emotions – Thoughts – Behaviour

Our emotions are linked to our thoughts and behaviours. This means that:

- Our thoughts can impact on the emotions we feel
- Our emotions can impact on the thoughts we have
- Our thoughts and emotions impact on the behaviour we have and how we interact with others
- Our behaviour, and the choices we make, can impact on how we feel and the thoughts we have

#### *Managing Emotions*

Practicing skills to manage emotions can have positive effects on our wellbeing, relationships, and life. Using the emotions/ thoughts/ behaviour cycle, we can break down managing emotions into three steps:

1. Identifying and naming emotions (= emotions)
2. Interpreting or understanding our emotional experience (= thoughts)
3. Regulating and communicating our emotions (= behaviour)

### Reflecting On Our Emotional Experiences

It can be helpful to think about reason you feel a certain way. To help reflect on the emotion and understand why you feel the way you do, you can:

1. Name the event or situation when you started feeling the emotion
2. Notice how you interpreted the situation
3. Notice some of the physical sensations you are experiencing
4. Notice how you behave in response to how you are feeling
5. Notice how others respond to you and the after-effects of your emotions

There are many ways emotions can be expressed and communicated, some are helpful, and others are less helpful.

Before we can work on effectively communicating our emotions, it is important to work on regulating our emotions. This is even more important when our emotions are strong or overwhelming. Sometimes this can be difficult, but there are some strategies you can use. It is important to remember that emotion regulation is not about blocking our emotions. It doesn't mean our emotions will go away or become less strong. Instead, emotion regulation strategies can help us cope and manage the emotions that come up.

### *Tips for Regulating Emotions*

1. Look after yourself. Looking after yourself can reduce the impact of strong emotions – eat well, get some sleep, do exercise (i.e., enjoyable physical activities), and avoid alcohol and drugs.
2. Accept your emotions. Rather than being hard on yourself about how you're feeling, try accepting that your emotions as part of who you are. Try to avoid judging your feelings.
3. Take some time out. When you are experiencing difficult or overwhelming emotions, it can be helpful to take some time for yourself. Try using some of the mindfulness or distress tolerance strategies that work for you.
4. Self-talk. You may be overwhelmed and down about the situation. The things we tell ourselves can impact how we feel.
5. Talk to someone. It can help to speak to someone you trust.

Now we have learnt about recognising and interpreting emotions, think about where you FEEL different emotions (e.g., when I get angry my face gets hot). Think about some ways you can manage that (e.g., splash cold water on my face).

## ACTIVITIES

### **Dropping Anchor**

In session, practice 'dropping anchor'. Lead the young person through the following activity:

1. Pause for a moment to bring yourself back to the moment and notice your surroundings.
2. Take slow deep breaths, noticing how your chest rises and falls with each breath
3. Firmly plant your feet into the ground, feeling the muscles in your legs tense up
4. Stand or sit up straight, feeling the muscles in your back
5. Then look around you and describe three things that you can see
6. Listen to the sounds around you and describe three things that you can hear

7. Repeat the exercise until you feel less overwhelmed or back in the present moment

### **Myths about Emotions**

Give your client an opportunity to think about the common myths and provide their response. Discuss with them and challenge where necessary (facts are provided on page 32 and 33 of this manual).

### **Identifying and Naming Emotions**

Support your client to consider each of the facial expressions and identify and name the emotion. Reflect on any challenges they may experience in finding the correct terminology or if they are providing vastly incorrect responses. Consider using an 'emotion wheel' if appropriate.

### **My Emotional Experiences**

Talk through this activity with your client and support them to identify an emotion and explore the events surrounding this. Remember to take a non-judgemental, observational, and curious stance. An example is provided in the Adolescent Workbook.

### **Checking in on my Emotions**

Facilitate a discussion with your client regarding their experience of emotions in their body. Help them consider where they feel particular emotions in their bodies, or the impact of emotions on their bodies. Draw/write on the image of the person to explore these experiences.

#### **MODULE THREE KEY LEARNING**

Encourage young people to notice and connect with their emotional experiences.  
Highlight the importance of emotions to provide information. Develop and practice skills to manage emotional experiences.

**Clinicians should set homework/at home activities relevant to the young person. Some examples may be to practice a new mindfulness activity every day, mood monitoring (noticing triggers), noticing where feelings 'live' in their body.**



## MODULE FOUR: SELF & IDENTITY

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Homework and Session Review

Goals

Identity

Strengths

*Activity: My Strengths*

Beliefs and Values

*Activity: My Values*

Living a Personally Meaningful Life

*Activity: Fantasy Island*

Goals that are SMART

Activity: My SMART Goals

Additional Resources

Notes

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### GOALS

In module four clinicians will support young people to:

1. Learn about self-identity and what it means to have an identity
2. Recognise their beliefs and values and how they shape their identity and who they are
3. Learn about developing goals and how they can help them live a personally meaningful life

### CONTENT

Review previous week and provide space for any follow up/reflection.

### Identity

When we talk about identity, we are talking about who we are as a person. Everyone has an identity that is shaped by our experiences in life. Some of the things that shape our identity are:

- Our family backgrounds
- Our culture

- Our friends
- The media

### **Identity in Young People**

- During adolescence and young adulthood, our sense of identity develops and becomes stronger. However, some young people struggle with knowing who they are as a person and where they want to go in life.
- Working out who you are or trying to make sense of your identity may cause painful feelings. It may impact on your confidence, and you may experience difficult feelings such as anxiety or guilt.
- Identity is both who we are as people and how we relate to other people.
- There are several factors that contribute to our sense of identity. This includes our sexuality, gender identity, our likes and dislikes, and our motivations.
- As a young person you are discovering who you are and developing a sense of self.
- We are all different. Our family history, culture, language, sexual orientation, and gender identity all shape who we are. Sometimes these things can contribute to us feeling different to others or impact on our wellbeing and mental health.

In the additional resources of this workbook, you will find some resources for culture, sexual orientation, and gender diversity that may be helpful and important for you if you are looking for some extra information or support. You can also discuss any concerns you have with your AIR therapist or someone you trust. Discussing these things can help you feel less alone and help you understand and develop your sense of self.

### **Strengths**

Thinking about our strengths can be hard at times. Sometimes when we are feeling distressed or overwhelmed it might be difficult to remember our strengths. Often our mind can turn to what we can't do. It can be difficult to think or talk about ourselves positively. Practicing encouraging yourself or talking to yourself like you might talk to a friend in crisis can help. Learning to recognise your strengths and celebrate them can help. Learning to think and talk about our strengths can help build a positive sense of identity and give us more confidence.

## Beliefs and Values

What are beliefs and why are they important?

- During our life we develop certain beliefs about ourselves and the world around us. These beliefs impact on our identity and who we are as a person.
- Beliefs can guide our behaviour and decisions. This is why it is so important to think about what our beliefs are. This helps us develop and understand our identity.

What are values and why might they be important?

- Values are similar to beliefs but also a little different. Our beliefs are things we accept to be true. Values, on the other hand, are ideas about what we consider to be meaningful and important in life. Values help us to navigate through life being the person we want to be.
- Everyone has a different set of values. It is very common for people to find it hard to know what their values are.
- Thinking about our values can help with planning goals and understand our identity.

## Living a Personally Meaningful Life

Living a meaningful life means something different for everyone. It is about living a life according to your values and that you enjoy what you are doing in your life. Everyone faces different challenges and living a meaningful life will look different depending on your own experiences and what is important to you. Thinking about your strengths and values are there any strategies you can implement or steps you can take towards living a meaningful life? For example, you can set goals directed towards doing more of what you are good at (your strengths) and getting better at things you want to improve (your values). What is one goal you can set?

Encourage the young person set a personal goal. Provide support and scaffolding as needed.

## Goals that are SMART

Goals are important because they can help us stay motivated and are helpful reminders of our achievements and the progress we are making. Sometimes thinking about our goals can be overwhelming as it can be difficult to know how to achieve them or we may not feel in the right place to work on our goals. One way we can work through goals is to break them down into smaller parts.

