E-REFERRAL

For easier access of the instructors, students, and other concerned individuals, a QR code for referral was generated. It was posted on the Facebook page of the Guidance and Testing Office. Aside from making it eco-friendly by making it paperless, it is also a faster way to send relevant information regarding the at-risk students who need counselling. This is also to be more digital which is a trend for this generation. The form was created through a Jotform and responses are recorded and saved in an excel form. Information of students who are referred are sent to the assigned guidance counselor for individual counseling.

BENEFICIAL ACTIVITIES LEADING TO AWARENESS AND KNOWLEDGE AGAINST ILLEGAL DRUGS (BALAKAD) WORKSHOP

Venue: CHED Region 2 Office

Date: September 7, 2023

Facebook Post Link: https://www.facebook.com/CHEDRegion2/posts/681455367358208

FB Post Caption

ATM | CHED RO2 conducts workshop on the identified intervention areas under the Beneficial Activities Leading to Awareness and Knowledge Against Illegal Drugs (BALAKAD)

Dubbed "BALAKAD: Pagkakaisa, Pag-uugnay at Pagsasalin ng Makabuluhang Aktibidad para sa Kagalingan ng Estudyante sa Rehiyon Dos", today's workshop is part of CHED RO2 and its partner organization, the Pro-active Education and Capacity Building in Higher Education of Region 2 (PrEaCHER-02) against Illegal Drugs, recognition of the crucial role of Higher Education Institutions (HEIs) in ensuring the establishment of a healthy learning environment which equips students with necessary information and skills in leading a healthy and drug-free lifestyle, and efforts in addressing the complex drug problem that greatly impacts the youth.

In attendance are the respective Guidance Counselors and Heads of Student Affairs and Services of various HEIs across the region.

#BALAKAD #CHEDRehiyonDos

MARIAN'S PRE-INTERNSHIP ACTIVITIES (MAPIA) MODULE

The Marian's Internship Activities (MAPIA) is one of the programs of the Guidance & Counseling and Testing Office, under its Career and Placement Services started 2022. It is intended for graduating students in general, and to those who are having their internship or on-the-job-training, in particular.

The program aims to conduct career assessment and soft skills training to Marian students, for the purpose of enhancing their Marian Identity that may give them an edge over other candidates when applying for jobs.

As part of the Career and Placement Services of the University, the activities orient the Marians about the "world of work" they are headed to after graduation. As they integrate theory and practice during their internship or "on the job training," soft skills' assessments/workshops are highlighted to give them a sense of what employers look from a professional. These soft skills are personal Marian-attributes that support situational awareness and enhance their individual abilities to get a job done. The term soft skills are often used as a synonym for people skills or emotional intelligence.

Below are the topics during the conduct of the program and the different schools can suggest also for additional topics or activities not covered by the program that the Guidance & Counseling and Testing Office may be able to provide in line with their expertise.

Inspired by Mission,
Driven by Excellence

Second Floor, Fr. Godfrey Lambrecht Building
SMU Main Campus, Ponce Street
Bayombong, 3700 Nueva Vizcaya, Philippines
www.smu.edu.ph / guidance@smu.edu.ph
0936 033 2089

Activities	Objective	Duration	What to prepare
1. Understanding proper office decorum & Office etiquette.	To be updated with the proper office decorum and etiquettes in a workplace.	1 hour	Student's Resume with Cover letter, Appropriate Attire (Preferably semi-formal)
2. Making an effective resume	• To be updated with all the necessities, tips and proper preparation for their professional careers.	1.5 hour	
3. How to ace job interviews	• Students learn basic skills to succeed in a job interview. What pitfalls or cliché to avoid.	1 hour	
4. Job interview simulation (aka mock interview)	To expose students on how job interviews are conducted through a simulation of a "mock interview" with a professional employer. • After the simulation, the interviewer provides coaching based on student's performance (Strengths & Growth areas)	30 minutes per student	

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MARIAN PRE-INTERNSHIP ACTIVITIES

Marian Pre-Internship Activities or MAPIA is one of the programs of the Guidance & Counseling and Testing Office, under its Career and Placement Services. It is intended for graduating students in general, and to those who are having their internship or on-the-job-training, in particular.

The program aims to conduct career assessment and soft skills training to Marian students, for the purpose of enhancing their Marian Identity that may give them an edge over other candidates when applying for jobs. As part of the Career and follow-up Services, the activities orient the senior Marians about the "world of work" they are headed to after graduation. As they integrate theory and practice during their internship or "on the job training," soft skills' assessments/workshops are highlighted to give them a sense of what employers look from a professional. These soft skills are personal Marian-attributes that support situational awareness and enhance their individual abilities to get a job done.

For the school year 2023-2024, there were three MAPIA seminar-workshop initiated by the office, specifically to BS Civil Engineering, BS Information and Technology, and BS Psychology. GTO was also invited by the Alumni Affairs Office (AAO) to give the Marian PreInternship Activity program to graduating students and there were four seminar-workshop conducted.

Student Profile of Attendees

School	Number of Attendees	Percent
SAB	123	24
SEAIT	134	26
SHANS	145	28
STEH	111	22
OTHERS	3	1
TOTAL	516	100%

Of the 516 participants in the program, there were 111 participants from STEH, 123 participants from SAB, more than a quarter coming from SEAIT (f=134, 26%), and the highest number of participants coming from SHANS (f=148, 28%).

Program Evaluation

	MEAN	SD
To what extent did you understand the talk?	4.71	0.58
RESUME MAKING	4.54	0.74
JOB INTERVIEW	4.46	0.78
OFFICE DECORUM	4.45	0.78
How satisfied were you with the content of the talk?	4.65	0.64
How important were the contents of the talk?	4.8	0.53
Attainment of Objectives	4.41	0.95
Relevance of the Activity	4.49	0.91
Organizers/Facilitators	4.41	1.01
Resource Persons/Speakers	4.43	0.95
Venue/Platform	4.36	1.21
Overall Management of the Activity	4.35	0.97

Legend: 1-1.49 Needs Improvement, 1.50-2.49 Fair, 2.50-3.49 Satisfactory, 3.50-4.49 Very Satisfactory, 4.50-5 Excellent

In evaluating the MAPIA, most students generally found it to be very satisfactory. This is evidenced by excellent ratings in their understanding of the topics discussed, satisfaction with the contents of the program, and perceived importance of the program. In addition, among the different topics, the students best understood resume writing with its excellent evaluation, with job interview and office decorum garnering very satisfactory evaluations. The attainment of objectives and activity relevance were found to be very satisfactory, highlighting the importance of the program to graduating students. The guidance office staff were also found to be very satisfactory in their role of facilitators and speakers of the program, providing a testament to their knowledge and expertise in the area.

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SMU's Suicide Prevention and Risk Reduction Efforts (SPARE) Program

A Program Proposal

10/24/2019

SAINT MARY'S UNIVERSITY

3700 Bayombong, Nueva Vizcaya

Contents

Suicide Prevention and Risk Reduction Efforts (SPaRE Program)

I.   Rationale

According to the World Health Organization (2019), there are close to 800,000 individuals who die by suicide every year. This figure translates to about 1 person every 40 seconds. More than this, there are about 20 others who attempt suicide particularly in young people aged 15-29 years old. These figures emphasize how suicide has become a serious public health concern. As such, timely and effective evidence-based interventions and supports have to be provided to individuals. A school, as a social organization with its natural support system, is an excellent institution that can put in good work in the prevention of suicide and the recovery of individuals who are impacted by this phenomenon.

Suicide is the act of killing one's self, often as a result of mental illness like depression (Encyclopedia of Psychology, 2001). It has lasting effects on the people bereaved of suicide with some reporting higher suicide ideation, depression and anxiety symptoms compared to those unexposed. The effects however extend well beyond the family (Cerel, Maple, Van De Venne, Moore, Flaherty & Brown, 2016).

Suicides are preventable and for suicide prevention efforts to be effective, comprehensive and synergistic efforts have to be conducted among families and community helpers.

Saint Mary's University as a Catholic and missionary educational institution is dedicated to developing individuals to be responsible, dynamic and productive leaders. Its missions include wholesome character formation and dedicated service to the community and nation. SMU recognizes that suicidal ideation and behaviors can impede a Marian student's realization of his/her mission. The University therefore adopted a protocol for handling mental health crisis among Marian students. This protocol employs an integrative and systemic approach to preventing and addressing suicide.

The urgency to implement this program is prompted by the Mental Health Act or Republic Act 11036 which mandates that "every academic institution shall create their own mental health program" (Chapter IV, Section 15). The program should be based on medical and scientific research, responsive to the individuals being served, age appropriate, and provided by mental health professionals and workers (Chapter IV, Section 14). Schools should also have policies, and programs for students and employees that raise awareness on mental health issues, identify and provide support and services for people at risk and facilitate access to treatment and psychosocial support (Chapter V, Section 23). Furthermore, SMU through its Clean, Healthy, Safe and Friendly (CHSF) Program is resolute in ensuring that its students are not only physically healthy, but are psychologically or mentally healthy as well. This resolution is further encouraged by the fact that for every second of delay in implementing a suicide prevention program, there is a student who is not given the help he/she needs.

The guidelines contained herein are divided into 3 parts with Part 1 on Prevention, Part 2 on Intervention and Part 3 on Postvention. This 3-part strategy to address suicide is based on the Suicide First Aid Guidelines for the Philippines created by Colucci, Kelly, Minas and Jorm (2009). This is deemed appropriate because it was created from expert opinion of mental health professionals in the Philippines.

II.   Objectives of the SPARE Program

The guidelines indicated here aim to:

1. Assess and identify persons-at-risk for suicide;
2. Prevent suicidal behaviors through suicide awareness, education and support;
3. Facilitate collaborative and coordinated strategies during suicide crisis situations;
4. Provide responsive and ethically-based approach to handling suicide crisis situations; and
5. Ensure that an efficient referral mechanism is in place for treatment and recovery of affected individuals.

III.   Terminology

Mental health crisis. This is a state of emergency that poses a direct and immediate threat to a person's physical or emotional wellbeing. A person with this crisis requires immediate support to prevent it from escalating to severe outcomes such as suicide.

Persons-at-risk (for suicide). This refers to any person, either student or employee, who is experiencing a mental health crisis and is thinking of hurting and/or killing one's self. This may be individuals who currently have or have had mental health issues (e.g. depression, emotional problems) and/or have had a past suicide attempt.

Protective factor. This is a clearly defined behavior or characteristic that reduces the likelihood that a person will attempt or complete suicide. This includes strengths, skills and other resources that the person deal more effectively with stressful events. Examples include good impulse control, optimism, strong sense of self-worth, coping skills, strong beliefs about the meaning of life, access to mental and physical health care, religious beliefs and strong social support.

