

Effective Helping©: A Mental Health Resource for Health Providers with Youth

Effective Helping© has been designed to help all health care providers enhance their capacity to support young people living with a mental disorder or experiencing a mental health problem. It has been specifically created to help engage and support youth and to assist young people in their journey to recovery and wellness. Effective Helping© is based on tried and tested counselling and cognitive therapy techniques. It is not a substitute for counselling or cognitive psychotherapy, but can be used by all health providers in all their interaction to psychologically support and help young people.

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Mental Health Effective Helping for Health Care Providers: A Brief Competency Enrichment Program

INTRODUCTION

What is Mental Health Effective Helping for Health Care Providers?

The relationship between a person seeking mental health care and the person providing that care is a very important part of getting well. A health care provider who genuinely cares for the well-being of the patient/client and who respects and supports the patient/client can help promote the healing process. This applies to any health care interaction, be it directed toward the health of the brain or the health of any other parts of the body. It is particularly important in the area of mental health care.

Effective Helping (EH) is a set of skills that every health care provider can learn to help a person seeking care. While EH is usually directed to help people who are living with a mental health problem or a mental disorder, it is helpful for anyone who is experiencing negative emotions or the challenges of ill health of any kind. Learning the skills of EH will help every health care provider do their job better.

EH is a skill that all health providers should possess!

Any health care provider can learn the components that make up EH. These EH skills have been identified from those used by counsellors, psychologists, social workers and other mental health care professionals. This program is designed to familiarize you with these EH skills and show you how they can be applied in the care of young people with Depression.

Effective Helping (EH) is the systematic application of mental health counselling and other professional skills into every day interactions by health care providers to help individuals who seek mental health care. These same skills can be used by health care providers with all clients/patients, regardless of the kind of health care provided.

EH is a set of skills that can be used by health providers with all of their patients

In this program you will learn about EH, and how to apply these skills to young people with Depression. However, the program will not provide you with all the practice that you need to develop these skills to your optimal level. Therefore, we encourage you to review this material on a weekly basis for a month, and to develop a critical self-evaluation of how you are applying your skills over time. The more you work at it, the better you will become. If possible, ask a mental health counsellor or other mental health care professional (such as a mental health nurse, psychologist or psychiatrist) who is working in your clinical setting to give you feedback on how you are applying these skills with your patients. This type of professional supported learning is a good way to help you get better at EH. Finally, many of

the Effective Helping skills you will be exposed to in this program can be used for both young people and adults alike. However, since this program is directed towards youth, you will be provided with additional strategies and skills that can help you better assist young people.

SECTION ONE

Effective Helping (EH)

Activity 1.0: Effective Helping (Total Time: 30 - 45 minutes)

Break into groups of 5 - 8 people. Write down your answers to these questions and then take 15 minutes to discuss them in your group. Come up with a group consensus answer to each question and share your answers with the wider group.

- 1) What do you think Effective Helping means in the context of the interaction between a health care provider and a patient/client?
- 2) How is Effective Helping done by a health care provider the same or different from the helping done by a friend?
- 3) How is Effective Helping different from Mental Health Counselling or Psychotherapy?
- 4) What do you think is the foundational skill of Effective Helping? Why?

What is Effective Helping?

As the words suggest, Effective Helping is a strategy and set of skills that all health care providers can use to assist their patients/clients to help them manage their problems, live more productively, and develop unused or underused strengths and capabilities more fully. Effective Helping facilitates the capabilities and resources that every person has, to assist himself or herself to better solve their problems, manage their everyday activities and successfully address new opportunities. Through this process, the person being helped develops the ability to better look after himself or herself and pass more successfully through the challenges of their lives.

EH is used by the health care provider to assist their patient/client in the process of getting well. EH is not done TO the patient/client, it is done WITH the patient/client. So, while giving advice can be part of EH, this is not what EH is. In EH the health care provider uses specific techniques to assist their patient/client to find their own solutions to their health and mental health challenges. In all cases, these solutions should be based on the needs of the patient/client and the best available knowledge about what may be most helpful, and NOT on the values or needs of the health care provider.