To do this, we can use the SMART acronym:

- Specific
- Measurable
- Achievable
- Realistic
- Time

<b>S</b>	Specific	Be specific about your goal. Ask yourself: <ul style="list-style-type: none"> <li>• <i>What do I want to achieve?</i></li> <li>• <i>Why do I want to achieve this?</i></li> <li>• <i>What do I need in order to achieve this?</i></li> </ul>
<b>M</b>	Measurable	Consider what you will be able to see or measure to know you are getting closer to achieving your goal. Ask yourself: <ul style="list-style-type: none"> <li>• <i>How will I know I am progressing towards this goal?</i></li> <li>• <i>How will I know when I have achieved this goal?</i></li> </ul>
<b>A</b>	Achievable	Break down your goal into individual steps to make it easier to achieve. Ask yourself: <ul style="list-style-type: none"> <li>• <i>What are the steps I need to take in order to achieve this goal?</i></li> </ul>
<b>R</b>	Realistic	Consider if your goal is relevant and realistic to your life at the moment and will help you live a meaningful life. Ask yourself: <ul style="list-style-type: none"> <li>• <i>Is this goal important to my life at the moment?</i></li> <li>• <i>Is this the right time to be working on this goal?</i></li> <li>• <i>Does this goal align with my values?</i></li> </ul>
<b>T</b>	Time	Give yourself a reasonable timeframe in which to achieve your goal. Ask yourself: <ul style="list-style-type: none"> <li>• <i>How long will it realistically take to achieve this goal?</i></li> <li>• <i>What date will I give myself to achieve this goal?</i></li> <li>• <i>When will I allocate time to work on this goal?</i></li> </ul>

## ACTIVITIES

### My Strengths

Review the list of strengths and help the young person explore their own strengths. Support the young person to reflect on their identified strengths. Support the young person to engage in reflective task related to the following questions: Have they developed over time? Who sees these strengths? Are there strengths others don't see? Were there times where the young person used these strengths to overcome a challenge or to cope?

## My Values

Based on the identified strengths, explore the young person's values. Encourage young people to refer to the list of strengths. Are there any strengths that represent their values? What other values do they have? Who do they look up to and what values do those people show? Are there any values they would like to develop? How do these values look like 'in action'? How would the young person like other people to describe them?

## Fantasy Island

Ask the young person to draw their personal 'fantasy island'. You can ask questions to support the young person with their imagination:

- What does the environment look like? (i.e., beaches, plants, water, weather...)
- What is the atmosphere like? (i.e., what do you see/smell, how do you feel?)
- What would you add to your island to live a more comfortable and happy life? (i.e., housing, roads, shops)
- Would you like to be alone on your island or are there other people there? What about animals or visitors? Who would be there and why?
- Would there be any rules and regulations? How would they be communicated?

Support the young person in reflecting on the island (life) that they created. You can ask: What do you like about it? What does it represent and why is it important for you? Are there things that are different or better on your island than how you live at the moment? What are you trying to change and why?

## My SMART Goals

Review the example provided and support the young person to set a SMART goal.

### MODULE FOUR KEY LEARNING

Explain to young people the concept and importance of identity. Explore the young people's strengths, beliefs, and values. Encourage the person explore how a meaningful life can look like for them. Help the young person to set SMART goals to achieve this.

**Clinicians should set homework/at home activities relevant to the young person. Some examples may be to develop another SMART goal, speak to someone they trust about their strengths and find out if there are any additional qualities that may be added.**

# MODULE FIVE: RELATIONSHIPS AND INTERPERSONAL SKILLS

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Homework and Session Review

Goals

What is a Healthy Relationship?

Building and Maintaining Healthy Relationships

Relationship Difficulties, Arguments and Conflicts

*Activity: Thinking About my Relationships*

Effective Communication

*Activity: Assertiveness Statements*

Interpersonal Effectiveness Skills

*Activity: Practicing Interpersonal and Communication Skills*

Additional Resources and Information

Notes

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## GOALS

In module five clinicians will support young people to:

1. Learn about healthy relationships
2. Develop skills to recognise and work through conflicts and arguments
3. Learn about interpersonal effectiveness skills and develop these skills to help manage relationships in their life.

## CONTENT

Review previous week and provide space for any follow up/reflection.

### What is a Healthy Relationship

Everyone is involved in relationships. We have different relationships in our life. Some of the common relationships we may have include:

1. Relationships with family members
2. Relationships with friends
3. Relationships with romantic partners
4. Relationships with people we work with
5. Relationships with teachers and bosses
6. Relationships with our therapist, doctor, or health professional

Relationships can be challenging. You may find it difficult to manage relationships with other people. Some young people find they have intense relationships that come and go quickly, are worried they will be left behind, or are very concerned about the needs of others.

These difficulties in relationships mean that some young people avoid social gatherings because they worry people will make fun of them or they feel ashamed. Some young people also describe not being interested in relationships or find it difficult to understand others around them. You may have noticed some of these things in yourself and all these things can make it difficult to develop and maintain healthy relationships.

While they can be challenging, relationships are important to work on and are important for our wellbeing. We want to work towards having healthy relationships

Some characteristics of healthy relationships

1. Trust and acceptance of each other
2. Thinking about and working towards having both your needs and the needs of the other person met
3. Using open and effective communication
4. Having boundaries, communicating these boundaries to the other person, and understanding and respecting their boundaries
5. Spending quality time together
6. Thinking about the other person's point of view and having your own point of view heard
7. Having both time and space for yourself and spending time together
8. Having responsibility for you own thoughts, behaviours, and emotions
9. Physical safety

### **Building and Maintaining Healthy Relationships**

It can be challenging to build supportive and meaningful relationships.

In healthy relationships, the needs of each person need to be balanced. This can mean:

- Connections between each other
- Sharing experiences
- Working towards shared goals

Needs depend on the situation. When we are not balancing our needs, it may be that we are giving a lot more of our time to the other person to what they are giving to us, or the other person is giving a lot when we are not willing to do the same. This can lead to conflicts and relationship difficulties

### **Relationship Difficulties, Arguments and Conflicts**

Disagreements are part of every relationship, but ongoing conflicts can negatively impact on relationships. Thinking about the cause of the argument can be the first step to working through it with the other person and understanding a point of view that is different from your own.

Some common causes of arguments are:

1. Pressures or demands placed on you by others. Sometimes the demands placed on you by others may create a feeling of pressure. These demands may be from work, school, or study, managing money or maintaining relationships.
2. Expectations. Sometimes people may expect you to be or act a way that is different from how you feel. This could be due to religious, cultural, or personal differences and may cause tension.
3. Different opinions. It is common for people to have different opinions, values, and beliefs, however sometimes it can be a cause of conflict in relationships. It can lead to you feeling unsupported or that people are against you.
4. Misunderstandings. It can be easy to accidentally jump to wrong conclusions with others. This is especially easy when using text messaging or social media, where meaning and emotion can be lost.
5. Changes in life. Major life changes sometimes cause tensions. These might be family separations, moving houses, starting a new job etc.

Discuss situations, behaviours, or other factors that the young person finds often causes tension or issues in their relationships. Support them to engage in perspective taking.

What can help?

1. Take some time out. If you are feeling overwhelmed by emotions in the heat of the moment, it can be good to take some time out. The distress tolerance and emotion regulation skills you have learnt can be helpful for managing this.
2. Acknowledge your feelings. Recognising the different emotions, you are feeling using the skills you learnt in module 3 and examining why you feel this way is an important



step. Maybe there are other factors in your life that are contributing to your feelings. For example, you are feeling unwell, tired, or upset by unrelated matters.

3. Get some support. Talk to someone you trust outside your family and friendship circle to get a different perspective. This can help you understand the situation and work out a solution.
4. Talk it through with the person you had the argument with. This may feel overwhelming or impossible. Sometimes making the effort to sort something out can make the situation better. Try these tips or some of the interpersonal effectiveness skills you learnt in this module:

### Tips for talking through an argument:

1. Approach the topic when you are feeling calmer
2. Be honest
3. Avoid using sarcasm
4. Listen to what the other person has to say and try to understand their point of view
5. Try to work towards a solution you are both happy with, and then try to follow through with this solution
6. If you have said something in the heat of the moment which you later regret, apologise to show the person you care.



## Effective Communication

Communicating well can be challenging and takes practice. It's not always easy. How many times have you said 'It doesn't matter' when it really does? How many times have you said 'I'm fine' when you weren't?

To communicate, we need to recognise and understand our thoughts, feelings and wants. The previous modules have provided information and strategies to help us do this. If we are feeling strong or overwhelming emotions such as anger or sadness, it is okay to take some

time out to recognise and manage our emotions before we communicate these to other people. We can then communicate our thoughts, feelings and wants in an open, direct, and honest way. This helps us manage our own emotions and behaviour and keeps good relationships with others.

You may wish to source some videos to demonstrate the different types of communication to young people. Depending on their interests, a range of examples can be found online (e.g., [Big Bang Theory Communication](#)).

