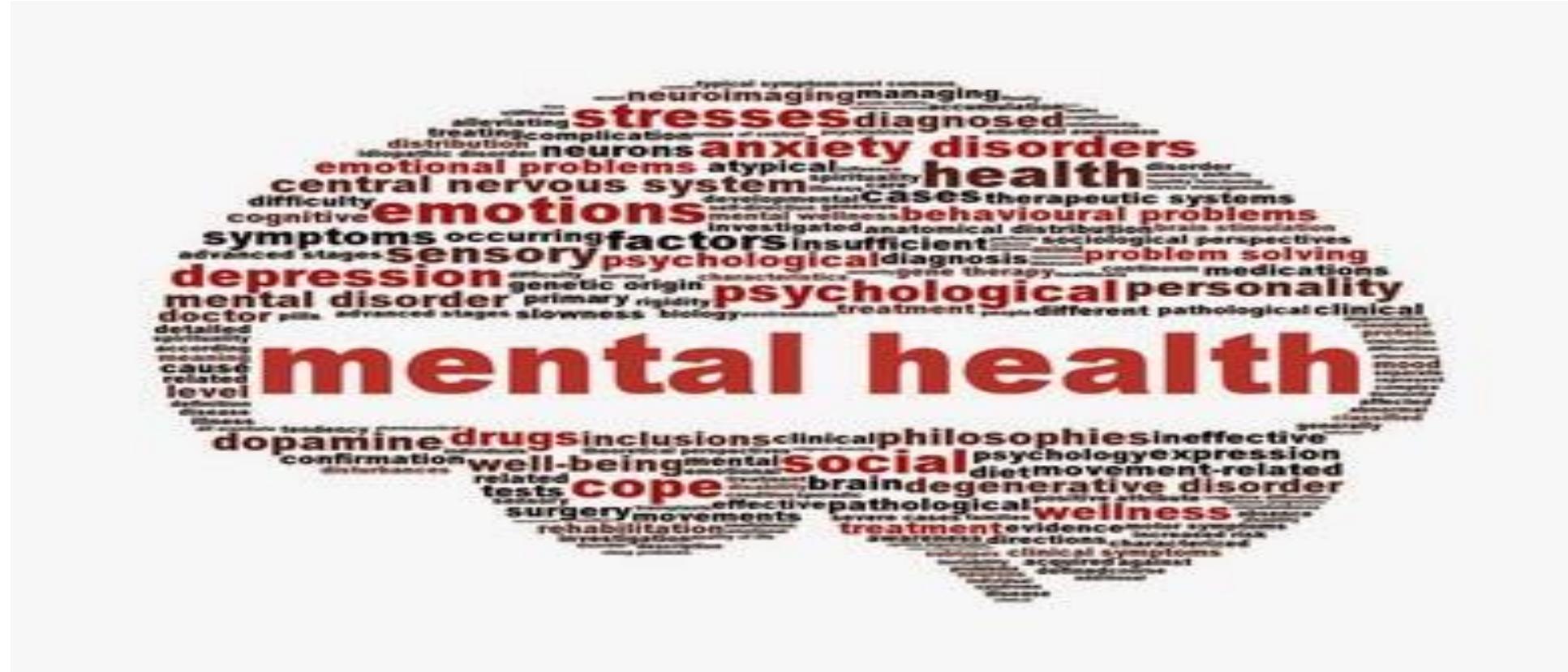




MENTAL HEALTH 101 & EMOTIONAL FIRST AID™



Gary Robinson, Ed.D., LMHC

www.P3MentalHealth.com

Let's Get to Know Each Other.....



- Choose someone as a partner in this exercise.
- Learn one or two facts about them that you wouldn't know by just looking at them.
- Come back and summarize for the group what you discovered.

Objectives

- Identify basic research findings about late adolescent/young adult mental health
- Identify areas of the brain that are developing during late adolescence/young adulthood that impact mental health
- Identify several unique descriptions of “Generation Z”
- Define what is meant by the term “mental health”
- Recognize key mental health warning signs
- Identify key concepts and approaches in Emotional First Aid TM
- Categorize levels of risk and staff response protocol using the Mental Health Pyramid
- Practice Emotional First Aid TM via role plays of students exhibiting various levels of risk

TRIGGER WARNING

The scenarios and role plays we will utilize during this workshop contain potentially distressing material as they explore examples of individuals in pain who are experiencing mental health and behavioral symptoms.

TIPS:

- It's OK to step out of the room if you need a break from the material.
- In order to modulate the intensity for yourself, try not to choose the most intense personal examples when sharing.

Your programs are non-therapeutic in nature; staff shouldn't diagnose or treat mental health disorders.

Field Staff should observe, record and report any red flags back to headquarters and apply *Emotional First Aid*™ concepts discussed in this training.

The focus should be on helping students to improve their day-to-day functioning and on finishing the program successfully, if at all possible.

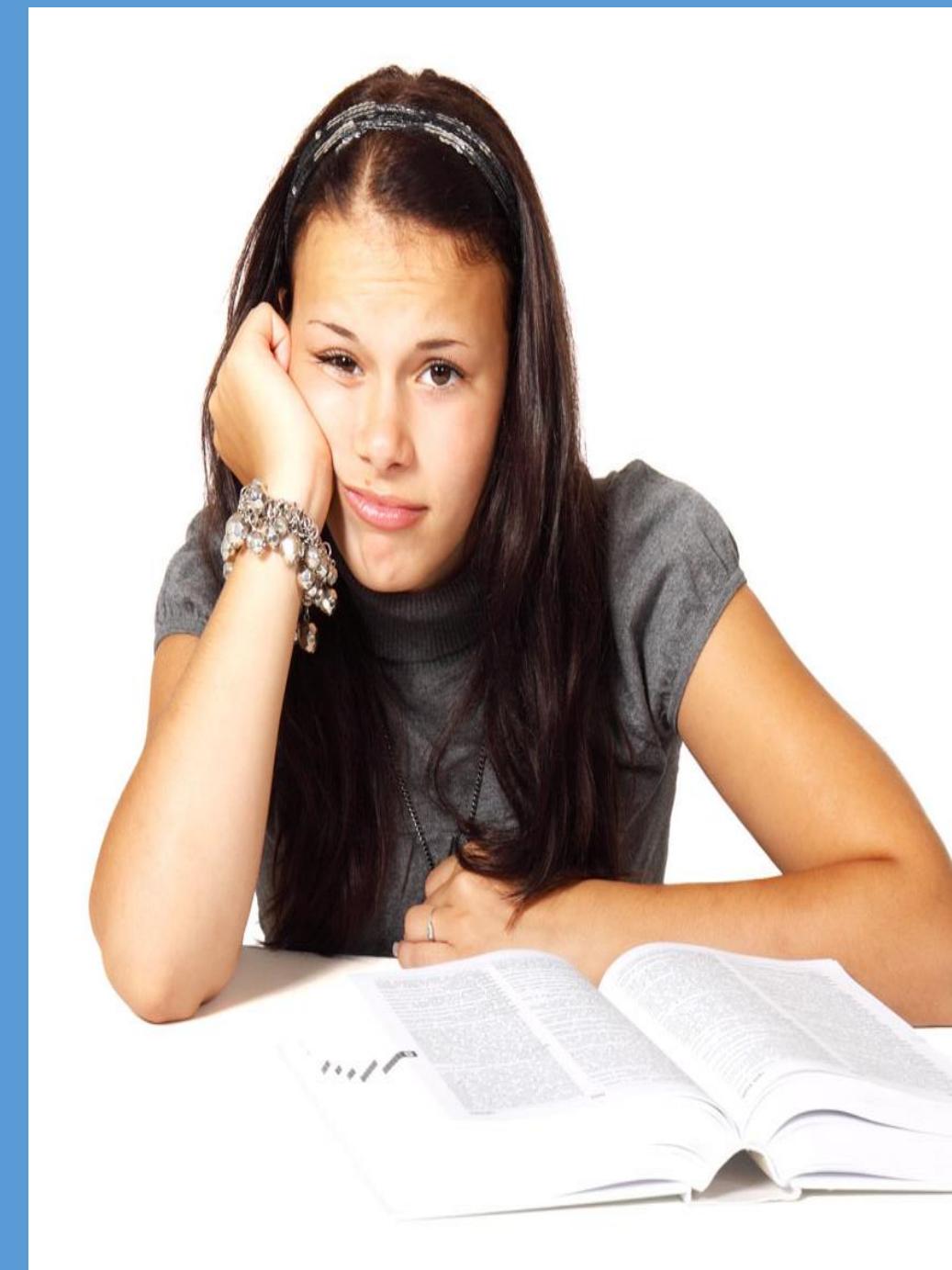
The best way to help students build resilience is to encourage them and hold them accountable to practicing good “self-care” and to build and use their “toolbox” of coping skills.