Risk factor. This is a clearly defined behavior or characteristic associated with an increased possibility or likelihood that a person will attempt or complete suicide. Examples include family history of suicide, previous suicide attempt, history of child maltreatment, history of substance abuse, history of mental disorders particularly depression, and impulsive or aggressive tendencies (Centers for Disease Control and Prevention, 2019).

Self-harm. Otherwise called as self-injury or self-injurious behavior (SIB), this pertains to deliberate self-harm (DSH) done by a person with intentional, direct destruction of body tissue (most commonly by cutting, burning, scratching, self-hitting, self-biting, and head banging) without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur. DSH is distinguished from suicidal behaviors which involve intent to die, but is nonetheless potentially life-threatening (APA Dictionary of Psychology, 2019).

Suicide. The act of deliberately killing one's self.

Suicide attempt. This is a state in which someone harms him/herself with the intent to end his or her life, but they do not die as a result of one's actions (Centers for Disease Control and Prevention, 2019).

Suicidal behavior. This refers to a range of behaviors that include thinking about suicide (or ideation), planning for suicide, attempting suicide and suicide itself (WHO, 2014).

Suicide contagion. This refers to the exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviors (US Department of Health and Human Services, 2019).

Suicide crisis. This may refer to a suicide threat or any emergency situation in which a person is attempting to kill him/herself, seriously considering or planning to do so. This is often a stressful time in a person's life whereby the person experiences a breakdown or disruption in a person's coping and functioning.

Suicide Crisis Response Unit (CRU). This refers to the team of individuals who provides first aid to someone experiencing a mental health crisis. It is spearheaded by head of the Guidance and Testing Office who shall activate other members of the CRU to provide crisis intervention and postvention.

Suicidal ideation. This is another term for "suicidal thoughts and means thinking or planning suicide. Thoughts can range from a detailed plan to a fleeting consideration. It does not include the final act of suicide" (Brazier, 2018).
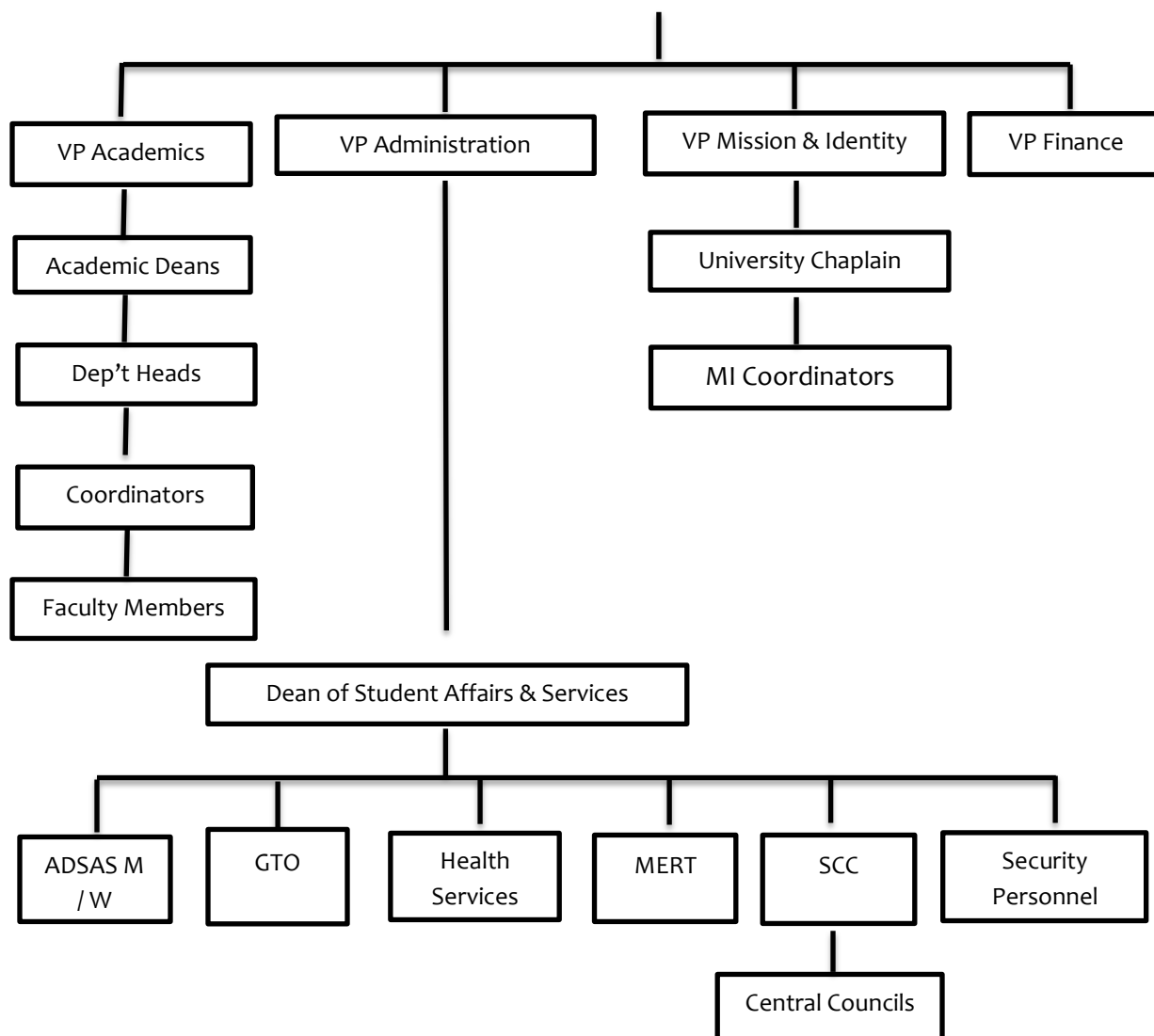
Suicide intervention. This refers to a collection of efforts done by the university during suicide crises situations. The aim is to decrease risk factors or increase protective factors. The target population for this part of the program is the individual who is experiencing a suicide or mental health crisis and others exposed to the risk.

Suicide postvention. This is a plan of action carried out as an aftercare program for individuals in crisis. The aim of this part of the program is to facilitate healing of individuals bereaved of suicide, to mitigate effects of exposure to suicide and prevent suicide contagion.

Suicide prevention. This pertains to behavioral, biological, or social interventions intended to reduce the risk of suicide for both individuals and entire populations (APA Dictionary of Psychology, 2019). This may include gathering pertinent information about students through their Personal Data Inventory (PDI) and suicide assessment. It may also involve lectures and workshops aimed at teaching life skills that help individuals manage effectively mental health crises. The target population for this part of the program is anyone at risk of suicide.