### *Assertive Communication*

One way we can improve our communication is to use assertive communication. Assertive communication means standing up for your personal needs and expressing your thoughts, feelings and needs in a direct, honest, and appropriate way that also respects other people. Some of the positive consequences of communicating assertively include:

1. Improve communication
2. Reduce unpleasant feelings such as anxiety or anger
3. Improve self-confidence and a positive sense of self
4. Increase chances of getting what you want or need

When you communicate assertively you can demonstrate you value your own point of view and rights while also respecting what others might want, need or be thinking and feeling.

Being assertive can be challenging or even frightening. Decide what you want to communicate and keep it simple.

It may be helpful to write this down before communicating it or practice communicating in situations when your emotions are not too overwhelming or distressing. Remember communicating in an effective and assertive manner is challenging and takes practice. We won't get it right all the time and it can be easy to sometimes feel like it is too hard. But the more we work on it, the easier it gets.

Draw attention to the basic formula to communicate assertively:

I feel...  
When...  
Because...  
I want/ need...

Consider modelling and practicing this with young people in session. Communicating in an effective and assertive manner is challenging and takes practice.

### Helpful Communication Tips

- Try to be mindful of what you are saying and how someone else might understand or interpret this
- Start with something positive. People can sometimes get defensive or stop listening if you start with something negative or critical
- Describe behaviour without using strong negative descriptive words.
- When expressing your feelings, use “I” statements and make it simple
- Try to be clear about the changes you want and avoid being negative or critical
- When expressing consequences, be positive where possible.

### Interpersonal Effectiveness Skills

Interpersonal effectiveness skills are strategies to build and keep healthy relationships and to communicate effectively.

Discuss the following skills with young people and explore ways they might utilise these in their relationships.

### GIVE

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A simple acronym you can use to help keep good relationships and practice interpersonal skills is GIVE. There are a range of resources online that help to illustrate this skill in a multimedia format (e.g., [GIVE](#)). Try to keep this in mind when you are speaking with others:

- Be Gentle
- Be Interested
- Validate
- Use an Easy manner

The G and E: Be gentle and use an easy manner:

To build and keep healthy relationships, we need to think about how we might come across to others. Think about the tone and volume of your voice – Are you speaking very loudly or quietly? Do you sound angry or frustrated?

Think about the body language you use - Communication is not just about the things we say, our body language can also communicate our feelings and thoughts to others. For example, think about if your body language is welcoming and gentle? Do you smile, use eye contact, or show the other person you are listening through nodding your head or other body language? Or does your body language indicate you may be angry or not interested? Are your arms crossed or your hands on your hips? Do you avoid eye contact or use your phone while someone is speaking to you?

Think about the language you use. Our choice of words can have an impact on our relationships. Try to use words that are respectful and non-judgemental.

The I and V: Be interested and validating:

Validate the other persons experience – You might not agree with the person, however validating that their experience and feelings are valid is important to ensure effective communication. Try to think about things from their perspective and consider if you can see why they might feel the way they do.

Being interested – Think about how you appear to them, eye contact and summarising what they have said is a good way to demonstrate you are paying attention and are curious about their experiences too.

DEAR MAN

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This skill helps us to communicate what we need and maintain relationships. There are a range of resources online that help to illustrate this skill in a multimedia format (e.g., [DEAR MAN](#))

- Describe the current situation
- Express your feelings and opinions
- Assert your feelings and opinions
- Reinforce the person ahead of time
  
- Be Mindful of objectives without distraction
- Appear confident
- Negotiate alternative solutions

## ACTIVITIES

### **Thinking about my Relationships**

Discuss some challenges the young person may face in my relationships; some helpful ways to deal with these relationship challenges, and some strategies they can implement to help them in their relationships with others this week.

### **Assertiveness Statements**

Read through each of the scenarios. Support young people to consider themselves in these situations and develop statements that would help you communicate effectively. Support young people to reflect on how they might feel in each situation, why they are feeling this way and how they can communicate effectively have their needs met.

### **Practicing Interpersonal and Communication Skills**

Explain to young people the importance of practicing these new skills. Acknowledge and validate emotions that may be present, such as feeling overwhelmed or anxious. Encourage young people to consider some scenarios that might be easier for them to practice their skills. Support young people to consider a range of situations they can practice these skills. Remember to be specific.

### **MODULE FIVE KEY LEARNING**

Support young people to learn about healthy relationships and help them develop helpful communication skills and interpersonal effectiveness skills. Support young people to develop skills to manage relationship conflicts and arguments as well as to help manage relationships in their lives.

**Clinicians should set homework/at home activities relevant to the young person. Some examples may be to practice using DEAR MAN or GIVE skills throughout the week, noticing their communication styles (when things go well, or when things go wrong), find some examples online of different types of communication.**

## MODULE SIX: SELF-CARE

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Homework and Session Review

Goals

Self-Compassion

What is Self-Care?

Helpful Self-Care Tips

*Activity: Making Room for Self-Care*

Making Choices

*Activity: My Self-Care Backpack*

Additional Resources and Information

What Now?

*Activity: Thinking about my Goals*

Accessing Help

Look How Far You've Come

Notes

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### GOALS

In module five clinicians will support young people to:

1. Understand the meaning of self-compassion and why it is important
2. Learn about self-care and provide tips on how they can practice self-care
3. Develop problem solving skills and how to make choices

## CONTENT

### Self-Compassion

Everyone goes through difficult times. Self-compassion means being kind to ourselves.

When things are difficult, we can be kind to ourselves and have an attitude of self-compassion by experiencing painful feelings without judging ourselves.

It is easy to judge ourselves when we are feeling difficult emotions or have made a mistake.

The judgemental thoughts we tell ourselves about this are called self-criticism.

Instead, we can try to stay open to the painful feelings and do our best to comfort and look after ourselves. Learning to identify when we are self-critical and the ways we are self-critical is important. We can observe this mindfully and try to be compassionate and look after ourselves instead.

The way in which we show ourselves compassion is called **self-care**.

Why is self-compassion important?

It is important to look after your body and your mind as this will give you the best chance of managing difficult situations or strong emotions and help you live a personally meaningful life.

Looking after ourselves builds our resilience, or our ability to cope with challenges and stressful situations.

### **What is Self-Care?**

Self-care are the things we can do to be more compassionate to ourselves. Self-care isn't selfish – focussing on our wellbeing and doing things to improve our wellbeing can help us manage relationships and support others.

Self-care looks different to everyone. For example, some people might find playing a team sport helps them feel energised and positive where other people might find taking some time alone to sit and read a book is helpful for them. Practicing self-care is about working out what is helpful for you and taking time in your day to do those things.

Doing these things can help in the short- and long-term benefits. In the short-term they may help us calm down when we are feeling distressed or have a crisis, and in the long-term they can help us get better at showing ourselves self-compassion which can improve our overall wellbeing.

#### *Why is self-care important?*

Self-care can be really challenging and sometimes it can be hard to be kind to ourselves or take time out to look after ourselves. However, self-care is important and can help build our resilience when we are in challenging situations.

You could think about this like hiking up a mountain. If we decide to climb a mountain, there are likely things we would need to prepare. We would need some supportive shoes to protect our feet, and a hat and sunscreen to protect ourselves from getting burnt. We would also likely bring a backpack filled with things we need in case of any challenges, such as a first aid kit, a water bottle and food, a map, and a torch. To help us get up the mountain we might also prepare by doing some easier hikes first or training to improve our fitness. All these things can help us if we were to come across any challenges during the hike and would make it easier for us to get to the top of the mountain.

Self-care is a bit like this because we are better preparing ourselves for any challenges we might face in our daily lives. For example, getting enough sleep can give us more mental energy to overcome and manage difficult emotions, and spending time with family and friends can give you confidence and motivation when a stressful situation arises.

Choosing to be kind to ourselves is like filling up a 'self-care backpack' that we can take on our 'hike' through life and use when we are faced with challenges.

### **Helpful Self-Care Tips**

Discuss the following resources with young people – be mindful of the self-care strategies young people already use.

#### *Healthy eating*

Eating healthy can help reduce stress and increase your capacity to cope and use the coping skills you have learnt. Get to know your body and what personally affects you. For example, foods high in caffeine (e.g., tea, coffee, chocolate), cigarettes and alcohol can add stress to your body.

Review resources to support healthy eating.

#### *Sleep*

Getting the right amount of sleep is essential for coping with challenges in your life and managing stress. Research suggests you (as a young person) should try to get around 8-10 hours of sleep each night. Some people find it difficult to fall asleep or notice they wake up a lot during the night.