There are two very important considerations at play in any EH situation. These are: what kind of person is my patient/client (what are their strengths and what are their challenges,

for example: s/he has a good sense of humour but s/he gets angry very easily) and what is the environment that they are in like (what are the positives and negatives of their environment, for example: s/he has a very supportive partner but they are both unemployed and worried about money). The helper must consider both the individual and their environment in EH. Sometimes EH is more directed towards the individual, sometimes more towards the environment and sometimes equally to both.

In all considerations however, it is essential to remember that the EH relationship is more than the type of helping a person does for a friend or family member. The health care provider is not acting as a friend, but in the role of a professional helper. The health care provider's job is to try to be objective and to help his/her patient/client develop their own solutions to their challenges and to then learn how to apply those solutions to other challenges. In other words, the EH done by the health care provider not only helps the person in their current situation but helps the person learn new skills that they can apply in other situations as well.

EH for Counsellors, Psychologists and other Health Professionals

EH is a set of skills that can be used by all health care providers to help patients/clients, including those who have mental health problems or mental disorders. Counsellors, psychologists and mental health professionals all use EH skills in their day-to-day interactions with patients/clients. But, these mental health professionals also use other skill sets and techniques that require specific training and professional certification to be able to successfully apply.

There are many components to a helping relationship in an Effective Helping context.

1. For Effective Helping to occur there must be a person seeking help from a professional health care provider.
2. The person seeking help must be willing to consider accepting the help that is offered. This does not mean that the person seeking help always agrees with the health care provider, but rather that the help seeker agrees to consider the advice and accept or reject the support that the health care provider offers.
3. Third, the health care provider must be aware of and utilize Effective Helping strategies and be willing to help without being a friend or expecting that the client will always agree with what is suggested.
4. The environment in which EH is offered should be within the comfort zone of the patient/client and within the structure of the professional patient/client relationship.

5. The health professional using EH techniques must be aware of how the patient/client they are trying to help is responding or not responding to their intervention. They must respect their patient/client and be truly interested in helping him or her. This may be particularly important when the patient/client does not share the same values or beliefs held by the health provider. It is not the job of the helper to get the patient/client to accept the helper's values or beliefs, but to help him/her better deal with their own life.

The Importance of Effective Listening, the Foundation for Effective Helping

One of the most important skills to be learned is that of effective listening. It may sound strange at first to think that a health care provider needs to learn how to listen. After all, we all know how to listen - or we think we do. The listening that is done as an EH however is based on a set of listening skills and is different than the kind of listening we do every day with our friends, family or colleagues.

Effective listening begins with respecting the patient/client and truly wanting to help them live and function better. Here are eight core components of effective listening:

1. Letting the person who is seeking help do most of the talking (for example, if the helper is talking and the person seeking help is mostly listening, how can the helper understand what the patient/client needs help with?)
2. Giving the person enough time to say what is on their mind
3. Giving permission for the person to talk about what is on their mind (for example, frowns or negative comments from the health provider about something that the patient/client says may shut the door to EH)
4. Trying hard to understand what the person is really saying (sometimes the person seeking help will be embarrassed or uncertain as to how to ask for help. For example, a young person may say: "my friend thinks" when he or she really means, "I think")
5. Letting the person know they are being heard (for example: paying attention to what the patient/client is saying by looking at the person, not making notes or being distracted by what is happening outside, nodding your head, saying neutral comments such as: "tell me more about that"; "how did that make you feel"; "can you help me understand that better"; etc.)
6. Listening without judging (this can be difficult if the person that is being helped has different values or beliefs than the helper has, the helper must be aware of their own feelings about the patient/client and not let negative and judgemental feelings get in the way of helping)
7. Not telling the person what they have to do (do not give advice too quickly, your task is to help the person figure out what they think that they should do, not do what you think they should do)
8. Not putting your values onto the person or their situation (the purpose of EH is to help the patient/client figure out how to help themselves, not to change the beliefs and values of the person seeking help)

Effective listening can be a difficult skill to learn, and it takes practice. Here are some vignettes that you can practice with.

Activity 1.2: Practice Effective Listening Vignettes (Time: one hour)

Break up into groups of three. Choose a vignette and identify two people to role-play the vignette and the third person to observe and provide feedback. The purpose of this exercise is to use the effective listening skills that you just learned about. The purpose of this exercise is not to solve the problem! Apply the role-play situation for 5 minutes, and then receive feedback for 5 minutes on how the effective listening skills were applied. Switch roles and continue until everyone has had an opportunity to play each role. Take another 20 - 30 minutes with the entire group to discuss what happened during the role-plays.