IV. Organizational Structure

University President

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  ┌───────────┐ ┌───────────────┐ ┌──────────────────┐ ┌───────────┐
  │VP Academics│ │VP Administration│ │VP Mission & Identity│ │ VP Finance │
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        │                               │
  ┌───────────────┐              ┌──────────────────┐
  │Academic Deans │              │University Chaplain│
  └───────────────┘              └──────────────────┘
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  ┌───────────┐                  ┌──────────────┐
  │ Dep't Heads│                  │MI Coordinators│
  └───────────┘                  └──────────────┘
        │
  ┌───────────┐
  │Coordinators│
  └───────────┘
        │
  ┌───────────────┐
  │Faculty Members│
  └───────────────┘
```

Dean of Student Affairs & Services

| ADSAS M / W | GTO | Health Services | MERT | SCC | Security Personnel |

Central Councils

V.   Persons/Units Involved

The Suicide Crisis Response Unit. This is the first team to respond to the suicide crisis. They implement the steps indicated on the suicide intervention and postvention parts of the program. Coordinated efforts of this unit are geared towards ensuring the safety, well-being and recovery of the student in crisis and other individuals exposed to this risk. The CRU comprises of the following:

Team Leaders: Vice President for Administration
                 Dean of Student Affairs and Services
                 Doctor on duty at the medical clinic
Members: Guidance Shepherd of the student involved
                 Head of the Guidance Office
                 ADSAS Men or Women
                 Nurse on duty at the medical clinic

Security personnel

The functions of the SCRU are to:

1. Assist and debrief those affected by suicidal ideation, a threat, an attempt or death; and
2. Lessen the possibility of other suicidal crises by intensifying prevention education, referral for intervention, and postvention activities.

VI. SPARE Framework

SMU's SPARE Framework is based on a 3-tiered model of helping based on the RTI (Response To Intervention) Model and the American School Counseling Association (ASCA) Model. These three parts are shown below (see Figure 1):
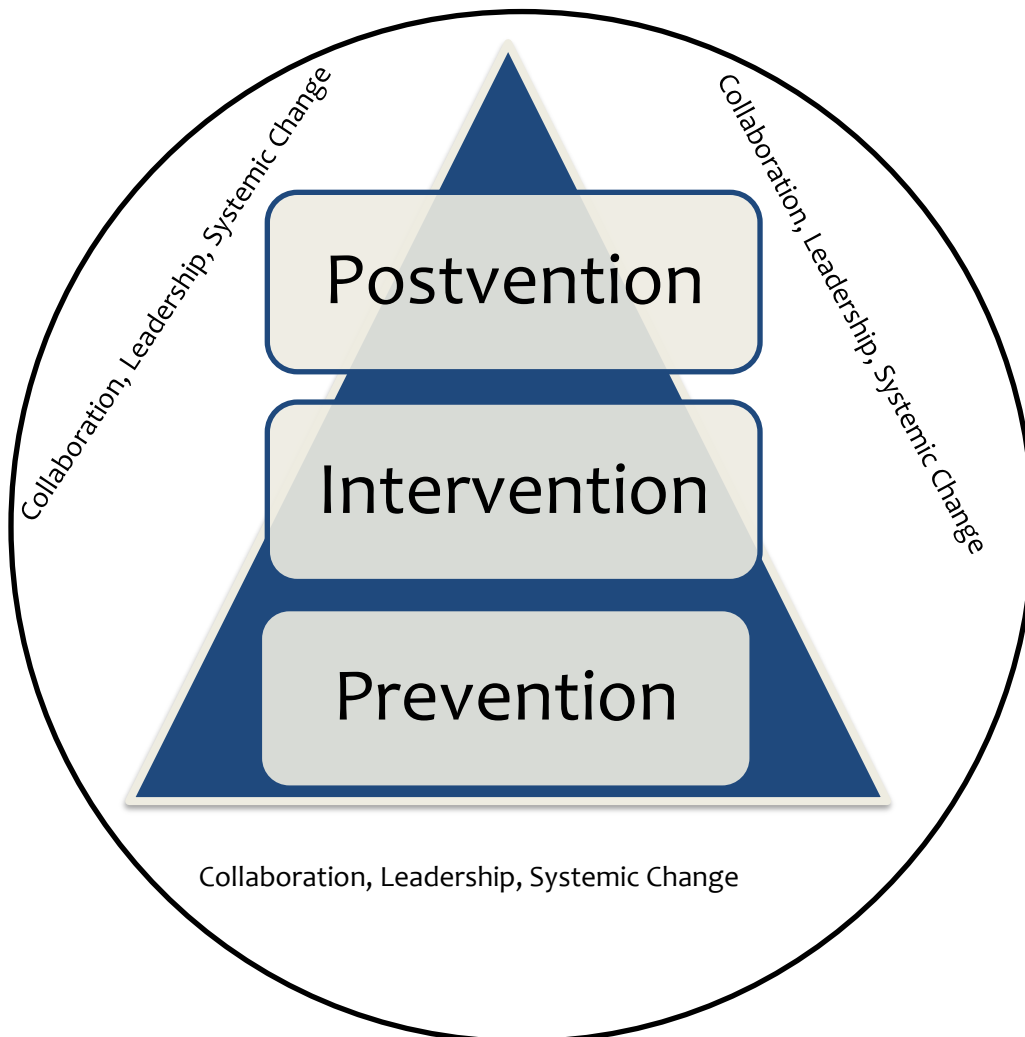
Figure 1. SPARE Framework

Apart from the 3 elements of prevention, intervention and postvention, the SPARE Framework, being a school-based program, also integrates collaboration, leadership and systemic

change. These elements enable the effective and efficient implementation of the entire program. The next section discusses the functions of university offices in each part of the framework.

PART 1: PREVENTION

SMU acknowledges that prevention of suicide and other mental health crises are more effective when a systemic approach is employed. In this approach, detection and diagnosis are critical. School stakeholders like students, teachers, office personnel, parents, specialists and community members are given access to prevention information and resources. Everyone is made aware of their individual roles in the SPARE framework. Because of this, the following will transpire:

The Administrative Offices shall:

1. Provide support to the SPARE Program;
2. Monitor the implementation of the SPARE program protocols; and
3. Ensure the effectiveness and stability of the program implementation.

The Office of the Dean of Student Affairs and Services shall:

1. Participate in a mental health first response training to equip them with expert skills in responding to various forms of mental health crisis, including suicidal behaviors;
2. Facilitate the conduct of mental health awareness and/or self-awareness seminars to all students organizations (co-curricular and extracurricular) to include the following activities:
   - Seminar on the Power of Self-Efficacy
   - Peer Counseling Workshop-Seminar
   - Teambuilding Activities
   - Leadership Training
   - Recollections
   - NSTP weekend encounter
3. Organizes and spearhead mental health awareness seminars including discussions on the suicide protocol for all faculty & staff. Seminars conducted may center on the following:
   a) Suicide Prevention Education/Mental Health Education
   - General Guidelines
   - Present and explain Protocols
   - Provide Information Of Resources including Hotlines.
   b) Gatekeeper Training Programs
   - How to recognize risk factors and warning signs.
   - How to intervene
   - How to refer
   - Where to refer; and
4. Oversee the implementation and maintenance of the SPARE Program.

The Guidance and Testing Office shall:

1. Participate in a mental health first response training to equip them with expert skills in responding to various forms of mental health crisis, including suicidal behaviors;
2. Perform initial assessment of all students through the individual analysis service. In this service, guidance counselors facilitate students' completion of their personal data inventory (PDI). Guidance counselors use the PDI in an intake interview to identify students at risk for suicide.;
3. Monitor students marked at risk. Students at risk are provided with a Safety Agreement Form, the details of which are discussed by their counselor to them. As the case requires, the counselor-in-charge coordinates with parents, guardians, teachers and other significant individuals who can provide social support to the student at risk.
4. Create partnerships with mental health specialists (i.e. psychiatrist, psychologist, social worker, etc.) and refer students at risk for further diagnosis, treatment and/or recovery;
5. Provide psychoeducation to the student at risk, his/her peers and family. When necessary, intensify individual and group counseling services to enhance well-being of students;
6. Facilitate, in coordination with academic personnel, the suicide prevention program. This entails conducting seminars about (a) basic facts of suicide, (b) identifying students at risk, (c) the role of the teacher in preventing suicide, and (d) how to help someone at risk for suicide, among others; Conducts orientation to student leaders on how and when to refer students at risk;
7. Coordinate with the Psychology and Human Services department, School Of Health and Natural Sciences and other offices in the university in the conduct of mental health awareness campaigns including preparation and distribution of brochures and flyers for information dissemination;
8. Organize with Academic Deans the conduct of sessions about mental health awareness (e.g. what to do when someone discloses his/her suicide plan; things to know about suicide and other mental health concerns) with faculty and students;
   1) Students' session to be scheduled by school during their Sports and Cultural Days;
   2) Teachers' session to be scheduled during their school's general assembly; and
9. Maintain an accessible crisis hotline number disseminated to all students:
   - GTO cellphone number: 0905-8438-783
10. Conduct training on "Responsible Reporting of Suicide" for campus journalists and other social media administrators and moderators in campus.

The Academic personnel shall:

1. Participate in a training of at least one hour in length that discusses the following:
   a) how to detect warning signs of suicide;
   b) how to intervene during suicide crisis situations; and
   c) when to refer.
2. Integrate in the school curriculum the teaching of life skills (e.g. coping, self-control, resilience) possibly through the following subjects:
   a) Understanding the Self (offered by the Psychology department)
   b) General Psychology (offered to Psychology, Social Work and Forensic Science students); and
3. Coordinate and collaborate with the ADSAS for Men and Women and the Guidance staff in monitoring and assisting students at risk.

Medical Staff shall:

1. Participate in a mental health first response training to equip them with expert skills in responding to various forms of mental health crisis, including suicidal behaviors;
2. Collaborates with the Guidance and Testing Office in the conduct of the mental health awareness campaign;
3. Provides medical assistance to students at risk and facilitates students' access to mental health specialists (i.e. psychiatrist, psychologist) in coordination with the GTO; and
4. Coordinates with the GTO in the initial assessment of suicide risk among students who avail medical services.

Center for Christian Formation (CCF) shall:

1. Provide students at risk with spiritual guidance when needed; and
2. Collaborates with the GTO in the conduct of psycho-spiritual programs

Security Personnel shall

1. Be part of the first responders during a suicide crisis situation by implementing crowd control and ensuring safety for all individuals on scene;
2. Prohibiting access to suicide-prone areas;

Physical Properties, Plant and Development Office (PPPDMO) shall:

1. Conduct an assessment of physical properties in campus and map out suicide-prone areas;
2. Coordinate with the Security Personnel in monitoring and restricting access to suicide-prone areas; and
3. Perform safety inspections on physical properties particularly those that are accessible to students.

Part 2: Intervention

This part of the program discusses the specific procedures to be undertaken during suicide crisis situations such as when there is a suicide threat, and/or suicide attempt in or outside the university campus. Individuals who intervene shall follow strict ethical guidelines for maintaining confidentiality, privacy or privileged communication based on existing professional standards.

Suicide Threat

Responding to an Actual Suicide Crisis

A suicide crisis pertains to any threat or situation in which a student discloses his/her intent or is contemplating of committing suicide. This intent may be accompanied by behavior changes indicative of suicidal tendencies. The disclosure about the intent to commit suicide may be between a student and another student, a teacher, a staff, or any school personnel. The threat may also be discovered through students' written disclosure in their PDI, or dialogues during intake interviews, referrals, and counseling sessions.

The following are the steps conducted by the first responder upon discovery of the suicide crisis:

1. **Calmly talk to the person who exhibited or verbalized suicide thoughts or plans**. Encourage the person to talk to you, listen attentively and avoid interrupting. The most important message to communicate to this person is "I value your life and I want to help you" and "How can I help you?"
2. **Assess the means of suicide.** The following questions can help assess the immediate risk for suicide:
   - Do you have a suicide plan? (PLAN)
   - Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
   - Do you know when you would do it? (TIME SET)
   - Do you intend to take your own life? (INTENTION)
3. **Discretely check whether the person has in his/her possession items that can serve as the means for suicide.** Ensure that the person doesn't have items around that could be used for suicide (e.g. pills, alcohol, knives, razors, guns, etc).
4. **Ask the person to identify someone whom he/she is comfortable talking with.** Offer to call this person while providing reassurance.

Referring to the Suicide Crisis Response Unit (SCRU)
1. The first responder informs the SCRU or escorts him/her to the Guidance office or the Medical clinic.
   *If the crisis occurred in campus but on a holiday, the first responder will have to accompany the student to the nearest hospital or clinic.