Here are some helpful tips to improve your sleep:

- Get into a routine: Go to bed and wake up around the same time each day.
- Cut down on caffeine (caffeine can be found in coffee, chocolate, tea, and coca cola) and avoid smoking or using alcohol before bedtime.
- Avoid bright lights, overly hot baths, or heavy exercise at night-time. These can stimulate your body and make it difficult to wind down before sleep.
- Avoid doing activities in bed. Have a separate place to work, use your laptop, check your phone, or read. Keep your bed for sleeping.



- Do not lie awake in bed longer than 20 minutes. If you have not fallen asleep after 20 minutes, get up and do something relaxing (e.g., have a cup of warm milk, do a relaxation exercise) and then go back to bed.
- If you find it difficult to stop worrying in bed, get up and write a list or note of what you need to do or are worrying about, then go back to bed.
- Engage in regular exercise throughout the day as this will help you sleep well.

Review resources support good sleep habits.

### *Spend time with family or friends*

Spend time with people who make you feel good and do something that you both enjoy. This might mean joining a team sport or a club and doing things with people who have similar interests to you.

### *Ask for help if you need it*

Everyone goes through difficult times, and no one is expected to cope with everything by themselves. Sometimes taking care of yourself may mean asking someone you trust for help when you need it.

### *Make time for yourself*

Take some time to focus on yourself. Read a book, go for a walk, take a bath, etc.

### *Activity*

Activity can help you feel better and provide you with something to focus on. Doing things, even a little at a time can help you feel like you are moving forward or working towards your goals, taking control of your life, and achieving something worthwhile.

Activity and exercise can:

- Release tension and encourage release of chemicals in your body that give you energy
- Help you sleep better
- Increase your confidence
- Strengthen your body's immune system
- Help you think more clearly and consider difficulties from a different perspective

Review resources to support physical activity.

### *Practice mindfulness and relaxation techniques everyday*

Mindfulness and relaxation skills can help you feel calm, manage difficult emotions, and improve your wellbeing. Practicing a little bit everyday can help increase motivation and contribute to living a personally meaningful life. Remember, there are lots of mindfulness activities in your Module Two Workbook.

### *Cut back on alcohol and other drugs*

Some people use alcohol and other drugs because they find in the short-term it can make them feel better. However, often they make us feel worse in the long term. Cutting back on these things can give us more energy and focus during the day and improve our overall mood. If this is something you are concerned about or struggling with, or you are concerned about a friend or family member, it might be helpful to talk to someone you trust, such as your AIR therapist or a doctor.

Review resources related to alcohol and drug use.

## **Making Choices**

Part of practicing self-compassion and working towards living a meaningful life is making choices that are healthy and in-line with our values and long-term goals.

Making these choices is not always easy.

- Sometimes it may be difficult to know which option is the best for you
- The best option may not be the easiest
- Other people may have different opinions about what you should do
- You may feel pressure to make a certain decision

Sometimes there won't be an easy decision and that is okay. By reflecting on our goals and values, as we have worked through in the previous modules, and practicing self-compassion we can work towards making healthy choices and living a meaningful life.

## **Healthy Choices**

Every day we need to make choices. It is important to consider what makes a healthy choice and what choice may not be so healthy or helpful. Research shows that some choices that are healthy include:

- Doing physical activity. What physical activity will be good for you depends on your interests and skills. Maybe it is joining a sports team or gym, walking the dog, going for a run, a swim, or riding a bike.
- Trying hobbies that interest you. Such as art, music, writing.
- Eating healthy. Eat a range of foods including vegetables, fruit, and cereals, and foods rich in protein and calcium.
- Spending time with people who you trust and make you feel good.
- Getting enough sleep and practicing good sleep habits.

Some choices are not healthy, even though they may feel helpful in the moment:

- Smoking cigarettes or e-cigarettes (vapes)
- Using drugs or alcohol
- Self-harm

Discuss the following statement with the young person – this will create an opportunity for young people to ask for help if needed. Consider asking them to role model how they might ask an adult for help if this comes up in the future.

*If you are concerned about self-harm for yourself or a friend or family member, there are some additional resources at the end of this workbook to give you some more information. It may also be helpful to talk to someone you trust such as your AIR therapist or a doctor. They can offer additional information and support.*

## ACTIVITIES

### **Making Room for Self-Care**

Review the helpful self-care tips and resources and help the young person reflect on their self-care. Support young people to consider the ways they can improve their self-care practices, when they might practice self-care, what are the barriers and who can help them.

### **My Self-Care Backpack**

Point out that self-care strategies and choices to live a meaningfully life will be different for everyone. Ask the young person about what self-care looks like for them: What do they do now? What works and what doesn't? What things would they like to start doing? Are there things they would like to get better at? Support the young person to 'fill' their self-care backpack with the things they need on their journey.

### **Thinking about my Goals**

Review the young person's goals from module one and module three. Explore with them the steps they have taken to achieve these goals. Ask them what steps they like to do in the future or to continue doing. Point out that it is okay wherever they are in the process of achieving their goals and that progress is sometimes slow. Emphasise that the end of the AIR Therapy does not mean they cannot continue to work on their goals. Remind them that thinking of the goals and the things they have already achieved can help with staying motivated.

#### **MODULE SIX KEY LEARNING**

Understand self-compassion and self-care and develop skills of how to practice it. Making healthy choices that are aligned with the young people's values. Reflecting on the progress made throughout the AIR Therapy and future goals to work towards to. Bring the intervention to an end safely.

# APPENDIX

The following resources along with other relevant fact sheets are available on the [Project Air website](http://www.projectairstrategy.org).

<b>Care Plan</b>			
<b>Name:</b> _____ <b>Clinician Name:</b> _____			
<b>My main therapeutic goals and problems I am working on</b> (1) In the short term  (2) In the long term			
<b>My crisis survival strategies</b> Warning signs that trigger me to feel unsafe, distressed or in crisis  Things I can do when I feel unsafe, distressed or in crisis that won't harm me  Things I have tried before that did not work or made the situation worse  Places and people I can contact in a crisis: <b>Lifeline: 13 11 14    Emergency: 000    Kids Helpline: 1800 551 800    Local Service:</b>			
<b>My support people</b> (e.g. partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP)			
<b>Name</b>	<b>Contact Details</b>	<b>Role in My Care</b>	<b>OK to Contact?</b>
<b>Signature:</b> _____ <b>Clinician's Signature:</b> _____ <b>Date:</b> _____ <b>Date of next review:</b> _____ <b>Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)</b>		<a href="http://www.projectairstrategy.org">www.projectairstrategy.org</a>	



## Self Help



### Dropping Anchor

Sometimes during distressing or crisis situations we may feel that we're caught in an emotional "storm" – tossed around by the waves and wind (i.e., our distressing thoughts and emotions) and unable to see and think clearly.

Grounding is a mindfulness technique that helps us bring our attention to the present moment. When we feel overwhelmed by our feelings and thoughts, we may lose track of our surroundings. Mindfulness helps us to reconnect to the present moment. It's about taking a moment to pause and check-in with ourselves. Though it can be very difficult to engage in mindfulness during times of distress or crisis, it is a helpful skill to practice and our capacity to use this technique will increase.

You can think of this practice as similar to a boat dropping anchor during a storm. Although dropping anchor won't necessarily make the storm pass, it does provide safety for the boat until conditions are calmer. Practicing this skill over time can help us feel more stable and improve our ability to handle stressful situations.

Follow the instructions below to '*drop an anchor*' when you notice yourself getting overwhelmed by your emotions and thoughts:

1. *Pause for a moment* to re-orient yourself with your surroundings
2. Take slow *deep breaths*, noticing how your chest rises and falls with each breath
3. Firmly *plant your feet* into the ground, feeling the muscles in your legs tense up
4. *Stand or sit up straight*, feeling the muscles in your back contract
5. Then look around you and describe *three things that you can see*
6. Listen to the sounds that might be present and describe *three things that you can hear*
7. *Repeat* the exercise until you feel more calm or grounded

Remember that it is normal for your attention to wander, and when you notice this happening gently turn your attention back to the exercise. You might find that practicing this exercise doesn't make all of the distressing thoughts and feelings go away – that's ok. See if you can create just a little bit of space between yourself and your distress. You may also notice yourself making judgements. This is a common and almost automatic response. If this happens, simply notice that a judgement has been made and gently bring your attention back to whatever it is that you are observing.