- A 15-year-old girl tells you that she has fallen in love with a 16-year-old boy from a group that her father and mother do not want her to associate with. She is having trouble sleeping and is “sick with worry”
- A 16-year-old boy tells you that he has been stealing money from his employer to buy drugs. Now he wants to stop using drugs but the people selling him the drugs are demanding that he steal more money or they will tell his employer. He is having trouble sleeping and is “sick with worry”.
- A 17-year-old girl tells you that she is pregnant and that the father is the pastor in her church. She is having trouble sleeping and is “sick with worry”.

Points to Remember:

Effective listening is the foundation for successful helping

- EH is a fundamental component of providing mental health care and is based on skills that can be learned by all health care providers
- The helping done by a health care provider is different from that done by a friend.
- While EH skills are used by counsellors, psychologists and other mental health professionals, these professionals apply more complex interventions that require additional training and professional registration

Activity 1.3: The effective listening self-test (Time: 15 minutes)

Without looking back at this guide, write down the eight core concepts of EH. Check your answers against the list in this guide and ensure that you have learned all of them.

SECTION 2

The Helping Relationship

In all interactions between a health care provider and a patient/client, the relationship between the provider and receiver of care is very important. Indeed, much research into the positive impact of psychotherapy identifies that the relationship between the therapist and the patient/client is one of the most important part of successful treatment.

Respect and trust are essential ingredients of EH. The health provider must respect his/her patient/client and the recipient of care must trust that the health provider will do their best to provide an intervention that is based on best available evidence and will do their best to be caring, accepting, objective and will maintain their confidence except in unusual and clearly defined situations.

ACTIVITY 2.1 (Time: 45 minutes)

Write down your personal response to each of the following questions. Be prepared to share your answers with the group.

1. Are there any circumstances in your community that may contribute to facing challenges of respect or trust within a helping relationship? If so, what are they?
2. Are there any circumstances that may challenge your ability to respect or maintain trust within a helping relationship? If so, what are they?
3. What is confidentiality and what do you think are the limits of confidentiality when providing health care to a teenager?

The following are two additional and important characteristics of the EH relationship:

1. **Empathy:** Empathy means not judging a person and trying hard to understand the other person's perspective. Beware of false empathy. Telling people that you understand them or their problem can break their trust in your relationship. Your job is not to understand the person but to help the person come to an adaptive solution to their challenges.
2. **Confidentiality:** A health provider should keep entrusted information confidential. However, if there is a likelihood that the person that they are helping will be harmed or will harm others, then the confidence may be overturned by the need for safety. EH recognizes that while confidentiality is essential in EH, there are limits to confidentiality. These issues must be discussed with the patient/client at the beginning of the helping relationship.

Here are some suggestions for how to talk about the issue of confidentiality with your patient/client and their parents (if applicable), at the beginning of the treatment period.

1. Raise the issue of confidentiality. For example: “Many teenagers are concerned whether or not what they tell me will be confidential. This is an important issue and we need to discuss it together.”
2. Raise the issue of the necessity of confidentiality. For example: “For me to effectively help, it is necessary that I keep information shared with me confidential. This is the same for treating any kind of illness, including Depression.”
3. Raise the limits of confidentiality. For example: “While what we talk about will remain confidential, there may be some things come up in our discussions that will be of such concern to me that I will think it necessary to limit confidentiality. “
4. Be clear about what the limits to confidentiality are. For example: “If I think that what I am hearing about will lead to harm to you or to another person, I may have to limit our confidentiality.”
5. Discuss what you will do. For example: “If I think that it is necessary to limit our confidentiality, I will discuss my thoughts with you/your child and will clearly outline what we can expect to happen.”
6. Allow for questions. For example: “Do you have any questions about how we will deal with confidentiality? Do you have any concerns about what I have shared with you about confidentiality?”

The characteristics of EH may sometimes be difficult to apply, especially if the helper has strong feelings about their client/patient or has values that are different from those held by their patient/client. Always remember that your job is to help your patient/client come to their own solution and to build their own problem solving skills. You are not telling them what to do or making them accept your values and your problem solving skills as their own. You are working with them to help them make their own decisions.