2. The counselor-in-charge will conduct assessment of suicide risk. Those who are identified as moderate or high risk will be accompanied to the Medical clinic and will not be released until a parent or guardian arrives to assist the student;
3. The SCRU will inform the parents or guardians about the suicide crisis and will be requested to promptly arrive at the scene;
4. The counselor-in-charge will provide a Safety Agreement Form, the details of which will be discussed with the student and/or the parents or guardians.

Collaborating with Parents and/or Guardians
1. The counselor-in-charge will promptly inform parents or guardians about students who experience suicide crises and request them in campus to attend to their child's needs.
2. The counselor-in-charge will provide psychoeducation to the parents and orients them on effective safety procedures and measures for their child. The counselor will also provide the necessary Referral Forms so parents can assist their child in consulting psychiatrists and/or psychologists for further care. The counselor will also give a Parent Conference Acknowledgement Form indicating their awareness of the concerns of their child and the understanding of the need to be referred to mental health specialists.

3. The counselor-in-charge will also refer the parent and student involved to the Office of the Dean of Student Affairs and Services (ODSAS) or offices of the Associate Deans for Student Affairs and Services for Men and Women (ADSAS) so necessary discussions or arrangements about absences may be made.

Referring to private psychiatrists and/or psychologists
1. The counselor-in-charge or the school physician, after assessment of suicide risk, will refer the student to a psychiatrist and/or psychologist for diagnosis, treatment and other interventions

Securing clearance upon return to school
1. Students who incur absences due to a mental health concern will be requested to provide a medical clearance from their psychiatrist and/or psychologist before they are re-admitted to school. The said document have to be submitted to the ADSAS offices and should contain the following information:
   - Diagnosis
   - Prescribed medication
   - Treatment plan
   - Recommendations
2. Following the recommendations from the mental health specialists, the ADSAS for Men and Women collaborates with the teachers and the counselor-in-charge so the student involved is appropriately immersed back in school after the suicide crisis.

Suicide Attempt

The steps that follow are the procedures to be conducted by the suicide crisis response unit (SCRU) when a person attempts suicide inside the university campus.

Providing immediate medical attention

1. The first responder shall immediately notify the medical team, the security guard, and the guidance counselor, whoever is more accessible at the location when the suicide attempt occurred.
2. The CRT after assessment of medical condition will then bring the patient to the nearest medical facility. In cases when the university nurse and/or doctor is unable to assess medical condition, the patient should be immediately brought to the Regional II Trauma and Medical Center (previously called Veterans Regional Hospital/VRH).

Controlling the Crowd

1. The SCRU shall ensure that the suicide crisis area is contained by using screens, blocking corridors, etc. Security personnel shall prevent students from entering the area and/or cover the area.
2. Faculty members holding classes within the area shall ensure that when the crisis is still being resolved, students are contained in their classrooms.

3. All students and personnel who were exposed to the suicide attempt will be referred to the Guidance Office for debriefing and/or individual counseling.

Communicating with the parents
1. The SCRU must immediately inform parents or guardians of the student involved and notify them that their presence is needed in campus.
2. The SCRU then transfers the care of the student to the parent / guardian once he/she arrives.

Controlling for Suicide Contagion

Within 2 days when the suicide attempt occurred in campus, the SCRU shall have conducted the following specific activities to prevent suicide contagion:
1. Prohibit taking and sharing of photos of the suicide attempt incident or the area;
2. Prevent media personnel on school grounds during or after the crisis situation;
3. Prohibit campus-based photo journalists from doing a coverage of the crisis situation;
4. Administrators, office personnel, faculty and staff avoid giving statements or posting information about the crisis situation;
5. The ODSAS shall oversee that the welfare of the student and his/her family is safeguarded by managing media information or coverage about the suicide crisis and undertaking steps to ensure that ethical guidelines in reporting suicide is followed.

Suicide Attempt Off Campus

Not all suicide crisis situations occur in campus. When the suicide threat or attempt occurred in the students' home or boarding house, the first responders are the parents, guardians, boardmates, landlord/landlady, municipal or provincial emergency response team or the local police. In this off campus scenario, the responsibility of the university is to ascertain the facts. The following steps shall occur:

1. The person who receives the crisis information shall inform the Guidance Office who in turn shall notify the other members of the SCRU. The SCRU shall immediately establish the facts and circumstances by making reasonable enquiries from the parents/guardians (See Appendix ___ for the sample script to be used when communicating with parents/guardian about a suicide attempt).
2. If the crisis was ongoing at the time the information was received, the Guidance Office shall immediately attempt to engage the student in crisis in a verbal communication. Other members of the SCRU will contact the parents, guardians and other individuals present in the crisis area and instruct them about safekeeping guidelines for the person in crisis. This includes contacting anyone whom the person in crisis is most comfortable talking with, calling the local emergency response team (MDRRMO), or the police.
3. The university through the SCRU will offer support to the family and identify other services that the university can offer. Discussions about how the family would like the university to notify teachers, students and other school personnel shall be made.

4. Within 2 days after the reported off campus suicide attempt or crisis situation, the Guidance office shall monitor those students who may be affected by the attempt. This may include siblings, friends, and teachers of the person who attempted suicide. Monitoring may entail discovering the type of service that they are in most need of so as to prevent suicide contagion and other forms of distress.
5. The SCRU shall ensure that the university community avoids providing and posting online information about the suicide crisis to avoid suicide contagion.
6. The SCRU shall document all information received and actions taken.

Part 3: Postvention

This phase of the SPARE program discusses the guidelines after a suicide attempt or death by suicide. In this part of the program, all activities are geared toward stabilizing the school environment by reducing psychological distress that the suicide crisis may have created on students and on the university community. This can be achieved by conducting the following:

Convening the SCRU (First 24 hours)
The SCRU shall manage the crisis and plans the following:
1. identification of the counselor-in-charge responsible for ongoing liaison with parents/guardians, health professions, and other third parties;
2. counselor-in-charge requests from psychiatrist in charge of the student a medical report indicating the diagnosis, medication prescribed and recommendations;
3. reminders to the university community about minimizing providing and posting information about the suicide or the suicide attempt;
4. conducting of Psychological First Aid (PFA) to students who are at risk or vulnerable particularly the student's closest friends and those who witnessed the suicide or attempt;
5. informing students of a suicide particularly friends closest to the student in crisis who attempted or committed suicide;
6. documentation of the incident and actions taken.

Returning the university to its regular routine (First 48-72 hours)
This is achieved by the following steps:
1. the counselor-in-charge liaisons with the family. If there is death by suicide, the counselor-in-charge's task as a liaison is to offer condolences to the bereaved family. He/she may also meet with the family to determine other services or support that the university can provide.
2. Identification of students most at risk or vulnerable as a result of their exposure to the suicide or the suicide attempt;
3. Identified at risk or vulnerable students are provided support through individual counseling, and/or referral to mental health professionals.

Re-entry to the university
1. In the case of suicide attempts, the counselor-in-charge will liaison with the student so that when this student returns to school, a medical certificate from the student's physician, and/or psychiatrist is ready with the following information: diagnosis, medication prescribed, treatment plan, recommendations;

Convening specific school personnel (within 7 days after suicide attempt)

When the student is ready to return to the university, the SCRU convenes the dean, the department head, and instructors of the student to discuss his/her mental health status. These individuals will be provided with a re-orientation of how to appropriately support the student either through deloading of subjects, and provision of other psychological and academic supports.

Monitoring the student after re-entry

1. The counselor-in-charge of the student ensures that his/her client is under the care of a psychiatrist or psychologist. The student will be requested to present a medical certificate to the counselor to ensure that the student's treatment plan is appropriately followed.
2. The ADSAS for Men/Women monitor the attendance of the student and coordinate appropriately with teachers regarding the prompt report of absence about this student, if any.

Conducting a Psychological First Aid (PFA)

1. The Guidance Office, in collaboration with the Department of Psychology and Human Services, will conduct a PFA within 72 hours.
2. The Guidance Office will coordinate with the ADSAS Offices so student participants to the PFA are appropriately excused from their classes.

Controlling for Suicide Contagion

1. During the PFA, caution must be exercised particularly in handling information or details about the crisis. In the case of suicide by death, the cause of death shall not be disclosed to the participants.

Annexes

Annex A: Local Crisis Resources (numbers to call in times of emergency)

Name	Affiliation	Position	Contact Nos.

Grace Marabut	SMU College	School Nurse	0949-9950-843
Irene Osio	SMU College	School Nurse	0917-157-8660
Dr. Moises Viernes	SMU College	University Doctor	SMU clinic: (078) 321-2221, loc.
	MDRRMO		
	PDRRMO		
Dr. Gay Ladylyn Azman	Salubris Medical Center	Psychiatrist	
	Psychiatry Department, Cagayan Valley Sanitarium and Hospital, Santiago City	Psychiatrist	(078) 682 6909
	National Center for Mental Health /NCMH	Psychiatrist	Crisis Hotline: 0917-899-USAP / 0917-899-8727

Annex B: Script for Communicating with Parents

Prepared by:

PEARL VIA S. COBALLES, RGC, RPm   DR. LORVIN M. ADDUCUL, RGC