## Self Help



### Five Things

When experiencing strong emotions and thoughts, we can sometimes get caught up in them and lose track of our surroundings. This exercise uses our five senses to help us center and ground ourselves, and can help us to be more aware of our surroundings. Using our five senses can help us to be in touch with the present moment in a non-judgmental way to get through a difficult moment.

#### Instructions:

When you notice yourself being caught up in strong emotions and thoughts, pause for a moment:

- Look around your surroundings and *name five things that you can see...*  
Notice the details of things around you, such as the colour, shape, texture, height, or width of an item.
- Listen to the sounds that are around you, and *name four things that you can hear...*  
You might hear the sound of air conditioning, birds, wind, or your own stomach. Depending on where you are you might have to listen very carefully.
- Now turn your attention to things that are in contact with your body and *name three things that you can touch or feel...*  
These could be the feeling of your body sitting in a chair, the feeling of the clothes you are wearing, the weight of your hair on your back, or the grass under your feet.
- Now turn your attention to the smells in your environment, and *name two things that you can smell...*  
You might notice the smell of flowers, trees, food, candles or simply fresh air.
- Now focus on things that you can taste, and *name one thing that you can taste...*  
This could be the toothpaste from brushing your teeth or food or drink that you just had.

As you notice each sense, try to describe what you notice with as much detail as possible, as this will assist to focus attention on the activity. Remember that it is normal for your attention to wander, and when you notice this happening gently turn your attention back to the exercise. You may also notice yourself making judgements (e.g., becoming irritated by a noise). This is a common and almost automatic response. If this occurs just notice that a judgement has been made, and bring your attention back to what you are observing (e.g., "I heard a loud noise"). Try to foster a sense of curiosity towards the present moment.



## Self Help

### A mindfulness activity you might like: **Blowing Bubbles**

Mindfulness skills help to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. We want any thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') and physical sensations (e.g. 'I feel sick') that come up in this activity to float away, using your mind. Make your thoughts to be like bubbles. Follow the instructions of this short mindfulness activity.

Start by sitting upright in your chair, putting your hands comfortably on your lap. If you want to, close your eyes. Remember that your task is to simply observe any thoughts, feelings, sensations or urges that you may experience in your body.

I want you to imagine that you are standing in the middle of a large open field blowing bubbles. Take a few moments to observe what is going on around you and what is happening within you. Remember observing is just looking around, it is not attempting to label, describe or respond in any way.

**... stay quiet for 20 seconds**

Now start to describe what you see around you. Describe something, then give that description to one of the bubbles and allow that bubble to float away. Describe another thing you see, and put that description on a bubble and blow it away. Keep doing this for a moment while you remain standing in the field.

**... stay quiet for 20 seconds**



Now, slowly bring your attention to yourself, and start describing things that are happening within you - thoughts, feelings, urges and physical sensations. Each time you notice one of these, describe it with one of these four labels (a thought, a feeling, an urge, a physical sensation), put the description on a bubble and let the bubble float away from you up into the sky. Sometimes bubbles pop, enjoy that experience.

**... stay quiet for 20 seconds**

If you notice your mind wandering off, gently notice where your mind was, what you were thinking about, describe this distraction, put it on a bubble and let the bubble float away.

**... stay quiet for 2 minutes**

Now slowly bring your focus back into the room. Feel yourself sitting on the chair, listen to any sounds in the room... and in your own time begin to open your eyes.

---

#### **Practice this activity often**

Allowing your distracting thoughts, feelings, urges and physical sensations to float away, helps you calm the mind. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to float away on a bubble. A calm mind allows you to focus on what is important for you right now, today.





## Self Help

### A mindfulness activity you might like: Sushi Train

Sometimes we can get caught up by the thoughts our mind is telling us. We can sometimes even believe a thought is a fact simply because our mind keeps bringing it up. This can result in us trying to push the thought away, doing things to try and stop the thought, or spending a lot of time worrying about the thoughts. The analogy below can be a useful way to understand our unhelpful negative thinking patterns or ruminations.

Have you ever been to a sushi train or know what it is? So the food goes round and round and you pick which food you want. Is there anything that you wouldn't eat on a sushi train – perhaps raw eel?

Some thoughts are also a bit like this. Just because they are in our head, doesn't make them true and doesn't mean that we have to buy into them, just like you wouldn't buy the raw eel. You can simply observe the thoughts and allow them to continue on the sushi train.

What would happen at the end of the day if nobody bought the raw eel sushi? They may not make as much the next day. And what if nobody bought it the next day? They may make less again, because they know that people used to buy the raw eel, so they wouldn't take it straight off the menu.

What if nobody bought the raw eel by the end of the week? They'd probably take it off the menu. What would be the point of serving something up each day if nobody buys it?

Well unhelpful thoughts are a bit like that too. The less you buy into them, the less of them that float around in your head, and then eventually, if you gradually stop believing in them, stop buying them, they go away too.

But every once in a while, the owner of the sushi train may decide to try out the raw eel again. Perhaps he wonders whether it was seasonal, as he remembers that people used to buy it. So, just like that every once in a while these unhelpful thoughts might pop up again. This doesn't mean that you're back to square one, it's just your brain checking in to see if you will buy into the thoughts.

#### What to do

Set aside some time to observe your thoughts. When a thought comes up you don't want to buy – put it on the sushi train and watch it go by. You might try this activity regularly. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to pass by on the sushi train. A calm mind allows you to focus on what is important for you right now, today.





## Self Help

A mindfulness activity you might like:

### Leaves on a Stream

Mindfulness skills help to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. We want any thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') and physical sensations (e.g. 'I feel sick') that come up in this activity to float away, using your mind. Make your thoughts to be like leaves on a stream. Follow the instructions of this short mindfulness activity.



Start by sitting upright in your chair, putting your hands comfortably on your lap. If you want to, close your eyes. Remember that your task is to simply observe any thoughts, feelings, sensations or urges that you may experience in your body.

I want you to imagine that you are standing on a bridge above a stream. Floating on the stream are leaves from the surrounding trees. This may be a stream that you have actually been to before, or one that you have near your house, or it may be one that you just imagine. Take a few moments to observe what is going on around you and what is happening within you. Remember observing is just looking around, it is not attempting to label, describe or respond in any way.

**... stay quiet for 20 seconds**

Now I want you to label what you observe without letting judgments get in your way. For each observation that you make, I want you to label it as a thought, feeling, urge or physical sensation, put it on one of the leaves and let it float off down the stream. So you may have a thought about something, label it as a thought, put it on a leaf and watch it float away downstream.

**... stay quiet for 20 seconds**



Other things you might observe are body sensations, feelings you are experiencing, or distractions going on around you in the room, label each one, put it on a leaf and let it drift down the stream.

**... stay quiet for 20 seconds**

The important thing to remember is not to go down the stream with the leaf, but rather to stand back and let the leaf drift off.

**... stay quiet for 20 seconds**

If you notice your mind wandering off, gently notice where your mind was, what you were thinking about, describe this distraction, put it on a leaf and watch it float away downstream.

**... stay quiet for 2 minutes**

Now slowly bring your focus back to the room. Feel yourself sitting on the chair, listen to any sounds in the room... and slowly in your own time begin to open your eyes.

---

#### Practice this activity often.

Allowing your distracting thoughts, feelings, urges and physical sensations to float away, helps you calm the mind. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to float away on a leaf on a stream. A calm mind allows you to focus on what is important for you right now, today.



## Self Help

### A mindfulness activity you might like: Rhythms and Sounds

Mindfulness skills help us to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. When developing mindfulness skills it is best to do these regularly and increase the duration of the task over time. The ideas here practice the core aspects of traditional mindfulness - observing, being one-minded, effective and participating in the moment. You can practice these mindfulness activities in a group or with a friend.

#### Keeping the Rhythm

Begin with a rhythm (for example two claps). The next person then repeats the rhythm (two claps) and adds an additional rhythm (for example a foot stomp). The next person repeats this rhythm (two claps and a foot stomp) and adds an additional rhythm (for instance taps chair). The rhythm is passed on from person to person, adding rhythms as you go. The activity starts from the beginning if someone forgets a rhythm.