MENTAL HEALTH SCENARIO

This morning Olivia experienced her first panic attack ever. It freaked her out so much that she asked to be taken to the local hospital, thinking she was having a heart attack. The Emergency Staff took her vital signs, found they were normal and released her. On the way back, staff asked her what she thought might be going on that produced the panic attack and she responded:

“My home life is sort of crazy. My parents are divorced, I live with my Mom and my father is just a ‘bank account’. I don’t really like him and even though we don’t have a good relationship, he still expects me to spend all of my free time babysitting for his new girlfriend’s 3 year old kid.”

What would you do to optimally support her while on program?



PREVIOUS HELPING EXPERIENCE Exercise

Briefly describe a recent time in your life when you were in the role of helper. It can be a personal or professional situation.

- **What was the most rewarding part of this experience?**
- **What was the most challenging part of this experience?**



Brain Under Construction

Prefrontal Cortex

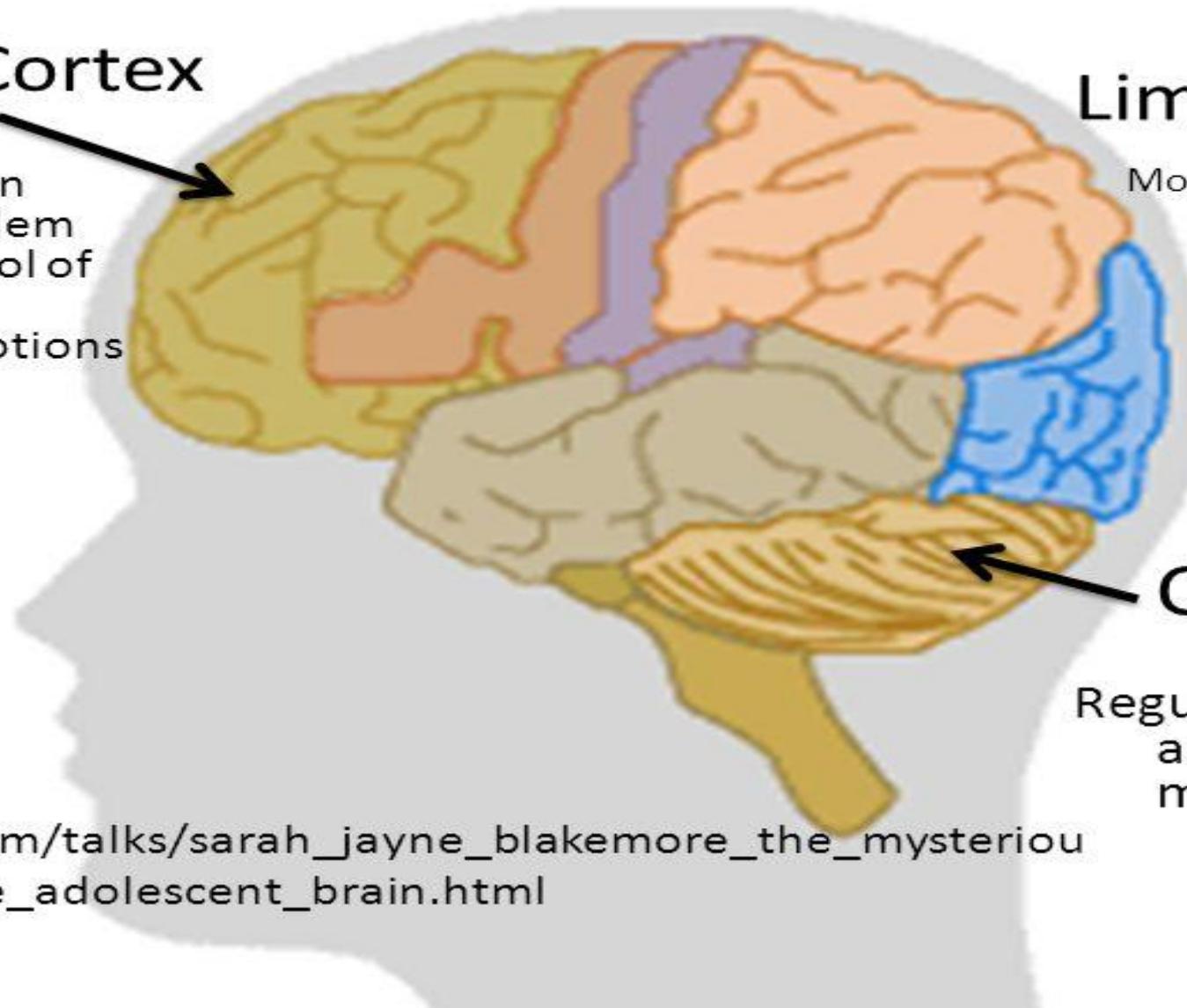
Regulates decision making, problem solving, control of purposeful behavior, emotions

Limbic System

More sensitive to stimulation "risk taking" than in the adult brain.