ADSAS for Women   Head, Guidance and Testing Office (GTO)

REINER B. DULAWAN, RPm   FLORENCE N. BAHNI, RPm
Guidance Staff, GTO   Faculty, Psychology and Human Services

Reviewed by:

MR. SAMUEL B. DAMAYON
Dean, Student Affairs and Services

Endorsed by:

DR. JOHN G. TAYABAN
Vice President for Administration

Career Advancement Readiness Evaluation (CARE) aka "Exit Interview"

Due to the misnomer of using "Exit Interview," by the GTO, the "Career Advancement Readiness Evaluation (CARE)" has been crafted for a more appropriate term. While proactive and preventive in its approach, the CARE differs from the School's Exit Interviews of their respective programs. Exit assessments are programs of the Guidance and Testing Office that aim to provide the graduating students with an understanding of themselves and their role as future alumni of the university. These include their MBTI personality assessments and Emotional Quotient Inventory assessments. A seminar is also given to refresh the students' knowledge about the Marian Virtues and the results of their assessment.

The CARE Program involves the following assessments: EQ, MBTI and Exit Seminar. Its focus is on the graduate's readiness to enter the workforce. The dynamics of their personality, and their Emotional Quotient are individually explained in the Exit Seminar they are required to attend. Exit assessments are programs of the Guidance and Testing Office that aim to provide the graduating students with an understanding of themselves and their role as future alumni of the university. These include their MBTI personality assessments and Emotional Quotient Inventory assessments. A seminar is also being given to refresh the students' knowledge about the Marian Virtues and the results of their assessment.

Student Profile

			Frequency	Percent
SEX	MALE		158	28.47
	FEMALE		397	71.53
		Total	555	100%
SCHOOL	SAB		201	36.22
	STEH		127	22.88
	SHANS		122	21.98
	SEAIT		105	18.92
		Total	555	100%
GRADUATION	July 2024		395	71.17
	January 2025		156	28.11
	Beyond August 2025		3	0.54
		Total	555	100%
Batch	June 4, 2024; 8:30 AM		133	23.96
	June 4, 2024; 1:30 PM		96	17.3
	June 5, 2024; 8:30 AM		85	15.32
	June 5, 2024; 1:30 PM		49	8.83
	June 6, 2024; 8:30 AM		37	6.67
	June 6, 2024; 1:30 PM		18	3.24
	June 7, 2024; 8:30 AM		39	7.03
	June 7, 2024; 1:30 PM		98	17.66
		Total	555	100%

PROGRAM EVALUATION

	A.Y. 2022-2023 MIDYEAR REPORT	A.Y. 2023-2024 MIDYEAR REPORT
To what extent did you understand the orientation?	4.62	4.73
How satisfied were you with the content of the orientation?	4.63	4.73
How important were the contents of the orientation to you?	4.56	4.80
I would recommend this exit seminar to other students.	4.80	4.71

Adding to this, there was increase in the understanding, satisfaction, and perceived importance of the orientation, compared to the 1st semester exit seminar of the previous academic year.

Exit assessments are programs of the Guidance and Testing Office that aim to provide the graduating students with an understanding of themselves and their role as future alumni of the university. These include their MBTI personality assessments and Emotional Quotient Inventory assessments. A seminar is also given to refresh the students' knowledge about the Marian Virtues and the results of their assessment.

EVALUATION OF JANUARY 2024

	Mean	Qualitative Description
Attainment of Objectives	4.19	Very Satisfactory
Relevance	4.28	Very Satisfactory
Organizers	4.27	Very Satisfactory
Resource Persons	4.35	Very Satisfactory
Venue/Platform	4.17	Very Satisfactory
Management	4.29	Very Satisfactory
Overall Program Management	4.26	Very Satisfactory

As seen from the table above, the students who took part in the exit seminar found it to be a very satisfactory experience, the program was found to be very satisfactory in terms of its venue, objectives, speakers and management.

COMPARISON OF EVALUATION FROM JANUARY 2023-JANUARY 2024

Overall Program Management
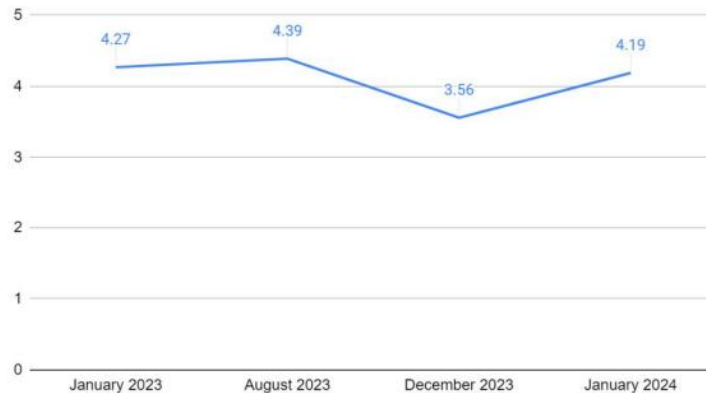
	January 2023 n=309	August 2023 n=117	December 2023 n=7	January 2024 n=236
	Mean	Mean	Mean	Mean
Attainment of Objectives	4.22	4.34	3.5	4.1
Relevance	4.26	4.39	3.5	4.25
Organizers	4.31	4.38	3.5	4.19
Resource Persons	4.36	4.5	3.63	4.28
Venue/Platform	4.16	4.31	3.75	4.12
Management	4.32	4.43	3.5	4.19
Overall Program Management	4.27	4.39	3.56	4.19

As can be seen from the table above, throughout the different graduation periods, the exit seminar was able to maintain its very satisfactory rating, meeting the expectations of its participants.

Evaluation Of July 2024

	Mean	Qualitative Description
To what extent did you understand the talk?	4.79	Excellent
How satisfied were you with the content of the talk?	4.77	Excellent
How important were the contents of the talk?	4.8	Excellent
Attainment of Objectives	4.39	Very Satisfactory
Relevance	4.43	Very Satisfactory
Organizers	4.41	Very Satisfactory
Resource Persons	4.44	Very Satisfactory
Venue/Platform	4.4	Very Satisfactory
Management	4.44	Very Satisfactory
Overall Program Management	4.39	Very Satisfactory

As seen from the table above, the students who took part in the exit seminar found it to be a very satisfactory experience, the program was found to be very satisfactory in terms of its venue, objectives, speakers and management.

Career Wellness Test (CaWeT)

The Career Wellness Test (CaWeT) is a program of the Guidance and Testing Office that checks up on the 2nd, 3rd, and 4th year students. It tracks their progress and insights about their stay in SMU. This is made possible because of the new service, the Wellness and Attrition Service, of the Guidance and Testing Office.

		Percent of Respondents
Significant Events	Academic Failure	42%
	Becoming Sick, Injured, or Hospitalized	30%
	Transfer of Residence	18%
Distraction to Self-Harm	Very Distracted	5%
	Distracted	9%
	Slightly Distracted	27%
	Not at all distracted	59%
Thoughts of shifting to another course	Yes	24%
	No	76%
Thought of Transferring to other School	Yes	32%
	No	68%
Possible reason for transferring	Academic failure	36%
	Lack of finances	21%
	Lack of instructors	13%
Possible school to transfer to	Aldersgate	17%
	PLT	19%
	NVSU	14%
Reason for staying in SMU	Quality Education	31%
	Proximity	26%
	Conducive learning environment and Approachable Instructors	18%

The table above presents some of the highlights gained from the Career Wellness Inventory. The most common significant event in the past 12 months for the students was academic difficulties (42%) while the least common significant is transferring residence (18%). It is a good thing that majority of the students reported that that they are not distracted at all (59%) in harming themselves however, some are still distracted but in different levels. Hence, the individual counselling conducted for them.

It is worth noting that a quarter of the respondents have thought of shifting to another course (24%), and a third have thought of transferring to another school (32%). Besides the academic reasons, with the most common being failed grades (36%), the students have

thought of transferring to another school due to emotional matters, most commonly being difficulty adjusting to the environment, family matters such as the school being far from their homes, lack of finances, and a top factor for transferring is having inconsiderate teachers. Furthermore, the table above shows that most of the students plan to transfer to PLT (19%) specifically, the BSN students from the SHANS department. On a positive note, the students continuously stay in SMU because of the quality education that the school offers.

MARIAN STARS (Student Trait Assessment for Responsible Self)

Out of 1,124 officially enrolled third year students for the first semester, 625 (50.60) students were able to visit and administered by the Guidance counsellor in-charge for 3rd years. Whereas, for the second semester, out of 1007 officially enrolled students, there were 644 (63.95%) who accomplished the Marian STARS with the total of 1269 third year students for AY 2023-2024.
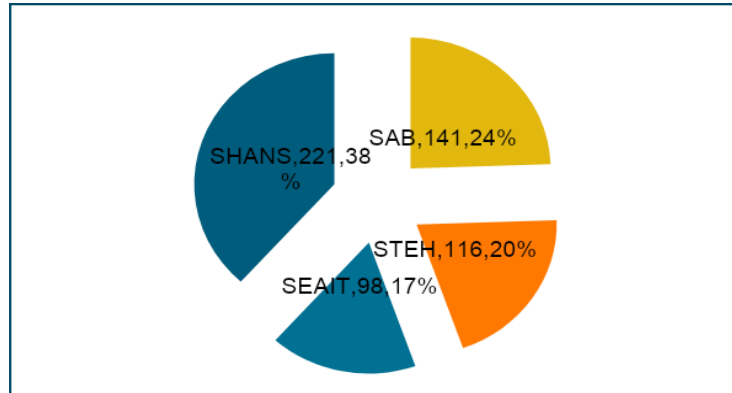
Emotional Quotient Inventory (EQ-i) (First semester)

The figure above presented the number of students per school who responded to the Emotional Quotient Inventory (EQ-i.) It shows that from 625 students visited in class, 576 were able to accomplish the g-form.
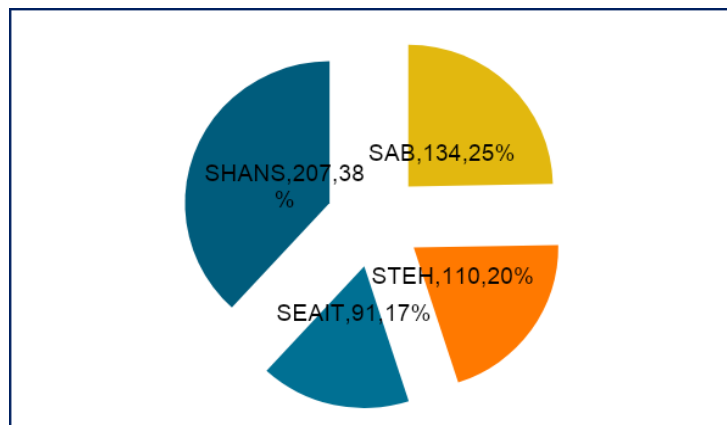
Study attitudes and Methods Survey (SAMS) (First semester)

The figure above presented the number of students per school who responded to the Study attitudes and Methods Survey (SAMS) for the first semester. It shows that from 625 students visited, 543 were able to accomplish the g-form.
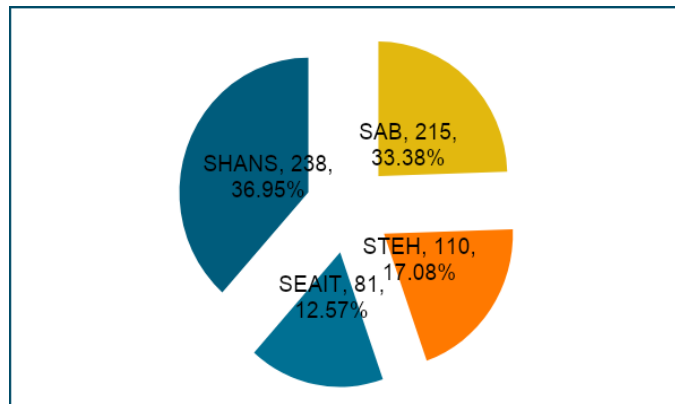
Study attitudes and Methods Survey (SAMS) & Bar on EQ (second semester)

The figure above presented the number of students per school who responded to the Study attitudes and Methods Survey (SAMS) and Bar on EQ-I for the second semester. It shows that the 644 third year students who were visited during their CGE classes, all of them responded to the Marian STARS.

Manuals produced: MARIAN STARS Module

The MARIAN STARS Module provides a step-by-step guide into the online and offline administration, scoring, and reporting of MARIAN STARS.

The module is divided into the different aspects of the program, beginning with the administration of the Study Attitudes and Methods Survey and Emotional Quotient Inventory, followed by its scoring, interpretation, and various methods of reporting the results. It provides a guide to prepare a report for the student, the class teacher, the school, and an overall snapshot of each school and year level.

Office Research produced: MARIAN STARS Data Utilization

The MARIAN STARS is a program whose effectiveness is highlighted when its data is analyzed and researched on. The General Weighted Average (GWA) and Study Attitudes and Methods Score (SAMS) of selected students were analyzed. The result revealed that students have a high level of study anxiety, manipulation and alienation toward authority. In contrast, they have a low level of academic drive and study methods.

	Mean	**SD**	**QD**
Academic Interest	21.45	8.495	Average
Academic Drive	28.68	7.823	Low
Study Methods	26.14	8.290	Low

Study Anxiety	23.90	8.607	High
Manipulation	12.39	8.443	High
Alienation toward Authority	17.41	8.672	High

Legend: Academic Interest: Low= 0-20, Average= 21, High= 22-45; Academic Drive: Low= 0-35, Average= 36, High= 37-45; Study

Methods: Low= 0-27, Average= 28, High= 29-45; Study Anxiety: Low= 0-20, Average= 21, High= 23-45; Manipulation: Low= 0-10, Average= 11, High= 12-45; Alienation toward Authority: Low= 0-14, Average= 15, High= 16-45

The table above shows the level of the study attitude and methods of third year college students of Saint Mary's University. The result shows that students have average level of academic interest (M= 21.45), low academic-drive (M= 28.68), low level study methods (M= 26.14), high level of study anxiety (M= 23.90), high level of manipulation (M= 12.39), and high level of alienation (M= 17.41).

	GWA	QD	Frequency	Percent
Mean	82.31	DISTINGUISHED	1	.5
Std. Deviation	10.517	EXCELLENT	23	10.4
		VERY GOOD	112	50.5
		GOOD	33	14.9
		PASSING	25	11.3
		FAILED	28	12.6
		Total	222	100.0

GWA Legend: Distinguished= 96-100; Excellent= 90-95; Very Good= 84-89; Good= 81-83; Passing= 75-80