Activity 2.2: Addressing Confidentiality (Time: 45 minutes)

Break up into groups of 5 - 7 people and discuss two of the issues pertaining to confidentiality from the vignettes below. Make notes of your key points and bring them to a larger group discussion. Make sure that each of the issues are addressed across the groups.

1. M is a 15 year old boy with Depression. He tells you that another boy has “stolen” his girlfriend from him and that he is so angry with her that he will beat her badly. He says that this is necessary because a few months previously she had started to go out with another person when he was away and when he returned he beat her and she stopped.
2. D is a 17 year old girl with Depression. She is living with her grandmother because of long standing conflict between her and her stepfather. She tells you that her stepmother’s brother has recently and secretly become her boyfriend and that he is pressuring her to have unprotected sex.
3. P is a 19 year old girl with Depression. She has been treated for two months now without any noticeable improvement. She tells you that she has decided that life is not worth living and that she wants to kill herself and describes her plan to you.
4. J is a 14 year old boy with Depression. His father is the pastor of one of the largest churches in the community. The church (of which you are both a member of and chair of the building committee), forbids the use of alcohol and drugs. J tells you that he has been drinking alcohol twice (two bottles of beer each time) in the last three weeks, and that he likes the way it tastes

SECTION 3

Helping the Young Person with Depression

Depression is one of the leading causes of medical disability worldwide. With a large percentage (about 5 to 6 percent) of youth experiencing Depression, it is imperative that they seek treatment as soon as symptoms are recognized. Many people don't realize that Depression is a treatable medical condition. Often, there is a stigma attached to a person who has any kind of emotional or psychological problem so they do not talk to family, friends, or even their family doctor until things have gotten out of control. Depression is not something to be ashamed of and a person who has Depression is not weak or broken because they experience it. Quite the contrary, Depression is an illness just as Diabetes or Asthma is an illness. But while Asthma is a disease of the air passages leading to the lungs and Diabetes is a disease of the pancreas, Depression is a disease of the brain and how the brain controls feelings. And, just like with Diabetes and Asthma, with the proper treatments and EH, people often get well. As a health care provider you are well positioned to diagnose and help treat young people with Depression. Successful treatment cannot only be helpful now, but can have a great and positive impact on the young person's future as well.

Depression

We all feel a little down at times. After all, life isn't always easy. But for people suffering from Depression, these times of feeling sad or "blue" are much more intense, last much longer and can have very negative impacts on many aspects of their lives. They may feel worthless, and hopeless, lacking in self-worth, feeling that life may not be worthwhile and having suicidal thoughts or actions. People experiencing Depression may do poorly at school or at work, may have difficulties with close relationships or may withdraw from social interactions altogether. As part of this course you have learned about Depression, how it is diagnosed and how it is treated.

Activity 3.1: A Review of the Signs and Symptoms of Depression (Time: 30 minutes)

Write down your answers to these questions and then take 15 minutes to discuss them in the group. Come up with a group consensus answer to each question

1. What are some common emotional signs or symptoms of Depression?
2. What are some common cognitive (thinking) signs or symptoms of Depression?
3. What are some common behavioural signs or symptoms of Depression?

Treatments of Depression

There are a number of best evidence based treatments for Depression. These include medications and specific types of psychological therapies. You have reviewed these interventions earlier in this course. However, EH is the foundation for all treatment of people who are living with Depression. Therefore it is important that health care providers use these skills in their everyday work with clients/patients who are living with Depression.

Stigma and Treating Depression

One key issue that you will need to keep in mind for EH is the stigma that surrounds people who are living with a mental illness. This stigma extends to young people who are being treated for Depression. The stigma can be hidden or it can be overt. The stigma is found in the community and in hospitals and health centres. The stigma can also be found in the people who have a mental illness, and for them it can get in the way of seeking treatment or even negatively impact on their treatment.

Health providers may have ideas about mental illnesses that can be part of stigma. That is why it is important to both: a) have a good understanding about the causes, types and treatments of mental illnesses and b) be aware of any fears or negative attitudes towards mental illnesses that we, as health providers, may hold. We need to be aware of this because these fears or negative attitudes can get in the way of us effectively care for a person with a mental illness.