Cerebellum

Regulates initiation and timing of movements.



http://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain.html



Thoughts on the Brain...

- The Brain is a 3lb organ which affects the functioning of all other parts of the body.
- It has upwards of 100 billion neurons.
- Mental Health disorders are illnesses of the brain.
- Brain scans show there are clear differences between a healthy brain and a sick brain.
- Telling someone “You’re not really sick, it’s all in your head” is like telling someone with asthma, “You’re not really sick, it’s all in your lungs”.



International Exchange and the late adolescent/young adult brain

Exchange programs can be ideally suited for helping adolescents and young adults to improve their brain functioning. In both subtle and obvious ways, international programs promote what scientists who study factors affecting adolescent/early adult brain development recommend:

- Having new experiences and practicing new skills re-wires the adolescent/young adult brain for the better.
- Exposing them to new ideas and approaches, similarly, builds “neuroplasticity”----new synaptic connections.
- The adolescent/young adult brain isn’t hardwired, it’s softwired----getting adolescents/young adults out of their comfort zone is where scientists see the most growth in neuroplasticity.
- Not feeling ready to take the first step is actually the best time to re-wire the brain in positive ways. A moderate degree of anxiety regarding change in routine is healthier than too much or too little anxiety about changing one’s daily habits.
- The adolescent/young adult brain may need more exposure to natural light in order to regulate mood, sleep cycles, ability to learn new skills than was previously thought. Being in a new place often encourages students to get outside more.



**Stretch
Zone**

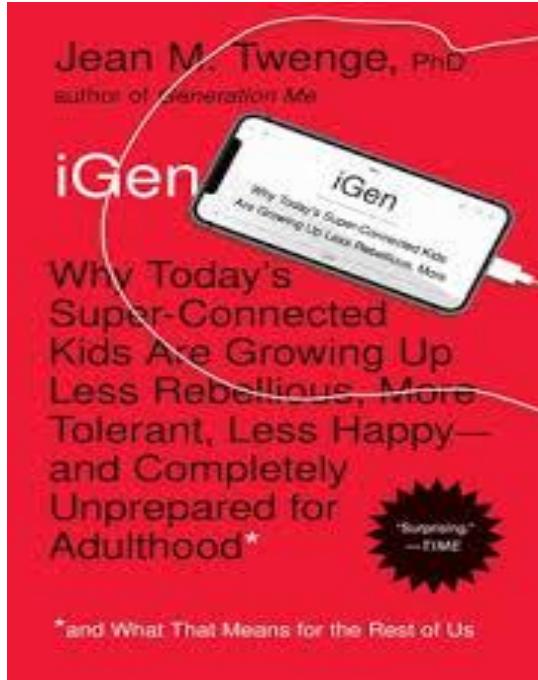
Comfort Zone

Panic Zone

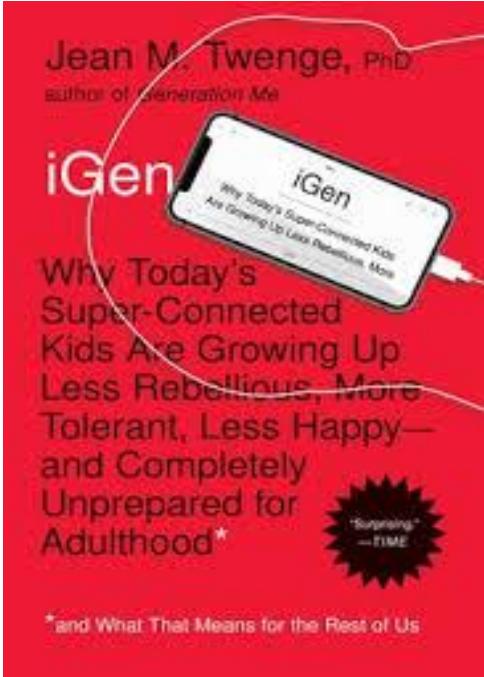


Generation Z: It's a “Perfect Storm” situation.....

- Describes those born around the year 1998 +/- to present
- Many lack resilience and coping skills (“grit”) and have higher rates of anxiety than previous generations
- Many have experienced “helicopter” parenting
- Dependence on technology (“I-Gen”)
- Face-to-face communication skills are often stunted
- Less stigma around asking for help from adults
- Improvements in mental health treatment from an earlier age have made it possible to participate on programs



“Around 2012, I noticed abrupt shifts in teen behaviors and emotional states. The gentle slopes of the line graphs became steep mountains and sheer cliffs, and many of the distinctive characteristics of the Millennial generation began to disappear. What happened in 2012 to cause such dramatic shifts in behavior? It was after the Great Recession, which officially lasted from 2007 to 2009 and had a starker effect on Millennials trying to find a place in a sputtering economy. But it was exactly the moment when the proportion of Americans who owned a smartphone surpassed 50 percent.” Jean Twenge, Ph.D.



“...iGen is distinct from every previous generation in how its members spend their time, how they behave...socialize in completely new ways...obsessed with safety and fearful of their economic futures...They are at the forefront of the worst mental health crisis in decades, with rates of teen depression and suicide skyrocketing since 2011. ... [they] are growing up more slowly: 18-year-olds now act like 15-year-olds used to, and 13-year-olds like 10-year-olds. Teens are physically safer than ever, yet they are more mentally vulnerable.”

Jean Twenge, Ph.D.

Mental Health research results.....

- More than 60% of college students said they had experienced “overwhelming anxiety” in the past year, according to a 2018 study.
- 75% of all diagnosable mental health disorders are apparent by age 24.
- Up to 1/3 of late high school and college-aged students are suffering from a diagnosable mental health disorder.
- Over 40% of college students said they felt so depressed that they had difficulty functioning.
- The median delay between the onset of red flags and treatment is 10 years.

What are the implications of these findings for the International Exchange field????

The Good News is.....

MOST students will manage their emotions in a healthy way during their exchange experience.

SOME will need your assistance in learning new coping skills or applying their usual means of coping.

A COUPLE will show ineffective/diminished coping skills and may require an early evacuation, treatment in situ and/or more intensive professional help upon completion of their exchange experience.

Goal Setting Exercise

Which of the following helping skills do you feel you need to work on the most?

- Better ability to “assess” what’s going on emotionally with a student
- Better active listening skills
- Caring confrontation
- Crisis management
- Greater understanding of specific mental health issues
(self-injury, disordered eating, suicidality, self-esteem issues, etc.)
- Other (please be specific) : _____.

A good working definition of “Mental Health”

“The psychological state of someone who is functioning at a satisfactory level of adjustment. ”

Functioning: the ability and willingness to manage in a reasonably healthy way your day-to-day thinking, moods and actions.

Satisfactory: Since no one is perfect, we are seeking “progress, not perfection”.

Adjustment: the ability and willingness to change aspects of yourself to meet the demands of a given situation.

Mental Health exists on a continuum.....