The table shows the students' general weighted average. With 222 total respondents, their average grade is 82.31. When grouped according to categories of GWA, it demonstrated that half of the respondents (112) are with a very good GWA (50.5%). The next largest groups are "Failed" with 28 (12.6%) and "Passing" with 25 (11.3%) respondents. There is also small number of students are "Excellent" with 23(10.4%) and "Good" with 33 (14.9%) student. And only one student is "Distinguished" (0.5%).

		GWA
Academic Interest	Pearson Correlation	.011
	Sig. (2-tailed)	.867
	N	222
Academic Drive	Pearson Correlation	.128
	Sig. (2-tailed)	.058
	N	222

Study Methods	Pearson Correlation	.081
	Sig. (2-tailed)	.229
	N	222
Study Anxiety	Pearson Correlation	-.010
	Sig. (2-tailed)	.883
	N	222
Manipulation	Pearson Correlation	-.193**
	Sig. (2-tailed)	.004
	N	222
Alienation toward Authority	Pearson Correlation	-.086
	Sig. (2-tailed)	.201
	N	222

**. Correlation is significant at the 0.01 level (2-tailed)
*. Correlation is significant at the 0.05 level (2-tailed)

The table shows the relationship of students Study Attitudes and Methods and their GWA. For the student's academic interest, it shows no significant correlation with GWA (Correlation: 0.011, p=0.867) The Academic Drive and GWA also has a weak positive correlation (Correlation: 0.128, p = 0.058), Study Methods and GWA, has a very weak positive correlation (Correlation: 0.081, p = 0.229), Study Anxiety and GWA, has very weak negative correlation (Correlation: -0.010, p = 0.883), Manipulation and GWA has significant negative correlation (Correlation: -0.193, p = 0.004), and Alienation toward Authority and GWA, there is a very weak negative correlation (Correlation: -0.086, p = 0.201).
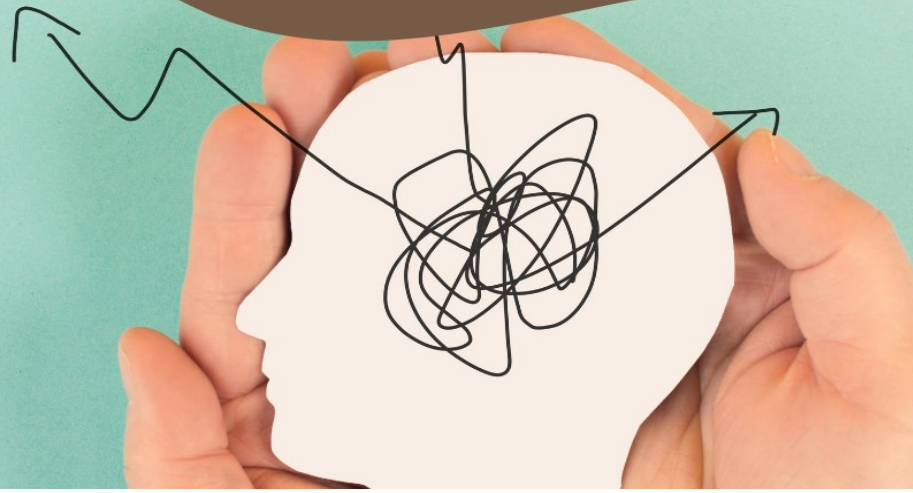

Brochure Distributed to Students

# STUDENTS' ALTRUISTIC LIFELONG VOLUNTEER ENGAGEMENT (S.A.L.V.E)

Training Module

Training module crafted by the dedicated interns of the Saint Mary's University Guidance and Testing Office for the school year 2023-2024 first semester. In a collaborative effort, we interns have diligently worked to enhance the content, ensuring its relevance and effectiveness in counseling training programs.

Tyron John P. Abraham

Bachelor of Science in Psychology

abrahamtyronjohn@gmail.com
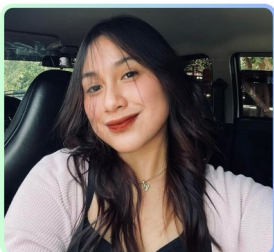
Jannie Mae T. Cabauatan

Bachelor of Science in Psychology

jmaecabauatan@gmail.com

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Rationale

Introduction

The need for training students in basic counseling practice is increasingly relevant in addressing a variety of societal and school-related challenges. In today's world, issues such as rising rates of anxiety, depression, bullying, and peer pressure among students have become pervasive concerns. Students often struggle with academic stress, interpersonal conflicts, and emotional well-being, necessitating support beyond what traditional education can provide.

Furthermore, concerns related to school violence, substance abuse, and self-harm underscore the importance of early intervention and peer support. By equipping students with basic counseling emotional assistance. skills, schools can foster a culture of empathy and resilience, providing a critical safety net for those in need of this training not only helps to address immediate crises but also prepares students for future roles in the fields of psychology and counseling, ultimately benefiting the broader community.

Who?

The participants of this program are the Fourth Year Students, Marian Psychological Society (MPS) and the Marian Peer Counselors Organization (MPCO). These individuals are ideal candidates as they share a common interest and background in the field of psychology, making them well-suited to benefit from the comprehensive training and support offered by the program. By uniting members of MPS and MPCO, the program creates a dynamic community of future mental health professionals committed to enhancing their counsel-

Why?

This initiative is dedicated to cultivating compassionate and skilled student volunteers who are passionate about supporting their peers and fostering a nurturing school environment. Through comprehensive training, participants learn essential counseling techniques and communication skills, enabling them to provide basic emotional support and guidance to fellow students. As ambassadors of empathy, they play a vital role in promoting mental well-being and ensuring no student feels alone in their educational journey. Additionally, this program aims to prepare them for future practicum or internship opportunities in the field of psychology, further advancing their professional develop-

How?

This program will run as a structured 10-day session, ensuring that participants receive a comprehensive education and training in basic counseling skills. Each day will feature a combination of theoretical learning and practical exercises, allowing participants to immediately apply their knowledge. Through interactive workshops, role-play scenarios, and group discussions,

the program aims to equip students with the necessary knowledge and practical experience to confidently support their peers in a school setting and prepare them for future practicum or internship opportunities in the field of psychology.

Approach and Strategy

The formation program uses easy to use FOUR strategic approaches in setting up to encourage students to volunteer and train to conduct in-take interview and counseling.
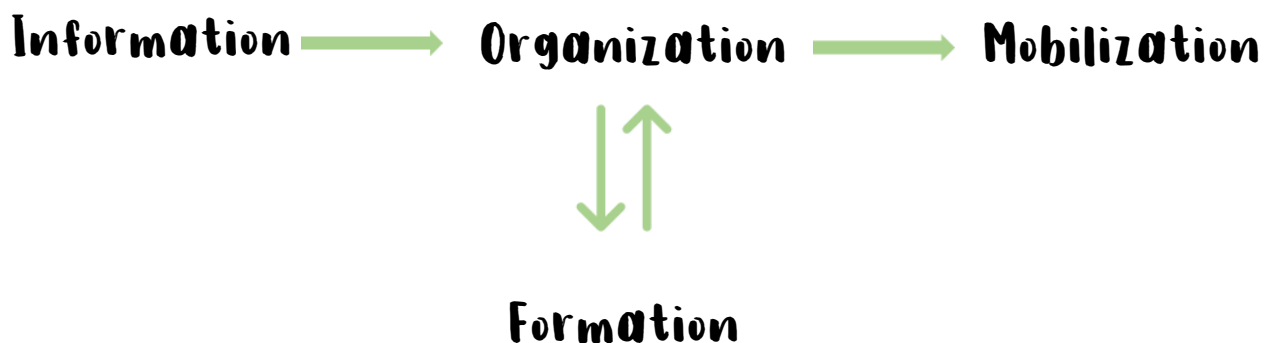
During strategic planning, unique goals and activities are assigned to the different approaches.

The Four strategic approaches are :

Information
Organization
Formation
Mobilization

ILLUSTRATION- I Diagram of strategic approaches

Information ⟶ Organization ⟶ Mobilization

Formation

A. Information and Organization

Objectives:

This stage aims at informing the public about the program. To present, discuss and explain the objective of the program in order to inspire and motivate the student to volunteer and train to conduct intake interview and basic counseling.

Specific task:

To organize and train Students who shall help in the program's implementation. This will be composed of volunteers from Fourth year Psychology/Social Work students and organizations such as MPS and MPCO.

B. Formation

Objectives:

To encourage and produce skilled student volunteers who are passionate about supporting their peers and fostering a nurturing school environment. Through comprehensive training, participants learn essential counseling techniques and communication skills, enabling them to provide basic emotional support and guidance to fellow students.

C. Mobilization

Objectives:

Students who have passed the screening for the Volunteer -group will be provided opportunity and assigned to conduct intake interviews for the freshmen and conduct basic counseling. Moreover, students who would join the proposed program will realize and discuss the importance of counseling and shape them to become more knowledgeable in different techniques to cater our fellow students in their needs.

PRE IMPLEMENTATION AC TIVITIES

Conceptualization

Officially enrolled Marian Students who would like to enhance their spirit of volunteerism along the areas of Basic Mental Health Counseling are encouraged to join the program. The objective of this program is that volunteers will be trained extensively along the following areas such as basic counseling skills, volunteers will be provided with the necessary skills to conduct counseling. Provide an opportunity to apply the learned skills during the training in an actual scenario. Allow the volunteers to handle intake interviews and basic counseling at the GTO. Lastly, provide the necessary skills on how to identify clients who may need referral to the Counselor in-charge of the volunteer group. The content of the program aims to encourage to volunteer and train students in fundamental counseling skills, ethics and techniques.
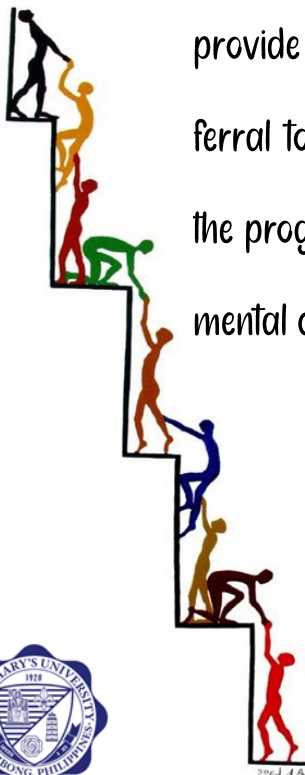
Presentation

The objective of this program is to present the program to the faculty and participants. Th content of the program is to provide an overview of what the program covers, its importance and the benefits itself.

Integration

The objective of the program is to explain how the program integrates into the broader educational or counseling context. It is to describe how students' new skills will be integrated into their academic or professional pursuits. Under this the program it touches the possible concerns like resource limitations, participant availability or technical requirements (e.g. develop strategies to overcome concerns like flexible scheduling)

THE PROGRAM IMPLEMENTATION

PRE-ACTIVITIES: PSYCHOLOGY STUDENTS

Date	Activities
November 13. 2023 Mon	Creating a poster for 4th year psychology students who wants to volunteer to train and conduct intake interview and basic counseling at GTO. **Information:**
November 14 2023 Tue	Begin the recruitment process for student volunteers through social media platforms (messenger through poster) Indicating: • Title • Goal • What's in it for me • What are the benefits Identify trainers (make a list of participants)
November 16. 2023 Thurs	Establish flexible scheduling options. Ready to launch the Program.

Phase 1

For a start. this phase will focus on psychology students who already have some foundations in human development and counseling theories and skills. This volunteer from the psychology department will be extensively retooled and will be deployed immediately by the 2nd week of November. provided they have passed the counseling skills' assessment.

The Topics for Phase 1:

1. Rationale for the Volunteer-Program
2. Review of Counseling Skills and Techniques
3. Identifying and categorizing clients' concerns.
4. Explain what 'Intake Interview' is.
5. Understanding confidentiality and its limits
6. Logistics of the counseling sessions
   A. Parts
   B. Duration
   C. Follow up: When & How
   D. Referral: When & how to refer.
7. Basic Ethical Guidelines
8. Debriefing (Nov 20) process experiences difficulty encountered

ACTIVITIES

Date	Activities
Day 1: Nov 20 Mon	**Orientation Session:** Conduct an orientation for selected volunteers to introduce them to the program, outline expectations, and provide an overview of counseling basics.
Day 2: Nov 21 Tue	**Basic Training (Part 1):** Begin the first phase of basic counseling training. Rationale for the Volunteer-Program Review of counseling skills and techniques. Identifying and categorizing clients' concerns. Explain what 'Intake Interview" is Understanding confidentiality and its limits. Logistics of the counseling sessions Parts Duration Follow-up Basic ethical guidelines and scenario discussions Workshop
Day 3: Nov 22 Wed	**Basic Training (Part 2):** Continue seond phase..
Day 4: Nov 23 Thurs	**Mock Counseling Sessions:** Arrange practice sessions for volunteers to apply their training in a controlled environment. Monitor participants progress
Day 5: Nov 24 Fri	**Wrap-up and Next steps:** Certify successful participants and highlight the importance of their role in the actual intake interviews at the Guidance and Testing Office. Provide information on how to sign up for volunteering opportunities.

THE PROGRAM IMPLEMENTATION

PRE-ACTIVITIES: NON-PSYCHOLOGY STUDENTS

Date	Activities
January 10, 2024	Creating a poster for 4th year psychology students who wants to volunteer to train and conduct intake interview and basic counseling at GTO.
January 11, 2024	**Information:** Begin the recruitment process for student volunteers through social media platforms (messenger through poster) Indicating: • Title • Goal • What's in it for me