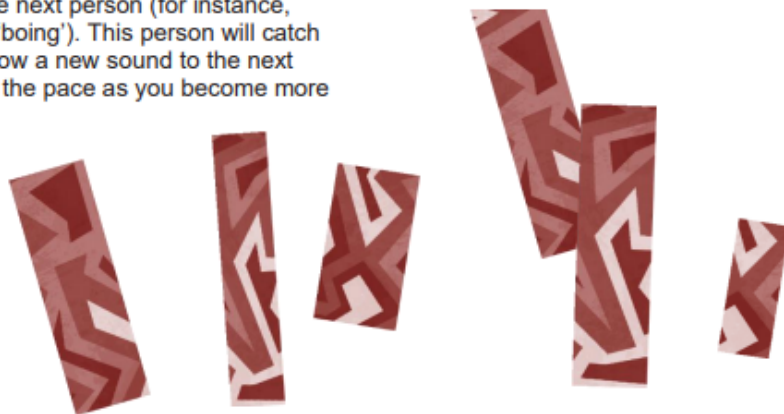
#### Throwing and catching sounds

Start the activity by throwing a sound to another person (for instance, throw the sound by using hand movements as if throwing a ball while saying the sound 'buzz'). The person catches this sound (using hand movements as if catching a ball while saying 'buzz'). Now, this person throws a new sound to the next person (for instance, throws the sound 'boing'). This person will catch this sound and throw a new sound to the next person. Speed up the pace as you become more practiced.

#### Take some time to reflect on your experience

Some people first notice some anxiety. Often this goes away quickly as they focus on the activity. Other people do not notice any thoughts, feelings or urges because the activity distracts them. The more you do this activity, the less anxious, more capable and more focused you become. The more you practice mindfulness, the more skilled you become! The skill of mindfulness can help you in other areas of your life.

When you are ready, try the activity again. Did you notice any difference in your experience?







## Self Help

### Making and Using a Sensory Box

Our five senses (sight, sound, smell, taste and touch) play a major role in helping us understand, communicate and react to our environment. When experiencing strong emotions or during times of crisis, we may become overwhelmed. Stimulating our five senses can help us to soothe ourselves and may help us stay present in the moment.

Sensory boxes are designed to be available when you experience heightened emotions or difficult thoughts, so preparing a box in advance may be helpful. Examples of items you may wish to place in the sensory box include;

- **Sight:** Photos of friends, family or pets, pictures of places you have visited or would like to visit, affirmation cards, crystals or rocks with interesting colours, coloured papers and pens, paints with water
- **Sound:** Music player and headphones, flute, a bell, ukulele, rattle or drum
- **Smell:** Perfume, essential oils, candles, herbs such as lavender or rosemary, popping corn
- **Taste:** Herbal teas, favourite sweets or snacks, peppermints, lozenges, citrus, jellies or licorice
- **Touch:** Soft toys, scarf, stress ball, slime, bubble wrap, kinetic sand, playdough, drift wood, shells or stones from a beach or creek

When engaging with the sensory box, enjoy the experience and become absorbed in doing something you enjoy. Mindfully engage with each of the items in your sensory box, and describe internally what you see, hear, smell, taste or feel. Some people find self-soothing hard and may avoid being nice to themselves. If you engage in self-soothing and notice harsh, judgmental thoughts or difficult emotions arise, gently acknowledge them, and then return to trying to stay mindfully connected to the experience of being immersed in the box and the activities that appeal to you. Remember that it is normal for your attention to wander, and when you notice this happening gently turn your attention back to what you are doing.





## Self Help

### Managing anger

Anger is a normal human emotion that we all experience at times. Anger is a signal worth listening to. It can tell you when something isn't right or energise you into getting things done. However, it can also arise in situations that stir up past hurts and may get out of control. It can also lead to further problems and interfere with how you're feeling about yourself and your relationships.

You can't avoid people or things that make you angry. However, you can learn to manage how you react in these situations. Here are some tips for managing anger that you may find helpful:

#### Cool down

In the heat of the moment, you may say the first thing that comes to mind. This can sometimes make the situation worse and you may later regret it. If you feel yourself becoming angry, do something to 'cool down'. Count to 50 or 100, engage in a different activity and revisit the situation when you feel calmer.

#### Take some time out

When feeling angry, it's not uncommon to be flooded with unhelpful thoughts. You may also find yourself jumping to conclusions, which you recognise as less realistic as time passes and you feel calmer. Take some time out. Go for a walk, turn on the television or read a book or newspaper.

#### Self-talk

You may be feeling overwhelmed and down about the situation. Instead of telling yourself "This is terrible and can't be fixed", try saying "It's frustrating and I feel upset and angry about it, but it's not the end of the world".

#### Finding the right words

You may have been treated unfairly and want to hit out in anger. Violence is never OK. Find words to express how you feel. Talk to someone you can trust about what's underneath the anger such as feeling hurt, upset or disappointed.

#### Use relaxation techniques or deep breathing

Practice relaxation techniques such as deep breathing and use imagery to visualise a relaxing scene. This can help to ease some of your feelings and give you much needed space from feeling angry.

If you feel your anger is getting out of control or is impacting on your relationships, or other important areas of your life, talk to your doctor or mental health clinician and ask them to help you learn new ways to handle it.



## Self Help

### Managing distress

Feeling distressed or in crisis can be really difficult. Although many people will experience some kind of hardship during their life, it's easy to feel confused and overwhelmed when you're going through it.

#### What can help?

##### Get some support

Talk to someone you trust about how you're feeling. This can help you feel supported and listened to. If things start to feel too much, talk to your GP or health care professional. Ask them to help you find new ways to manage difficult times.

##### Find ways to distance yourself from difficult thoughts and feelings

It can be useful to distance yourself from situations that are making things worse. See if any of the following help:

- **Activities**  
Engage in an activity that you like. Go to the movies, do some exercise, or read a book.
- **Contributing**  
Focus on doing something for someone else. Volunteer at your local animal shelter or help someone in need.
- **Take time out**  
Create physical or mental distance from the situation or person that's bothering you.
- **Alleviate some of the stronger feelings**  
Hold ice, squeeze a rubber ball or listen to loud music.

#### Find ways to look after yourself

Be kind to yourself in moments of distress. There is a lot of research showing the benefits of engaging your '5 senses':

- **What you see**  
Focus your vision on something you find soothing, for example, the flame of a candle, a flower, the waves in the ocean, or look at the stars.
- **What you hear**  
Listen to sounds that you find soothing, for example, beautiful music, running water, sounds of nature (including birds, waves, rainfall), or sing a favourite tune.
- **What you smell**  
Try using your favourite smells to soothe yourself, for example, light a scented candle, bake biscuits or smell the ocean breeze.
- **What you taste**  
Chew or eat something that you love. Take a moment to really taste what you have chosen to eat or drink. Notice what it feels like to enjoy eating something.
- **What you touch** Take a bubble bath, put on textured clothing, brush your hair or stroke a pet.

Best of all, engage in an activity that uses all or most of your senses at once, for example, sit on the beach while watching, listening to, and smelling the ocean and feel the sand between your toes.

Practise relaxation techniques such as deep breathing or visualise a relaxing scene. Imagine your feelings or emotions as a wave that comes and goes and changes in intensity over time. These activities may help you feel more alive and provide relief from your distress.





## Self Help

### Managing emotions

Experiencing strong emotions is a normal part of being human. Most people experience intense anger, sadness, anxiety or fear at some point during their life.

Sometimes it's difficult to manage strong feelings and emotions. Although we can't avoid experiencing these feelings, we can develop ways of managing them. Here are some ways to help you manage, rather than react, to strong feelings

#### Identify and name what you are feeling

This can help you understand your emotions and differentiate between different feeling states.

#### Understand why you're feeling the way you are

Think about the purpose of these feelings and emotions. For example, if you're feeling angry, see if you can identify what's driving the anger. Often it can reflect some form of hurt or perceived rejection or disappointment. Paying attention to the following can help you understand why you feel the way you do.

- name the event that prompted the emotion (e.g. my friend looked at me)
- notice how you interpreted the situation (e.g. she looked at me in a funny way, therefore, she must be angry with me)
- notice some of the physical sensations you are experiencing (e.g. tension in shoulders, heart racing, feeling hot, or a burning sensation in the face)
- notice how you behave in response to feeling angry (e.g. speak to my friend rudely or dismissively)

- notice how others respond to you and the after-effects of your emotions (e.g. friend speaks aggressively and then an argument begins, or friend withdraws and distances themselves from me when I am speaking or behaving aggressively)

Remember that some emotions are reactions to events in one's environment (e.g. feeling criticised), while other emotions are primarily due to thoughts or feelings (e.g. anger at feeling criticised).

Looking after yourself can help reduce the impact of strong emotions - eat well, get some sleep, do some exercise and avoid drugs and alcohol.

Rather than beat yourself up about how you're feeling, accept your emotions as part of who you are. Try to avoid judging your feelings as good or bad.