*Mental Illness --- I---I---I---I---I---I---I---I---I---I---I--- Mental Health
(Red Flags)*

- We all have “mental health issues”; it’s not a “we” vs. “they” situation.
- Our mental health depends on a subtle interplay between our genetics and environmental circumstances (nature vs. nurture) and is heavily influenced by stress levels.
- Unaddressed red flags tend to get worse over time in terms of their effect on our functioning.
- We are not at “fault” for our mental health issues but we are “responsible” for the treatment of them.
- Treatment can take many forms depending on the person and the situation: therapy, medication, coping skills and lifestyle choices.

Mental Health.....it's complicated.

- Mental Health, in that it originates in arguably the most complex organ in the body (the Brain), is often less predictable than physical health and recovery from mental health issues isn't always linear.
- The approaches we teach to help someone struggling with mental health issues are “simple, but not easy”. We need to remind ourselves that even seasoned professionals don't have all the answers and should be in a learning mode.
- Often, as a helper, your easiest approach (example: advice-giving rather than empowering students to come up with their own solutions) isn't the most helpful. So, we are comfortable teaching an approach that is simple but one that requires practice, patience and hard work.

A few ideas about your role as a helper.....

- Everyone has a story to tell. Your job is to help students tell their stories. Learning a simple (not easy) approach called *Emotional First Aid*™ will give you a general direction.
- Students may come to you to discuss painful “back stories”.
- Become more “comfortable with discomfort”.
- Be aware that being away from home can have upsides and downsides for student mental health.



Emotional First Aid™

What it is:

- Creating a supportive environment
- Role modeling healthy behavior and good self-care
- 5-step helping model
- Active listening
- “Tool Kit” of a few coping techniques
- Documenting and reporting red flag behaviors to HQ

- Therapy
- On-going counseling
- Diagnosing mental health disorders/illnesses
- Providing medical advice
- “Fixing” students’ issues for them

What it isn’t:

Just a few benefits of Emotional First Aid

- Less Anxiety
- Greater Self Confidence
- Regaining Emotional Balance
- Stress Relief
- Better Ability to Set Boundaries
- Healthier Relationships
- Better Self Control



A large, orange and black striped tiger is walking towards the camera across a dry, brown landscape. It has a thick coat with prominent stripes and a white patch on its forehead. Its eyes are focused and intense.

BIG-CAT : a 5-Step “Helping Template”

B

1. Build rapport

I

2. Identify problem(s)

G

3. Generate alternatives

CA

4. Create an Action plan

T

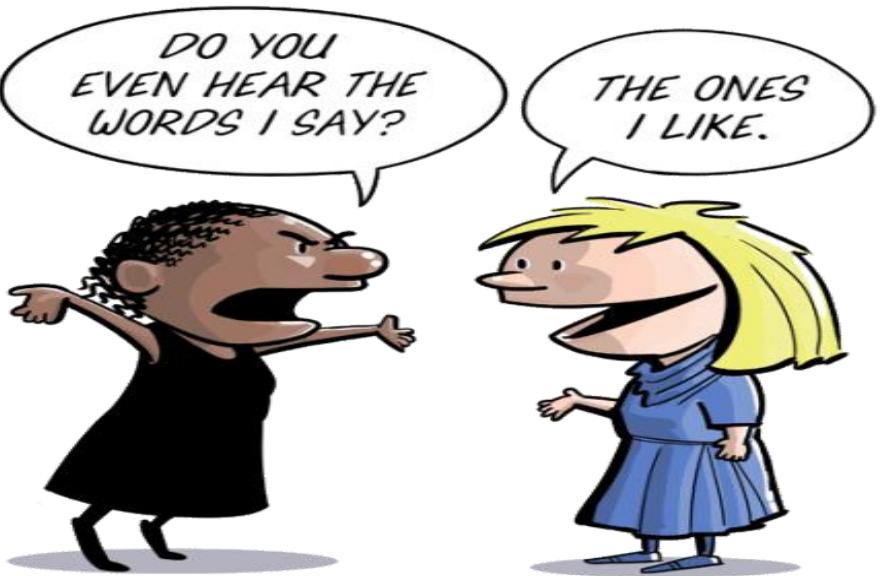
5. Transition and Follow-up

The “B” in BIG-CAT: A Deeper Dive into Building Rapport

- The “B” in BIG-CAT is the most important phase in helping; without it, you won’t be able to get to the other steps.
- As long as the situation isn’t urgent or potentially life-threatening, take your time developing rapport. A good relationship with the student will pay many dividends.
- Use varied (not fixed) eye contact, head nods, and “encouragers”.
- Reflect back what you hear to check for accuracy.
- Be Curious! Any story telling on the part of the student is better than none at all.
- Keep an open mind, an open heart, and avoid biased views.
- Another huge part of building rapport is to demonstrate a “Positive Expectancy” for them doing better going forward. Be hopeful and they will often become less demoralized.
- Always “assume a back story”. Probe for more detail. Even if there’s no major back story, you haven’t done any harm. In fact, if they go into more detail, chances are that it both helps you understand them better and helps them feel more comfortable sharing with you!

DO's and DON'Ts of ACTIVE LISTENING

- **DO show interest and concentrate your attention on the student**
- **DO validate**
- **DO try to identify problems by asking questions and rephrasing what they have said**
- **DO express empathy, not sympathy**
- **DO listen to ideas and thoughts as well as the feelings behind these**
- **DO your best to remain calm. If you stay calm, they'll tend to calm down over time too.**
- **DON'T shift attention elsewhere**
- **DON'T make judgements too quickly or jump to conclusions**
- **DON'T ask the student to defend what they are feeling**
- **DON'T argue with the student**
- **DON'T give advice**



Mental Health Red Flags

Mood / Behavior Changes

- Excessive mood swings or unexplained changes in personality (ex. aggression) or energy levels (ex. mania), excessive sleep, low/high energy

Self-Injury / Poor Coping

- Evidence of self-injury: cuts, burns, bruises, or efforts to cover these in unseasonable clothing

Substance Abuse / Risky Behavior

- Evidence of significant substance abuse or other impulse and risky behaviors

Suicidal Ideation

- Persistent feelings of worthlessness and/or suicidal thoughts, social media posting

Isolation

- Increased social withdrawal, loss of interest in others or low program motivation

Mental Health Red Flags

Drop in Functioning

- Deteriorating academic performance, quitting sports or activities, sporadic attendance, repeated requests for special consideration (late assignments, reduced course load)

Problems Thinking

- Problems with concentration, memory or logical thought and speech that are hard to explain. Irrational statements/writing and/or associated actions. Poor grasp on reality or incoherence.

Sleep or Appetite Changes

- Dramatic sleep and appetite changes or decline in personal care

Anxiety

- Consistent anxiety including panic attacks or obsessive-compulsive symptoms

Disruptive Behavior

- Excessive dependency, odd, uncharacteristic, peculiar behavior, consistently “over-sexualized” behavior

The two most common Mental Health issues in the world.....and they are related.