January 12, 2024	Identify trainers (make a list of participants) Establish flexible scheduling options. Ready to launch the Program.

Phase 2

This phase will focus on non-psychology students who do not have enough knowledge about the foundations in human development and counseling theories and skills. This volunteer is open for different courses and will be extensively trained and will be deployed immediately by the 3ᴿᴰ week of January. provided they have passed the counseling skills' assessment.

The Topics for Phase II:

Rationale for the Volunteer-Program

Review of Counseling Skills and Techniques

Identifying and categorizing clients' concerns.

Explain what 'Intake Interview' is.

Understanding confidentiality and its limits

Logistics of the counseling sessions

  Parts

  Duration

  Follow up: When & How

  Referral: When & how to refer.

Basic Ethical Guidelines

Debriefing (Nov 20) process experiences difficulty encountered

ACTIVITIES

Date	Activities
Day 1: Jan 15 Mon	**Orientation Session:** Conduct an orientation for selected volunteers to introduce them to the program, outline expectations, and provide an overview of counseling basics.

Day 2: Jan 16
 	
Tue
	Basic Training (Part 1):
	
	Begin the first phase of basic counseling training.
	
	  Rationale for the Volunteer-Program
	  Review of counseling skills and techniques.
	  Identifying and categorizing clients' concerns.
	  Explain what 'Intake Interview" is
	  Understanding confidentiality and its limits.
	  Logistics of the counseling sessions
	    Parts
	    Duration
	    Follow-up
	  Basic ethical guidelines and scenario discussions.
	
	   Workshop

Day 3: Jan 17 Wed	**Basic Training (Part 2):** Continue second phase.. Special Topic: Test Administration & Psychological First Aid
Day 4: Jan 18 Thurs	**Mock Counseling Sessions:** Arrange practice sessions for volunteers to apply their training in a controlled environment. Monitor participants progress
Day 5: Jan 19 Fri	**Wrap-up and Next steps:** Certify successful participants and highlight the importance of their role in the actual intake interviews at the Guidance and Testing Office. Provide information on how to sign up for volunteering opportunities.

What are the basic counseling needs for volunteers?

Empathy and Active Listening: Volunteers should possess strong listening skills and the ability to empathize with individuals seeking counseling.

Communication Skills: Effective communication is essential for volunteers to build rapport and convey information clearly.

Non-Judgmental Attitude: Volunteers should be non-judgmental and open-minded to create a safe and supportive environment for those they counsel.

Confidentiality: Understanding the importance of confidentiality and adhering to ethical guidelines is crucial.

Basic Counseling Techniques: Volunteers should have a grasp of fundamental counseling techniques, such as reflective listening and open-ended questioning.

Cultural Sensitivity: Being aware of and respecting cultural differences is important in counseling.

Problem-Solving Skills: Volunteers may need to assist with practical problem-solving for those they counsel.

Self-Care Awareness: Volunteers should be mindful of the emotional toll counseling can take and practice self-care to maintain their well-being.

Training: Provide basic training and resources to help volunteers develop their counseling skills.

Supervision: Consider having a supervisory system to support and guide volunteers in

Students' Altruistic Lifelong Volunteer Engagement (S.A.L.V.E)

Training Module for Psychology Students

Students' Altruistic Lifelong Volunteer Engagement (S.A.L.V.E.) module is a pivotal component of our ongoing commitment to fostering excellence in the field of psychology. This module is tailored for individuals who have already acquired a solid foundation in counseling and are eager to embark on a journey of lifelong volunteer engagement.

The primary goal of the S.A.L.V.E. program is to establish a student-led counseling and testing support system at Saint Mary's University. Recognizing the significance of peer guidance, this initiative seeks to empower students to assist the Guidance and Testing Office of Saint Mary's University in providing valuable insight and support to their peers. By fostering a collaborative environment, we aim to enhance the overall well-being and academic success of our student community.

This module is one of four training modules of the S.A.L.V.E program.

Here are the four training modules:

Training Modules				
	Orientation	**Basic Counseling Training**	**Mock Counseling Sessions**	**Recognition**
How long does it take?	2-3 hours	2 days (4 hours per day)	4-5 hours	2-3 hours
Who are the speakers?	Counselors and Guidance and Testing Office Staff	Counselors and Guidance and Testing Office Staff	Counselors and Guidance and Testing Office Staff	Counselors and Guidance and Testing Office Staff
What is it about?	It introduces participants to the S.A.L.V.E program.	It introduces basic counseling skills and presents a range of situations subjective to counseling. It also aims to introduce the process of the Intake Interview.	It provides a manual on mock counseling sessions to take place during the 4th day of the program.	It emphasizes the participants' roles and responsibilities in the institutions.

Module 1: Orientation

Module Introduction:

Welcome to Module 1 of the Students' Altruistic Lifelong Volunteer Engagement (S.A.L.V.E.) Program for Psychology Students. In this foundational module, we aim to provide you with a comprehensive orientation to set the stage for your journey through the program. The orientation is designed to familiarize you with the program structure, expectations, and resources, ensuring a smooth transition into the subsequent modules.

By the end of Module 1, you will be well-equipped to navigate the S.A.L.V.E. program successfully. This orientation lays the groundwork for a transformative learning experience, preparing you for the challenges and opportunities that lie ahead.

Objectives:

- Gain a comprehensive understanding of the S.A.L.V.E. program, including its mission, objectives, and the significance of volunteer engagement in the context of psychology.

- Clarify the expectations and commitments required throughout the program, ensuring a shared understanding of the responsibilities associated with being a participant in the S.A.L.V.E. program.

- Explore the various resources available to you, both within the program and externally, to maximize your learning experience.

Target Learners:

Fourth-year Psychology students of Saint Mary's University

Materials:

- Note-Taking Tools: A notebook or digital tools for jotting down important points.
- Support Resources: Contact details for program coordinators and support services.
- Timeline: A schedule with assignment deadlines and key dates.

Ice Breaker: Two Truths and a Lie?

Instruction: Each person takes turns sharing two true statements and one false statement about themselves. The others try to guess which statement is the lie. It's a great way to learn interesting facts about each other and spark conversations.

Lecture 1: Understanding S.A.L.V.E

What?

The imperative to train Fourth Year Students, the Marian Psychological Society (MPS), and the Marian Peer Counselors Organization (MPCO) in basic counseling skills stems from the increasing prevalence of challenges such as anxiety, depression, bullying, and peer pressure among students. Recognizing the limitations of traditional education in addressing academic stress and emotional well-being, the program emphasizes the critical need for early intervention and peer support, particularly in concerns related to school violence, substance abuse, and self-harm.

The overarching goal is to cultivate empathy and resilience within educational institutions, creating a safety net for emotional assistance and fostering a supportive environment conducive to the holistic well-being of students. The S.A.L.V.E. program is designed to equip participants with essential counseling techniques, effective communication skills, and a cultural understanding of the school environment, preparing them to become empathetic and skilled volunteers capable of providing meaningful support to their peers and preparing for future roles in mental health professions.

Additionally, this training program holds particular value in preparing fourth-year BS Psychology students for their practicum/internship course. The time spent participating in the program will

Who?

Fourth Year Students, MPS members, and MPCO members. The Marian Psychological Society (MPS) and the Marian Peer Counselors Organization (MPCO) are identified as ideal candidates due to their common interest and background in psychology.

Where?

The program is intended for implementation at Saint Mary's University. The training will take place in the Testing Room of the SMU Guidance and Testing Office.

How?

The program involves a structured 5-day session with a combination of theoretical learning and practical exercises. Each day includes interactive workshops, role-play scenarios, and group discussions. The training is designed to provide immediate application of knowledge. The program aims to cultivate compassionate and skilled student volunteers who can offer basic emotional support and guidance to fellow students. The ultimate objective is

Lecture 2: Schedules and Agendas

	Activities
Day 1	**Orientation Session:** Conduct an orientation for selected volunteers to introduce them to the program, outline expectations, and provide an overview of counseling basics.
Day 2	**Basic Training (Part 1):** Begin the first phase of basic counseling training. Rationale for the Volunteer Program Review of counseling skills and techniques. Identifying and categorizing clients' concerns. Explain what an 'Intake Interview" is Understanding confidentiality and its limits. Logistics of the counseling sessions Parts Duration Follow-up Basic ethical guidelines and scenario discussions. Workshop
Day 3	**Basic Training (Part 2):** Continue the second phase.
Day 4	**Mock Counseling Sessions:** Arrange practice sessions for volunteers to apply their training in a controlled environment. Monitor participants' progress
Day 5	**Wrap-up and Next steps:** Certify successful participants and highlight the importance of their role in the actual intake interviews at the Guidance and Testing Office. Provide information on how to sign up for volunteering opportunities.

Lecture 3: Ground Rules

- **Respect Everyone**: Treat others with respect and value their opinions.

- **Keep Things Confidential**: Keep personal information shared during the program private.

- **Participate Actively**: Join discussions, complete assignments on time, and be

- involved.

- **Be On Time**: Attend sessions and submit work promptly.

- **Act Professionally**: Be professional in your communication and conduct.

- **Speak Openly**: Share your thoughts respectfully and encourage open communication.

- **Use Technology Wisely**: Be responsible with technology during sessions.

- **Stay Flexible**: Be open to changes and different ways of doing things.

- **Give and Receive Feedback**: Provide helpful feedback to others and accept feedback graciously.

- **Show Commitment**: Participate actively and inform if unable to attend or complete tasks.

- **Respect Diversity**: Be aware of cultural differences and approach discussions with sensitivity.

Activity: Goal Setting