One common concern is the fear of or worries about possible violence from a person who has a mental illness. For example, it is not uncommon for the health provider to think, “What if the patient/client becomes angry or aggressive or wants to curse me? Am I safe with this person? Will I be attacked?” These fears and worries about violence are common in a world that stigmatizes people who have a mental illness. And, in reality, some people who have a mental illness (mostly a psychosis not effectively treated) can (very rarely) act in a way that reinforces this stigma.

Experience and research show clearly that people who have Depression and other mental illnesses, very rarely if ever do anything to harm their health providers

They may get very upset or emotional but helping a person with Depression is not a high-risk situation for a health provider. In fact, a patient/client with any other illness, such as malaria or TB or cancer is just as unlikely to harm their health provider as a person with Depression.

Activity 3.2: Common stigmas around Depression (Time: 30 minutes)

Take 10 minutes to write down some common stigmas around Depression or other mental illnesses that you think may influence how a health provider thinks about a person who has Depression or other mental illnesses. What are these stigmas and how could they be overcome? Be prepared to share your ideas with the group.

SECTION 4

Effective Helping in Depression

There are two central components of EH in the treatment of Depressed young people: help with problem solving and maintaining health.

Help with Problem Solving:

Remember that when a person is Depressed, it can be very difficult for them to figure out how best to solve problems or challenges in their lives. EH can help with that. One important thing that can be done is to help your patient/client determine what the major problems or challenges in their lives are at the time that they are coming to you for help. Then, once that is done, they will need your help in selecting which one or two problems or challenges they want to try to address first. This is important because it is impossible to address all of a person's problems or challenges at the same time. One of your first steps is to help them prioritize what they will try to solve.

1. Ask your patient/client to make a list of their most pressing problems or challenges that they are facing in their lives at this point (you can have them stop the list at five or so if there are many).
2. Review the list with them and ask them if they have left out any challenges that are important now.
3. Once they are relatively sure that they have a list of their most pressing problems, ask them to choose the one or two most important problems or challenges to them.
4. Confirm with them that the problems or challenges that they have chosen are most important to them.
5. Ask them to complete the following table with your help.

What is the first problem I have identified?	What does this problem stop me from doing?	What things have I thought about doing or done to try and address this problem?	What other things could I have thought about or done to address this problem?
What is the second problem I have identified?	What does this problem stop me from doing?	What things have I thought about doing or done to try and address this problem?	What other things could I have thought about or done to address this problem?

After the patient has completed the table above, review columns one and two together to ensure that you have a good understanding of the issue. Then, focus on column three and discuss with him/her why they think their solutions to the problem were not successful. Ask gentle and supportive questions, such as:

- “Why do you think that your strategy did not work as well as you had hoped?”
- “What if anything got in the way of your idea working out?”
- “Could you have employed your strategy in a different way than you did?”

- “In hindsight, could you have chosen a different strategy?”

Next, move onto the last column and gently and supportively ask them to problem solve some other strategies that they could consider applying. Because people with Depression often have negative thinking patterns, do not be discouraged if your client/patient seems to be helpless, overwhelmed or cannot come up with any ideas. Ask questions such as:

- “What do you think a friend of yours may consider doing?”
- “Do you know of anyone who faced a similar challenge? How did that person address the challenge?”
- “Are there things that have worked for other problems you have faced that you could use to help solve this one?”

During this phase of the helping process it may be useful to brainstorm a list of possible strategies. Write down the various strategies that result from your joint brainstorming. Avoid trying to decide whether a strategy will not work or if it is too difficult. Make a brainstorming list. After the list is done, discuss the pros and cons of each alternative and help your patient/client come to a decision about which strategy they will try next. Remember, both you and your patient/client must not expect that the first strategy chosen will be successful. Do not promise that the first attempt will be successful. You are both trying out an alternative. If it does not work, then there are other choices to try. Often, simply this process of brainstorming will be a big help to the patient/client and they will come up with another solution that they can then try to employ.

Activity 4.1: Role Playing the Solving my Problem (Time: 60 minutes)

Divide your group into pairs. Role-play a helper and a youth with Depression. Work through the chart above as per the instructions. After 15 minutes change roles and repeat. Spend about 10 minutes sharing which each other how you felt as a helper and a recipient of help. Following this, discuss with the larger group what you did and what you learned from the role play.