Depression

Frustration
Sadness
Worthlessness
Irritability
Loss of interest in normal activities
Thoughts of suicide or death
Tiredness
Disturbance in sleep or appetite

Anxiety

Trembling

Increased breathing rate

Feeling nervous or powerless

Trouble thinking, concentrating, or making decisions

Excessive worrying

Unexplained physical complaints, such as headaches or stomach aches

Agitation

High Heart rate

Sweating

Mental Health Scenario

Tereza is a student who was hospitalized for anorexia a couple of years ago and the program was aware of this from her application paperwork. In the last year, her weight stabilized at 110 pounds and her parents and therapist felt going on the program was appropriate and would help her to mature.

Unfortunately, other students have come to staff to report that they notice at every meal Tereza is spitting food out into a napkin at meals. They are complaining that this behavior is “weird and grosses us out.” When staff inquire, Tereza says:

“Well, yeah, that’s true but I’m trying not to gain weight since I’ve struggled with that stuff in the past. I sort of have to do it because I don’t want to get weak. I used to starve myself and I got down to 80 pounds; at least here I’m taking in some calories. The food here is so starchy that what I’m doing is the only way I can get some nutrition.”

How would you optimally support Tereza on the program?



Some hints to remember that will make you a better helper:

- Follow the **80-20 Rule**. The student should do about 80% of the talking compared to your 20%.
- Remember the “three magic words” of helping: **TELL ME MORE...**
 - Build comfort around choosing when it’s appropriate to **Go Wide vs. Go Deep** with a given helping encounter.

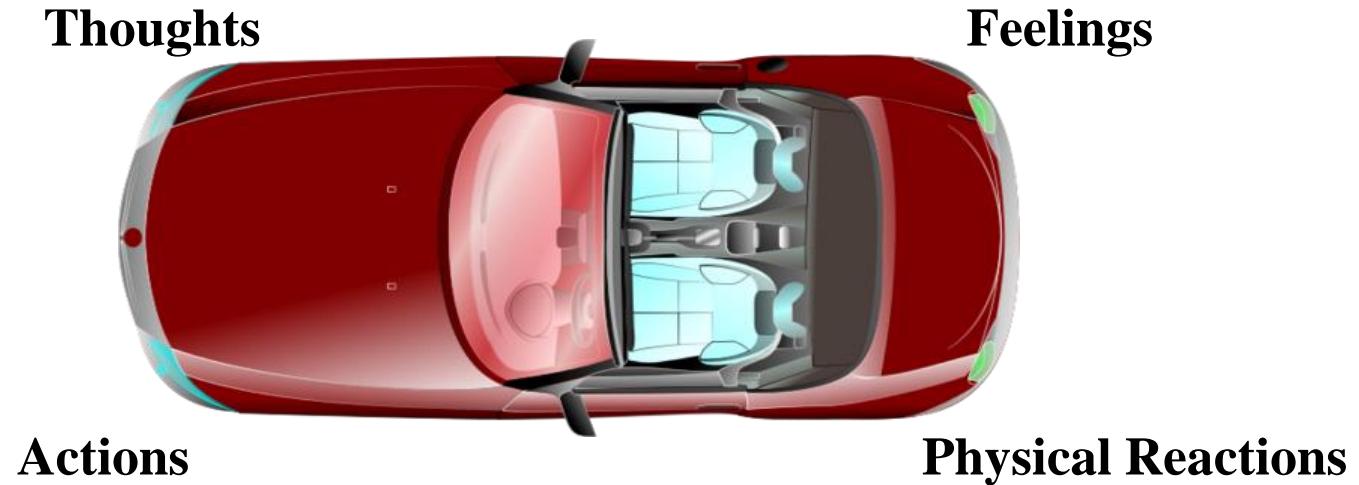
“GOING WIDE” vs. “GOING DEEP”

Build comfort around choosing when it's appropriate to “**go wide**” vs. “**go deep**” with a given helping session. “**Going Wide**” refers to directing the conversation towards facts, details, etc. (who, what, when, where). “**Going Deep**” refers to helping the student express their feelings about the situation(s) they are discussing with you. Both are legitimate and will depend on how much time you have, the situation and the degree of privacy the situation allows.

Some great “Tell Me More” questions/statements

- “What can I do to support you right now?”
- “How have you dealt with similar situations (or stressful ones in general) in the past?”
- “What are some options you could use to deal with how you’ve been feeling?”
- “Of all the options we’ve discussed, which one(s) are you willing to try?”
- “What level of support do you think you’ll need from me going forward?”
- “What’s an average day (sleep, appetite, concentration, attendance, etc.) been like for you on the program?”
- “On a scale of 1---10, rate how stressed (or sad, scared, etc.) are you feeling? How does this compare to how you typically feel?”

Glasser's "4-Part Behavior"(A CBT approach)



Example: Depression has thoughts, feelings, actions and physical reactions. We shouldn't concern ourselves with things we can't change in someone (feelings/physical reactions), only those things that we can help someone change (thoughts/actions).

Coping Skills for Struggling Students

Deep breathing,
meditation apps:
Calm, Breath2Relax,
RelaxMe

Better sleep hygiene

Family support

Biblio-Therapy:
www.getselfhelp.co.uk
Free Worksheets

Music, dance, art, etc.

“TOOL KIT” of COPING
SKILLS

Regular one-on-one
“check-ins”

Exercise

Journaling

We recommend
OutskirtsPress.com/dailybrewjournal

Peer support

Fresh air & natural light

Have you ever started a personal journal only to give up because you didn't know what to write about? Have you ever wanted to keep a journal but didn't know how to start? Well, *The Daily Brew Journal* might be just the thing for you! The authors have painstakingly created a 365-day template for writing about your thoughts and feelings as well as a nice mix of active, hands-on exercises to keep it interesting and to help you avoid "journal fatigue." So, find a comfy chair, grab your favorite hot beverage, a good pen and start journaling!



Morgan Desimone graduated from Hartwick College with a B.A. in Sociology. She was a member of the Peer Counseling program for three years and also a charter member of Hartwick's NAMI on Campus (National Alliance on Mental Illness).

During her senior year of college, she interned at Opportunities for Otsego in their Violence Intervention Program planning events to educate the community about sexual assault. Morgan is now employed as a Case Manager at Rehabilitation Support Services in Albany, New York working with chronically mentally ill individuals.

Maria Pita graduated from Hartwick College with a B.A. in Psychology and Spanish. She worked as a Peer Counselor at Hartwick for two years and was a charter member of Hartwick's NAMI on Campus (National Alliance on Mental Illness). After college graduation, she will continue her education at Long Island University with the goal of earning an M.S. in Clinical Mental Health Counseling. Maria's passion is to give back to others the way that others have given to her.