Take some time out. When feeling angry or afraid, it's common to say the first thing that comes into your head. Slow down. Listen to the other person and, where possible, think through what you would like to say before responding. You may need some time on your own before doing this.

It may also help to talk to your doctor or health care professional about how you're feeling.



## Self Help

### Self-harm: What is it?

Self-harm involves deliberately physically harming oneself. Often this is done in secret without others knowing and can include cutting, biting, burning, hitting, scratching or picking skin or other parts of the body.

#### Why do people self-harm?

Self-harm is often used to try and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' (if you're feeling numb) or to communicate a need for help.

People who self-harm may have been experiencing a range of problems:

- Difficulty getting along with family members or friends
- Feeling isolated or bullied by someone
- Relationship breakup
- Current or past physical, sexual or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical pain

#### Does self-harm help?

Self-harm only provides short-term relief from feeling angry, distressed, numb or overwhelmed. Although the intention may not be to really hurt yourself, it can lead to permanent scarring or damage to your body.

#### Getting help

It may seem difficult but it is important to talk to someone about your self-harm. It can help to identify what causes you to physically hurt yourself and find other, more positive, ways to manage the pain you feel inside. It can take time to sort things out. If you do self-harm and the injury won't heal or looks serious, go to the emergency department of the hospital or see your doctor. You may feel guilty or embarrassed but, if not treated, the injury may cause permanent damage or problems.

#### Who can I talk to?

Choose someone you feel comfortable with and someone you can trust. This may be a family member, friend, a teacher or nurse, a psychologist

or your local doctor. You may also need to see a mental health clinician such as a psychologist to talk through the reasons for your self-harm and find alternative ways of managing these difficult feelings. If talking to someone seems too overwhelming, write down what you want to say first and then approach someone. If you get a negative response, don't give up. Keep trying until you find someone who will listen.

#### Other ways of dealing with emotional pain

If you feel like you want to harm yourself here are a few things you can try instead:

- Exercise – go for a brisk walk or fast run to use up energy
- Distract yourself – sing loudly, dance, play music or video games, cook something you like or eat something spicy
- Relax – practice relaxation techniques like deep breathing
- Try an alternative – squeeze an ice cube, have a very cold shower, or punch or scream into a pillow
- Talk to someone about how you are feeling – finding words for feelings (rather than actions) can be difficult but may help you feel less overwhelmed
- Write a journal to keep track of your thoughts (have a look at [au.reachout.com](http://au.reachout.com))

Although the above tips are not solutions to the problem, they may help in the short-term. Again, it is important to identify the reasons for your self-harm and find alternative ways to cope and live the life you want to live. This can take time. Don't give up!

**\* If you do self-harm and the injury won't heal or looks serious, go to the emergency department of the hospital or see your doctor. You may feel guilty or embarrassed but, if not treated, the injury may cause permanent damage or problem.**





## Self Help

### Effective communication

Communicating well is a skill that requires practice. Firstly, we need to gain clarity on our thoughts, feelings and desires and then we need to communicate this in a direct, open and honest way. This helps us manage our own emotions and behaviours and maintains good relationships with others. This is not always easy. How many times have you said "It doesn't matter", when really it does? How many times have you said "I'm fine", when there was a lot you wanted to say?

#### There are four styles of communication:

1. Assertive communication involves standing up for your personal rights and expressing your thoughts, feelings and needs in a direct, honest and appropriate way that does not violate the rights of others.
2. Aggressive communication is when you express your rights in a direct but inappropriate manner that is at the expense of others and violates their rights.
3. Passive communication is behaviour that violates your own rights by not expressing honest thoughts and feelings or by doing so in such a manner that others disregard them.
4. Passive-aggressive communication is when you express your needs in an unclear and confusing manner and can often leave the other person feeling manipulated or frustrated.

Being assertive is one way to improve communication; reduce unpleasant feelings like stress, anxiety or resentment; improve self-esteem; and increase your chances of getting what you want out of life. Assertive communication demonstrates that you value your own point of view and rights, while also respecting the opinions of others. Being assertive can be frightening and sometimes even painful. It doesn't mean that you will get what you want; sometimes you will, sometimes you won't, and other times you will come to a mutually agreeable compromise.

Decide what it is you want or feel, and keep your statements simple and brief. Here's a basic formula many people have found helpful:

***I feel...***

***When you...***

***Because...***

***I want/need...***

It can be good to begin practicing this in situations where your emotions are not running too high. It is important to remember the non-verbal as well as the verbal messages you are conveying. Keep your voice calm, the volume normal, pace even, and maintain good eye contact. Also try to keep your physical tension low.

#### Helpful hints:

Try to be mindful of what you are saying and how it might be perceived.

Start with something positive. People often get quite defensive and can stop listening if you start on a negative or critical note.

Describe behaviour in neutral terms – try to avoid using emotionally loaded words like "appalling" or "disgraceful".

When expressing your feelings, use "I" statements and try to keep it simple! Like "I disagree" instead of "You're wrong".

Try to be clear about the changes you want and try not to be negative or critical. Avoid statements like "I wish you'd be more considerate".

When expressing consequences, be positive wherever possible. Negative consequences are often perceived as threats.

Avoid statements that are impossible or unenforceable.

Most importantly, say what you want to say when it is an issue. Leaving things after a problem has come up can lead to feelings building up and persisting for longer periods of time and can result in more aggressive responses.

## REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Andrews, G., Cuijpers, P., Craske, M. G., McEvoy, P., & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. *PloS one*, *5*(10), e13196.
- Australian Psychological Society. (2007). *APS Code of Ethics*. Australian Psychological Society.
- Bach, B., Sellbom, M., Kongerslev, M., Simonsen, E., Krueger, R. F., & Mulder, R. (2017). Deriving ICD-11 personality disorder domains from dsm-5 traits: initial attempt to harmonize two diagnostic systems. *Acta Psychiatrica Scandinavica*, *136*(1), 108-117.
- Bailey, R. C., Knowles, N. G., & Grenyer, B. F. (2024). Efficacy and recommendations for the delivery of telehealth psychotherapy for people with personality disorder. *Australasian Psychiatry*, *32*(2), 125-134.
- Balaratnasingam, S., & Janca, A. (2017). Culture and personality disorder: a focus on Indigenous Australians. *Current opinion in psychiatry*, *30*(1), 31-35.
- Bateman, A. W., Gunderson, J., & Mulder, R. (2015). Treatment of personality disorder. *The Lancet*, *385*(9969), 735-743.
- Becker, D. F., Grilo, C. M., Edell, W. S., & McGlashan, T. H. (2002). Diagnostic efficiency of borderline personality disorder criteria in hospitalized adolescents: comparison with hospitalized adults. *American Journal of Psychiatry*, *159*(12), 2042-2047.
- Bernstein, D. P., Cohen, P., Velez, C. N., Schwab-Stone, M., Siever, L. J., & Shinsato, L. (1993). Prevalence and stability of the DSM-III-R personality disorders in a community-based survey of adolescents. *The American Journal of Psychiatry*, *150*(8), 1237-1243.
- Chabrol, H., Montovany, A., Chouicha, K., Callahan, S., & Mullet, E. (2001). Frequency of borderline personality disorder in a sample of French high school students. *The Canadian Journal of Psychiatry*, *46*(9), 847-849.
- Chanen, A. M., Jackson, H. J., McCutcheon, L. K., Jovev, M., Dudgeon, P., Yuen, H. P., Germano, D., Nistico, H., McDougall, E., Weinstein, C., Clarkson, V., & McGorry, P. D. (2009). Early intervention for adolescents with borderline personality disorder: quasi-experimental comparison with treatment as usual. *Australian & New Zealand Journal of Psychiatry*, *43*(5), 397-408.