For some people, the issue(s) they are facing may require acceptance and not change. In this case, being supportive while the patient/client ventilates their frustration or shares their grief is an appropriate role. People need time to express their emotions and they often need a safe space to do so. You can create that safe space and allow them to express their feelings to you. Often, once they have done that they will be more able to move ahead and make the adaptations they need to make. Usually a person should be able to move from emotional expressions to action with your support within a period of two months. However, some people get stuck in emotional ventilation and may need a more focused kind of psychological intervention to help them get past that barrier. If you notice that the person you are helping seems to be stuck in the place of emotional ventilation without progressing to resolution and problem solving, it is a good idea to refer that individual to a mental health specialist who has the psychotherapy skills needed to help more.

Taking Care of Health

Another important helping technique for the young person with Depression is to encourage daily self-directed activity aimed at improving their overall health and engaging in actions that are known to help improve a low mood. This can be done using the I m Teen© diary found in the appendix of this resource.

ACTIVITY 4.2: Taking Care of Your Health (Time: 45 minutes)

Sort your group into pairs. Have each person review the I m Teen © diary and then complete one day in the dairy page. Each person needs to choose at least two options from the options columns and then at least one item for each option that they chose. Write down the item in the space provided. Following this each person should discuss with their partner why they chose the options they did and the challenges that they foresee in completing them. Provide supportive feedback to each other.

After each person has completed sharing, give feedback to each other as to how supported you felt when you were sharing your items. Provide suggestions to your partner about things that she or he could have done differently to help you feel more supported

SECTION 5

Important Considerations in EH for Teenagers

Activity 5.1: The Teenager (Time 45 minutes)

Divide into smaller groups of 5 to 7 people. Come up with two or three descriptions that you think many people in the community have about teenagers. Write them down and critically discuss these descriptions. Are they correct? Are they stereotypes? What could be done to correct those that are incorrect? Share one of these descriptions and your discussion about it with the larger group.

Teenagers are not adults, and they can be more interesting and challenging to provide EH to than adults. In many societies there are common stereotypes about teenagers. Often these can be negative stereotypes. Be careful that you do not fall into the trap of stereotyping teenagers.

Teenagers are not adults, and they can be more interesting and challenging to provide EH to than adults. In many societies there are common stereotypes about teenagers. Often these can be negative stereotypes. Be careful that you do not fall into the trap of stereotyping teenagers.

There are a few important considerations that need to be kept in mind when working with teenagers who have Depression:

- 1) You are an adult, a professional and not a teenager
- 2) You are in charge
- 3) You are not a friend, you are a health provider who is there to help them
- 4) You are not their parent and will not act like a parent
- 5) You are genuinely interested in them as a person and in their wellbeing
- 6) You may not know all the details of teenage culture and you do not need to
- 7) You need to have an open mind, but not so far open that your brains fall out
- 8) You have a responsibility to the teenager and to their parents
- 9) You will keep what they share in confidence unless the information can lead to harm to them or others
- 10) You will likely not be able to answer all their questions, so when you don't know the answer is, say you do not know and figure out how you will find out together

SECTION 6

Knowing When to Get Help from a Mental Health Specialist

When providing EH with a Depressed teenager there will be times that more intensive interventions are needed. It is very important for the health provider to know when to involve a mental health professional for additional assistance.

- 1) if the young person is suicidal
- 2) if the young person is describing side effects from a medication that are troubling and persistent
- 3) if the young person is not getting well as expected
- 4) if the young person is describing symptoms that may be signs of a psychosis
- 5) if there are significant and substantial family or legal problems
- 6) if you are concerned that substance misuse is having a negative impact on the young person

Activity 6.1 (Time: 45 minutes)

Break up into smaller groups of 5 to 7 people. Discuss each of the items above and write down any issues that you think are important for each one. Bring the results of your discussions to the larger group.

SECTION 7

Conclusion

Congratulations, you have completed the Effective Helping component of treatment of Adolescent Depression. Please re-read this handout at least twice in the next two weeks to help reinforce what you have learned.

Remember to practice what you have learned and do not be afraid to ask for advice or assistance from your local mental health care specialist as you work to help Depressed young people get well.