Gary Robinson, LMHC is the Director of Counseling Services at Hartwick College in Oneonta, NY, a position he has held for over twenty years. His clinical specialties include stress management, mood and anxiety disorders and life coaching/mentoring. Gary holds degrees from the University of Pittsburgh and the State University of New York. He is the co-founder of P3 Mental Health Advisors (www.P3MentalHealth.com). P3 serves in a training and crisis management consulting role to Gap Year, Study Abroad, Experiential Education and Service Learning programs.

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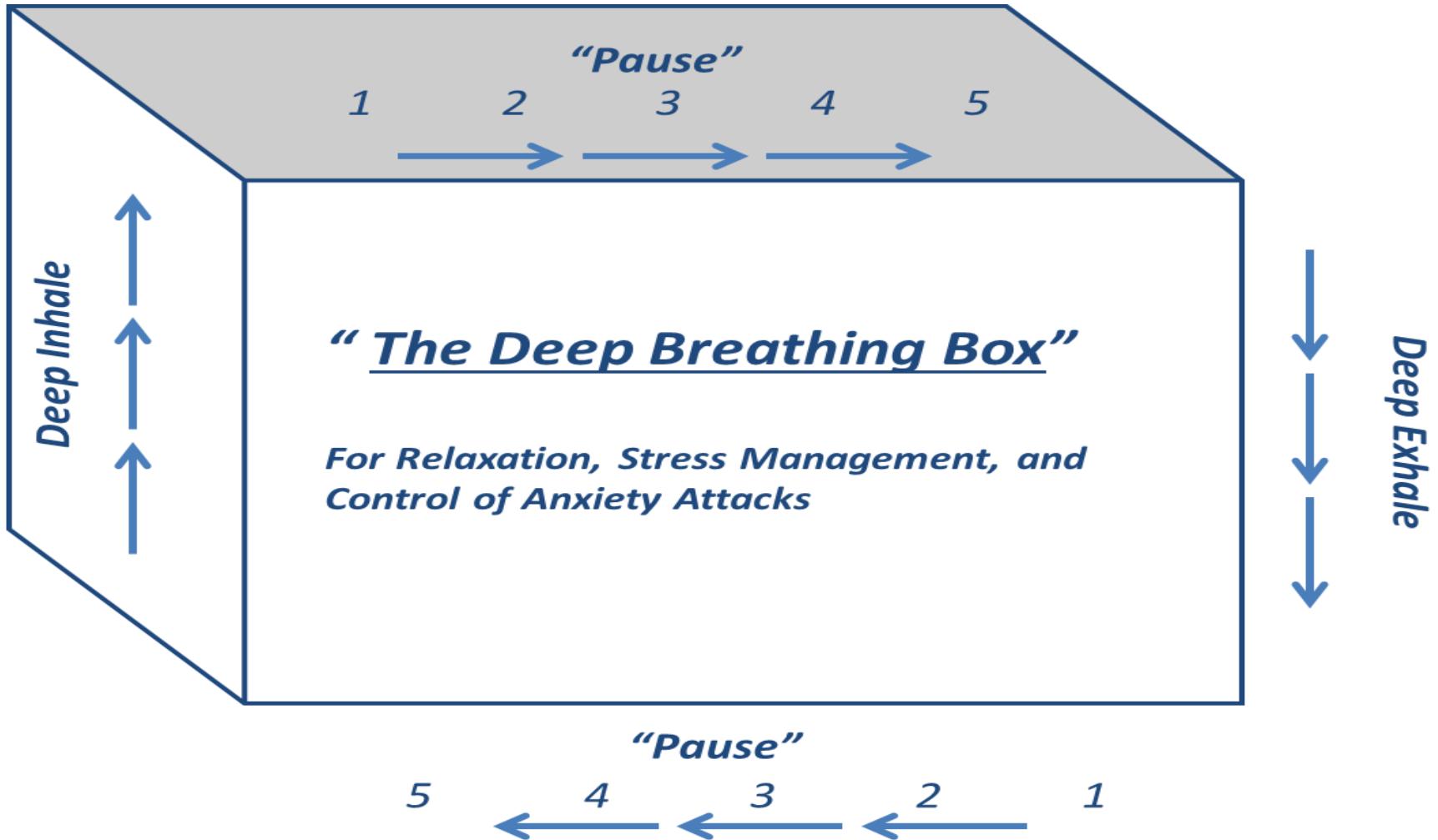
THE DAILY BREW

A 365-Day
Guided Journal



**Maria Pita, BA
Morgan Desimone, BA
Gary Robinson, LMHC**

Encourage meditation, mindfulness exercises and/or deep breathing to help reduce the frequency, severity and duration of stress reactions.



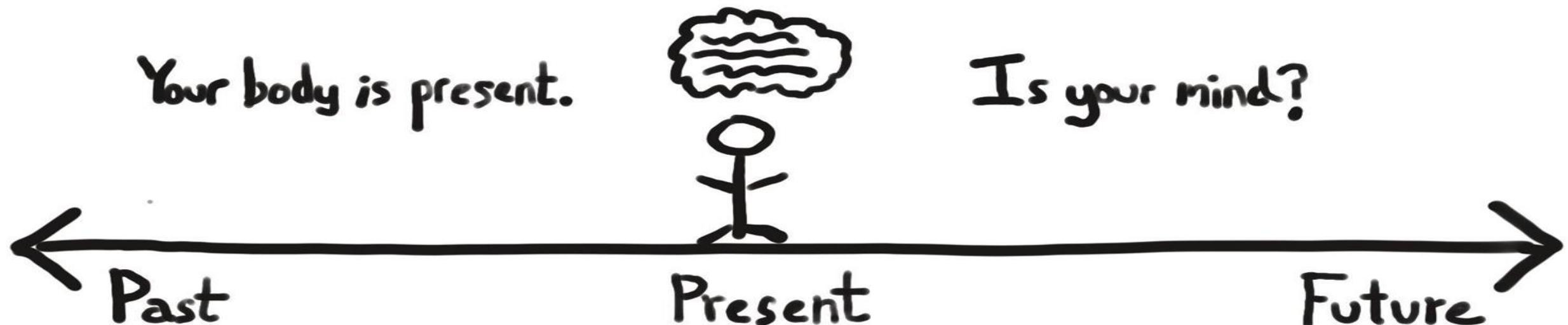
Another Deep Breathing technique.....

Encourage the student to come up with two 1-syllable words or a 2-syllable word that represents peace and calm. Examples: “Calm Down”, “At Peace”, or “Tran-quil”, “Re-lax”, “Moun-tain”, “Fo-rest”, “O-cean”, “Ri-ver”, etc.

Now, coach them to mentally repeat this word as they synch it with a deep, slow breath in on the first syllable and a deep, slow exhale on the second syllable. While they are doing this 2-step breathing process, recommend that they visualize what that peaceful image looks like in their mind.

Continue this for 5 or 10 minutes before a stressful event like a test, job interview, public speaking assignment, flight, etc. and notice the positive results. Your brain will thank you for it!