- Chanen, A. M., Jackson, H. J., McGorry, P. D., Allot, K. A., Clarkson, V., & Yuen, H. P. (2004). Two-year stability of personality disorder in older adolescent outpatients. *Journal of Personality Disorders, 18*(6), 526-541.
- Chanen, A. M., & Thompson, K. N. (2018). Early intervention for personality disorder. *Current Opinion in Psychology, 21*, 132-135.
- Christensen, H., Batterham, P. J., & O’Dea, B. (2014). E-health interventions for suicide prevention. *International Journal of Environmental Research and Public Health, 11*(8), 8193-8212.
- Cooper, L. D., & Wieckowski, A. T. (2017). A structured approach to reflective practice training in a clinical practicum. *Training and Education in Professional Psychology, 11*(4), 252-259.
- Cristea, I. A., Gentili, C., Cotet, C. D., Palomba, D., Barbui, C., & Cuijpers, P. (2017). Efficacy of psychotherapies for borderline personality disorder: a systematic review and meta-analysis. *Jama Psychiatry, 74*(4), 319-328.
- Greenfield, B., Henry, M., Lis, E., Slatkoff, J., Guilé, J. M., Dougherty, G., Zhang, X., Raz, A., Arnold, L. E., Daniel, L., Mishara, B. L., Koenekoop, R. K., & de Castro, F. (2015). Correlates, stability and predictors of borderline personality disorder among previously suicidal youth. *European Child & Adolescent Psychiatry, 24*, 397-406.
- Grenyer, B. F. (2014). An integrative relational step-down model of care: the project air strategy for personality disorders. *The ACPARIAN, 9*, 8-13.
- Grenyer, B. F., Jenner, B. A., Jarman, H. L., Carter, P., Bailey, R. C., & Bargenquast, R. (2015). Brief intervention manual for personality disorders. University of Wollongong, Illawarra Health and Medical Research Institute.
- Grenyer, B. F., Lewis, K. L., Fanaian, M., & Kotze, B. (2018). Treatment of personality disorder using a whole of service stepped care approach: a cluster randomized controlled trial. *PloS One, 13*(11), e0206472.
- Grenyer, B. F., Ng, F. Y., Townsend, M. L., & Rao, S. (2017). Personality disorder: a mental health priority area. *Australian & New Zealand Journal of Psychiatry, 51*(9), 872-875.
- Guilé, J. M., Zavaglia, E., Berthiaume, C., & Bergeron, L. (2021). Prevalence and comorbidity of borderline personality traits in the Quebec general population aged 12–14 years. *Social Psychiatry and Psychiatric Epidemiology, 56*, 2053-2062.
- headspace National Youth Mental Health Foundation (2022). *Family inclusive practice handbook* [Handbook]. [https://headspace.org.au/assets/download-cards/FamilyInclusivePracticeHandbook\\_Revised.pdf](https://headspace.org.au/assets/download-cards/FamilyInclusivePracticeHandbook_Revised.pdf)
- Hedman, E., Andersson, G., Ljótsson, B., Andersson, E., Rück, C., Mörtberg, E., & Lindfors, N. (2011). Internet-based cognitive behavior therapy vs. cognitive

- behavioral group therapy for social anxiety disorder: a randomized controlled non-inferiority trial. *PloS One*, 6(3), e18001.
- Houston, K., Hawton, K., & Shepperd, R. (2001). Suicide in young people aged 15–24: a psychological autopsy study. *Journal of Affective Disorders*, 63(1-3), 159-170.
- Jackson, H. J., & Burgess, P. M. (2000). Personality disorders in the community: a report from the Australian National Survey of Mental Health and Wellbeing. *Social Psychiatry and Psychiatric Epidemiology*, 35, 531-538.
- Johansson, R., Sjöberg, E., Sjögren, M., Johnsson, E., Carlbring, P., Andersson, T., Rousseau, A., & Andersson, G. (2012). Tailored vs. standardized internet-based cognitive behavior therapy for depression and comorbid symptoms: a randomized controlled trial. *PloS One*, 7(5), e36905.
- Kilian, A., & Williamson, A. (2018). What is known about pathways to mental health care for Australian Aboriginal young people?: a narrative review. *International Journal for Equity in Health*, 17(1), 1-9.
- Knafo, A., Guilé, J. M., Breton, J. J., Labelle, R., Belloncle, V., Bodeau, N., Boudailliez, B., Garny de la Rivière, S., Kharij, B., Mille, C., Morkovic, B., Prispis, C., Renaud, J., Vervel, C., Cohen, D., & Gérardin, P. (2015). Coping strategies associated with suicidal behaviour in adolescent inpatients with borderline personality disorder. *Canadian Journal of Psychiatry*. 60(2), 46-54.
- Leung, S. W., & Leung, F. (2009). Construct validity and prevalence rate of borderline personality disorder among Chinese adolescents. *Journal of Personality Disorders*, 23(5), 494-513.
- Lewis, S. P., Heath, N. L., Michal, N. J., & Duggan, J. M. (2012). Non-suicidal self-injury, youth, and the Internet: What mental health professionals need to know. *Child and Adolescent Psychiatry and Mental Health*, 6, 1-9.
- Linehan, M. M. (1993). *Cognitive-Behavioural Treatment of Borderline Personality Disorder*. Guilford.
- McCutcheon, L. K., Chanen, A. M., Fraser, R. J., Drew, L., & Brewer, W. (2007). Tips and techniques for engaging and managing the reluctant, resistant or hostile young person. *Medical Journal of Australia*, 187(7), 64-S67.
- National Health and Medical Research Council. (2012). *Clinical Practice Guideline for the Management of Borderline Personality Disorder*. National Health and Medical Research Council.
- Pretorius, N., Arcelus, J., Beecham, J., Dawson, H., Doherty, F., Eisler, I., ... & Schmidt, U. (2009). Cognitive-behavioural therapy for adolescents with bulimic symptomatology: the acceptability and effectiveness of internet-based delivery. *Behaviour research and therapy*, 47(9), 729-736.

- Rameckers, S. A., Verhoef, R. E., Grasman, R. P., Cox, W. R., van Emmerik, A. A., Engelmoer, I. M., & Arntz, A. (2021). Effectiveness of psychological treatments for borderline personality disorder and predictors of treatment outcomes: a multivariate multilevel meta-analysis of data from all design types. *Journal of Clinical Medicine*, *10*(23), 5622.
- Reis, S., Matthews, E. L., & Grenyer, B. F. (2020). Characteristics of effective online interventions: implications for adolescents with personality disorder during a global pandemic. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, *23*(3), 488.
- Richardson, T., Stallard, P., & Velleman, S. (2010). Computerised cognitive behavioural therapy for the prevention and treatment of depression and anxiety in children and adolescents: a systematic review. *Clinical Child and Family Psychology Review*, *13*, 275-290.
- Sharp, C., Green, K. L., Yaroslavsky, I., Venta, A., Zanarini, M. C., & Pettit, J. (2012). The incremental validity of borderline personality disorder relative to major depressive disorder for suicidal ideation and deliberate self-harm in adolescents. *Journal of Personality Disorders*, *26*(6), 927-938.
- Storebø, O. J., Stoffers-Winterling, J. M., Völlm, B. A., Kongerslev, M. T., Mattivi, J. T., Jørgensen, M. S., Faltinsen, E., Todorovac, A., Sales, C. P., Callesen, H. E., Lieb, K., & Simonsen, E. (2020). Psychological therapies for people with borderline personality disorder. *The Cochrane Database of Systematic Reviews*, *5*, CD012955.
- Stoyanov, S. R., Hides, L., Kavanagh, D. J., & Wilson, H. (2016). Development and validation of the user version of the Mobile Application Rating Scale (uMARS). *JMIR mHealth and uHealth*, *4*(2), e5849.
- Townsend, M. L., Haselton, S. J., Marceau, E. M., Gray, A. S., Grenyer, B. F., & Project Air Strategy. (2018). Adolescent intervention: Guide for clinicians. University of Wollongong, Illawarra Health and Medical Research Institute.
- Tyrer, P., Reed, G. M., & Crawford, M. J. (2015). Classification, assessment, prevalence, and effect of personality disorder. *The Lancet*, *385*(9969), 717-726.
- Vigerland, S., Lenhard, F., Bonnert, M., Lalouni, M., Hedman, E., Ahlen, J., Olén, O., Serlachius, E., & Ljótsson, B. (2016a). Internet-delivered cognitive behavior therapy for children and adolescents: a systematic review and meta-analysis. *Clinical Psychology Review*, *50*, 1-10.
- Vigerland, S., Ljótsson, B., Thulin, U., Öst, L. G., Andersson, G., & Serlachius, E. (2016b). Internet-delivered cognitive behavioural therapy for children with anxiety disorders: A randomised controlled trial. *Behaviour Research and Therapy*, *76*, 47-56.

World Health Organization. (2019). *International Statistical Classification of Diseases and Related Health Problems* (11th ed.). <https://icd.who.int/>

Zanarini, M. C., Horwood, J., Wolke, D., Waylen, A., Fitzmaurice, G., & Grant, B. F. (2011). Prevalence of DSM-IV borderline personality disorder in two community samples: 6,330 English 11-year-olds and 34,653 American adults. *Journal of Personality Disorders*, 25(5), 607-619.