What are the benefits of “Mindfulness?”



By Shara Ruffin

Practical Mindfulness: the five senses exercise:

5

Notice five things that you can **see**.

Look around you and bring your attention to five things that you can see. Pick something that you don't normally notice, like a shadow or a small crack in the concrete.

4

Notice four things that you can **feel**.

Bring awareness to four things that you are currently feeling, like the texture of your pants, the feeling of the breeze on your skin, or the smooth surface of a table you are resting your hands on.

3

Notice three things you can **hear**.

Take a moment to listen, and note three things that you hear in the background. This can be the chirp of a bird, the hum of the refrigerator, or the faint sounds of traffic from a nearby road.

2

Notice two things you can **smell**.

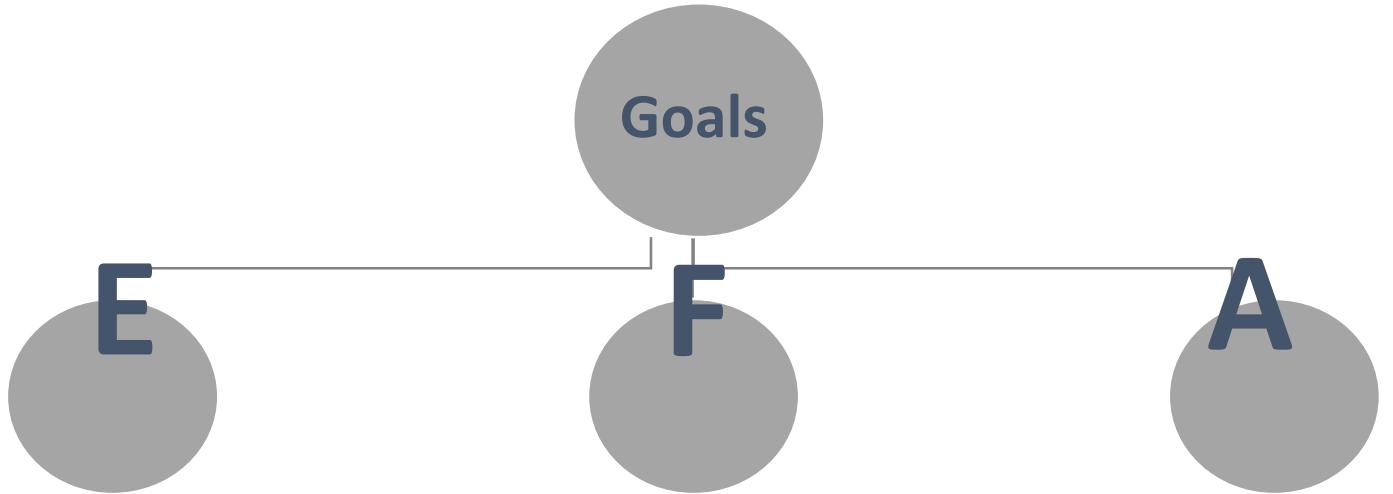
Bring your awareness to smells that you usually filter out, whether they're pleasant or unpleasant. Perhaps the breeze is carrying a whiff of pine trees if you're outside, or the smell of a fast food restaurant across the street.

1

Notice one thing you can **taste**.

Focus on one thing that you can taste right now, in this moment. You can take a sip of a drink, chew a piece of gum, eat something, or just notice the current taste in your mouth or open your mouth to search the air for a taste.

Emotional First Aid



Equilibrium:

As a result of your work, the student begins to return to a more calm, relaxed state.

Functioning:

The student's day-to-day behavior and habits begin to become more healthy (sleep, appetite, concentration, motivation, general demeanor, etc.)

Action:

The student now has a “game plan” (i.e. behavior change) to continue their growth going forward (better self-care, exercise, journaling, peer support, deep breathing, more frequent check-ins with staff, etc.)

Mental Health Scenario

Staff have noticed that Theo has difficulty making friends and stays mostly to himself. When doing a wellness check with him, he disclosed "I like adults more than people my age because they don't make fun of me." He said he keeps a daily journal and handed it to staff to help them understand him better. Staff find the following on the first page:

"I can't admit to others that there's a mirror image of myself in the room always watching me, criticizing me, calling me bad names, telling me to kill myself. I try to block it out but lately the voice is so loud that I can't hear anything else. Sometimes I think if I kill myself, it'll stop."

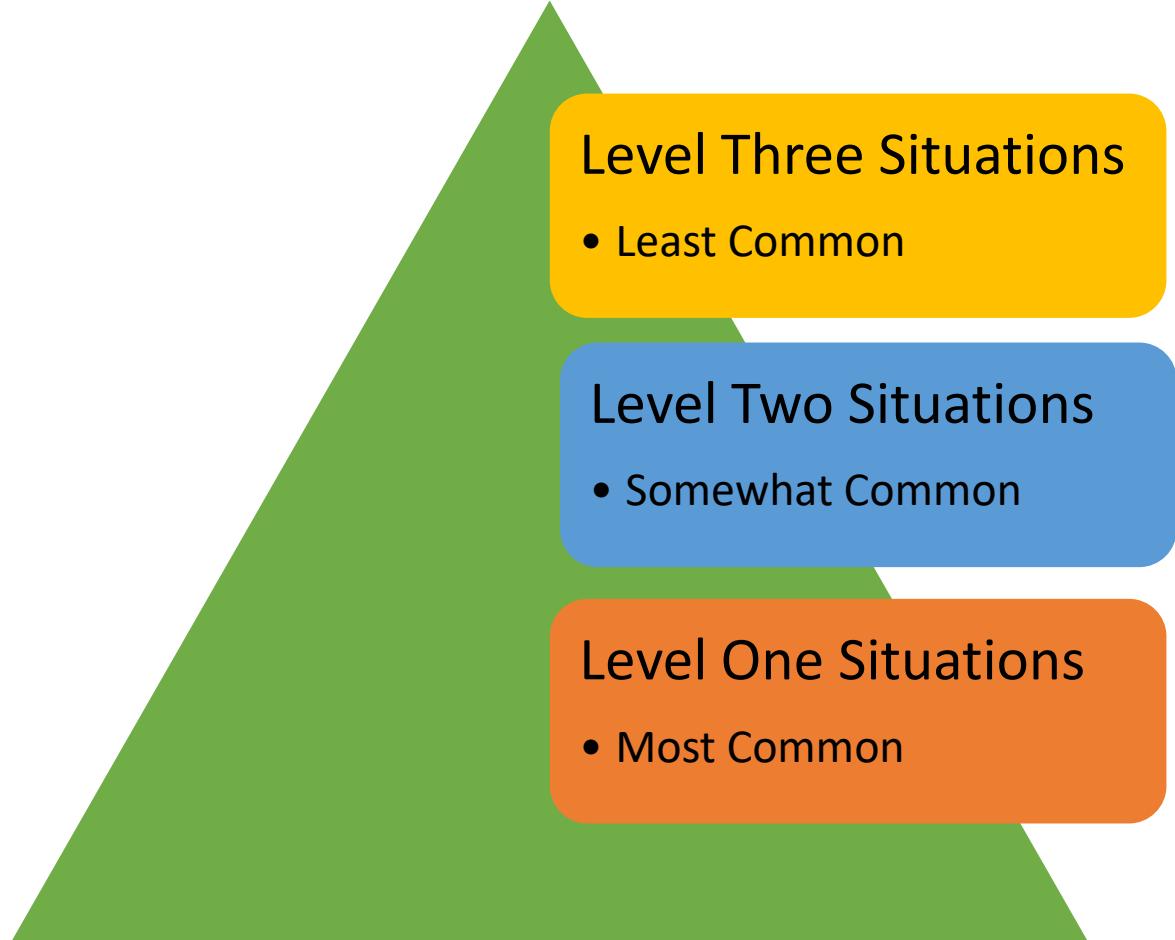
How would you optimally support Theo?



Let's do some role-plays.....the hardest but best way to improve our helping skills.



Mental Health Pyramid



Mental Health Pyramid



Level One

Low psychological/physical risk

Rapid onset; no previous mental health history necessary



Examples

Panic attack

Relationship issues

Grief reactions

Family issues

Homesickness

Verbal Bullying or Exclusion

Mood issues



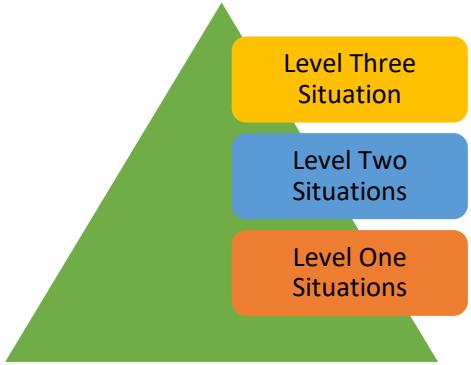
Actions

Use Emotional First Aid techniques: Active Listening, 80-20 Rule , BIG-CAT , etc. You will tend to witness a relatively quick return to equilibrium

Alert supervisory staff/HQ in regular report; no urgency.

Don't ignore: if not addressed with Emotional First Aid , they can escalate to Level Two

Mental Health Pyramid



Level Two

Moderate psychological/physical risk

Chronic situations from the student's past

Red Flags begin to negatively impact daily functioning



Examples

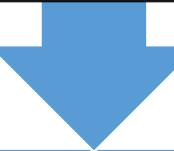
Disordered eating

Abuse or trauma histories

Substance abuse histories

Self-injury

Chronic Depression/
Anxiety (diagnosed or undiagnosed)



Actions

Use Emotional First Aid : Active Listening, 80-20 Rule , BIG-CAT, Tell Me More, etc.

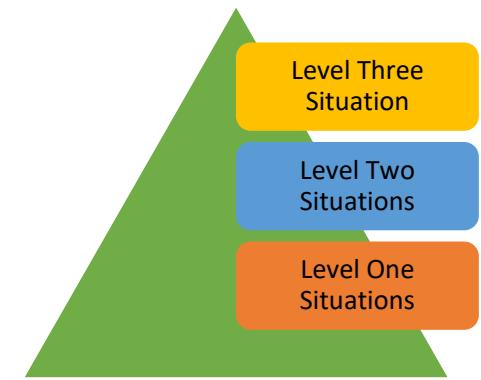
Alert supervisory/HQ staff as soon as possible

Techniques for Struggling Students

If day-to-day functioning is not improving but the student does not present an imminent danger:

Next Steps				
Written plans of action	Video conference with parents/ supports	Local counseling	Virtual sessions with a therapist	Early departure from the program

Mental Health Pyramid



Level Three

High psychological/physical risk

Rapid onset

Seek professional help in person or virtually; utilize vetted local medical/psychiatric facilities

Examples

Recent sexual assault

Suicidal thinking or attempts

Consistently irrational behavior

Eating disorders (ie. Anorexia or Bulimia) diagnosed or undiagnosed

Addiction issues (diagnosed or undiagnosed)

Actions

Use Emotional First Aid : Active Listening, 80-20 Rule , BIG-CAT , etc.

Don't leave student alone unless you and supervisory staff are sure it is safe to do so.

Alert supervisory/HQ staff **immediately!**

Confidentiality vs. Privacy

- It's best to never guarantee a student confidentiality, only privacy.
- There are two types of confidentiality: “absolute” and “need to know”. Absolute Confidentiality is that used by therapists, lawyers, health care workers, clergy, etc.: No divulging of personal information unless there’s imminent harm to self or others disclosed by an adult. There is no such thing as absolute confidentiality in the case of minors.
- “Need to Know” Confidentiality is that used by teachers, coaches, youth workers, residence staff, advisors, etc.; personal information is shared with other professional staff on a need to know basis to better serve the student, keep him or her safe, lower risk, etc. With mental health situations, which are often complex, it’s best to work as a team and communicate our concerns openly with each other and with supervisory staff. Don’t keep secrets for students or handle difficult situations on your own.
- Privacy refers to keeping information private amongst staff and not sharing with other students or staff who don’t have a “need to know”. (“Up, not Out” sharing of information to better serve the student).

Questions? Comments?



Thank you. Koopkhun. Gracias. Merci. Grazie. DANKE. Xie Xie. Tak. Toda. Efharisto. Arigato. Shukran. Asante.

[**Gary@P3MentalHealth.com**](mailto:Gary@P3MentalHealth.com)

SELF-CARE for International Exchange



The Self-Care Alphabet.....



Your ability to manage stress is about 10% the events in your life and 90% how you react to them.

- Build a supportive network to vent to and help you get a healthier perspective on life's events
- Be open to changing those aspects of yourself that increase your stress levels (unrealistic expectations on self and others, perfectionism, etc.)
- Seek out healthy strategies to de-stress that you enjoy, can afford, and are readily available
- Put Self-Care first on your list of priorities, not last.



What is Compassion Fatigue?

- A very common outcome for people, like us, who work in the helping professions. Why? Because we are very giving towards others but are very self-denying as well. Also, we are over-exposed to intense, emotionally-charged situations.
- What are the signs of Compassion Fatigue? Sleeplessness, hopelessness, a feeling of inadequacy, being constantly overwhelmed, feeling “checked out”.
- How can we avoid Compassion Fatigue? Eat healthy, hydrate, take breaks, exercise, get better sleep, limit caffeine, use the “buddy system”, get back to nature, do something fun, if concentration is slipping work on routine tasks, walk it out, talk it out, paint it out, dance it out, sing it out, laugh it out, write it out.

“Life is a marathon, not a sprint”-----Anonymous



CLOSING EXERCISE

What are your main take-aways
from the day and how do you plan
to utilize these in your organization?

Gary@P3MentalHealth.com