Engaging in this activity will enable organizers to gain insights into participants' expectations. It serves as a valuable tool for understanding what information to include, aspects to emphasize, and areas to improve upon, ultimately contributing to the organizers' ability to deliver the best possible training and experience for all participants.

Instruction: Take a moment to reflect on your expectations for this training program. Consider what information you hope to receive, which aspects you find crucial, and any areas you believe could be improved for an optimal learning experience. Create a list outlining your expectations. Include specific details about the information you would like to be covered, aspects you hope will be emphasized, and areas you think could be enhanced for a more rewarding training experience.

Module 2: Basic Counseling

1.   INTRODUCTION

The idea of mental illness is often confusing. We have an understanding of stress, and of psychosis, but there is a range of emotional distress in between that is often overlooked.

1.1 What is mental illness?

Mental illness affects people's feelings, thoughts and behavior. Mental illness can have negative effects on people's lives or the lives of their families. Symptoms of illness can include:

Changes in mood

Changes in a person's perception of reality

Changes in a person's ability to organize or focus their thoughts.

These changes can interfere with how people are able to function at work, within their families or communities.

But, mental illness is treatable.

> People who have a mental illness may not know about it, or may be ashamed to talk about it. This makes it difficult for them to ask for help and get treatment.

In contrast to mental illness, mental well-being in when a person is able to realise their own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to their community.

1.2 Mental health is everybody's business

Mental health care is often seen as a specialist field that only highly trained health workers can deal with, e.g. psychiatrists or psychiatric nurses.

Mental illness are far more common than both health workers and clients often realize. Poor mental health can affect clients in many. That is why it is important that all levels of health workers are able to recognize mental ill ness.

Why don't health workers ask about how a client is feeling?

Perhaps the answer requires too much time and effort. It may be easier to deal with a physical problem. Perhaps the question reminds health workers about their own personal issues.It is often difficult for health workers to hear about clients' feelings because they may feel unable to offer help to clients.

1.3 What is the process of counseling?

Opening: establishing a relationship / building trust

Exploring: good listening

Understanding: clarifying / reflecting / summarizing the problems

Deciding on intervention: understanding the situation

Exploring the problem to find solutions

Helping the client to plan their own solutions

Monitoring and maximizing resilience

2. HELPING OTHERS

Health workers often see distressed people. It is not always easy to know how you can help or what to do.

2.1 Who can help?

Anybody can help! The exercises in this manual help you understand how best to be a helper.

You do not need to be a trained social worker or psychologist to have counseling skills. Counseling skills can help everyone to take better care person or people that they see.

2.2 What is a helper?

These activities aim to get health workers to think about who would be able to help people in distress, and how that should be done.

2.3 Qualities of a helper

The following characteristics are good qualities for a helper:

Keep confidentiality

Empathy

Positive regard

Respect for others

Warmth

Being genuine

2.3.1 Confidentiality

A counseling relationship is based on trust. What is told to the helper must not be passed on to other people. Health workers need to understand how important it is to keep information confidential. Professional health workers may share confidential client information with other professionals if it is going to assist the client's care.

Activity: *Confidentiality*

Think of a secret that you have. Nobody else knows about this thing. Think about sharing this information with someone that you trust. How would you feel if they told other people? Some of the emotions that you may feel are: **betrayal, anger, hurt, feeling shut down.**

Keeping information confidential is giving your trust to someone and keeping your word. As a counsellor, you are in a privileged position to be trusted with other people's important information.

2.3.2 Understanding others

The activity below is aimed to get health workers to think about what it might be like to be someone else.

Activity: Walking in someone else's shoes

Think about your favorite pair of shoes. Where have those shoes been with you? How far have you walked in them? Have they been in mud or rain? Have they been dancing?

Think about your best friend. What size are her feet? Would the client be able to wear your shoes? Do you know where her shoes have been? How has **her journey shaped her shoes?**

Learning points:

- It is very difficult to know about other people's lives.

- Your journey shapes who you are and it is not easy to understand something from another's point of view.

- There are many ways of seeing and experiencing the world and these depend on our upbringing and beliefs

- We need to be able to respect another person's point of view, even if it is different from our own

- We need to recognize difference and similarities between people.

- It takes a lot of thinking about yourself before you can understand something form another's point of view.

2.3.3 Understanding yourself

When you are trying to help someone who is distressed, it can be very upsetting for **you**. It is very important that you try and think about how you feel so that you can help the other person in the best way. This is called **'self-reflection'**.

The following are important points on self-reflection:

- Try to give yourself time – every day – to think about how you feel and why.

- When working – try to monitor what you feel, and ask where the feelings come from.

- Try to notice when you feel very strong feelings about something.

- Try to think about some of your strongest feelings, and see if they link to any of your own experiences.

- Treat your own feelings with the same compassion and respect you would give to others.

2.3.4 Empathy

The terms empathy and sympathy are both about feeling for somebody else's situation, but they often get confused.

What is empathy?

- Putting yourself in someone else's shoes.

- Respectfully imagining what someone else's life is like.

- Entering into the private world of another person, without making judgements.

- Empathy is showing that you understand the person's experiences, behaviour and feelings.

> *"To empathize is to see with the eyes of another, to hear with the ears of another and to feel with the heart of another"*

It is hardest to empathize with those who are different from us. In order to empathize with another, you need to be:

- *Open-minded*: you must set aside, for the moment, your own beliefs, values and attitudes in order to consider those of the other person.

- *Imaginative:* imagine the other person's background, thoughts and feelings.

- Committed: want to understand another person.*Knowing and accepting of your-self*: knowing yourself and accepting who you are helps to develop empathy for others.

Difference between empathy and sympathy

Often we hear the words empathy and sympathy together. What is the difference between empathy and sympathy?

- Empathy: putting yourself in another's shoes and trying to see the world through their eyes. This does not mean that you feel exactly what they are feeling or that you have been through everything they have been through.

- Sympathy: feeling what another person is going through. For instance, feeling the sadness a family is feeling from the loss of their child.

A helper needs to feel empathy, because you cannot possibly experience everything that people go through. You use your experiences, and your attention to understand the other person's situation.

3.COUNSELLING SKILLS

In order to learn how to be helpful to someone in distress, there are some useful counseling skills outlined below. The more the skills are practiced, the easier they are to use.

3.1 Listening skills

"Diagnosis helps the doctor, but for the patient, the crucial thing is the story"

Carl Jung

"A good listener is not only popular everywhere, but after a while he knows something"

Wilson Mizner

"There is none so blind as those who will not listen"

William Slater

Activity: Listening

Have you ever had a helpful experience when you talked with someone about a problem? It could have been a friend or family member who simply listened to you. They did not give you a solution, give advice or tell you what to do. They simply listened while you talked about your thoughts and feelings. Afterwards you felt better, just because you talked about it and felt heard. **Sometimes, just the experience of talking to someone who listens can be healing.**

3.1.1 Active listening

Active listening happens when you "listen for meaning". The listener says very little but conveys empathy, acceptance and genuineness. The listener only speaks to find out if they have heard or understood correctly.

Key points about empathic listening:

- Listening is *active*

- There is more to listening then simply not talking, or lending your ears to somebody.

- There are *verbal* and *non-verbal* components to listening. You can listen without saying anything.

- Listening involves more than just one sense. It is not just hearing with your ears, but also involves observing with your eyes and saying things at times. It can include touch as well.

- Active listening is also *communicating* what you have heard and understood.

Why should we use active or empathic listening?

- Empathic listening encourages the client to talk more about their issues. This allows you as a helper to gain a better understanding of the difficulties and their view of the world.

- It leaves the client with the understanding that the client has been heard. Just the experience of being heard can be healing.

- Active listening helps establish a relationship between client and helper.

Empathic or active listening involves:

Participating in the world of the other person and being a part of what that person is experiencing.

- o Hearing words but also listening to how the words are being said.

- o What tone of voice is being used?

- o What words are being used to describe the experience?

- o What body language is the person displaying?

- o What shows on their face?

- o What do their hand movement show?

- o Do the words flow or are there lots of hesitations?

- Listening to what is **not** being said, or are there lots of hesitations?

- In counselling, caring or empathic listening is an experience where your whole being becomes tuned into the world and experience of another person.

- A combination of empathy and listening is a basic requirement for all counselling behavior and in **itself** is often very therapeutic for the client.

- There is healing power in being listened to, and in being able to talk and be heard by another.

What gets in the way of active or empathic listening?

- Being selective: not listening to the full message of what is being said, but "hearing" only what you want to hear.

- Being distracted: appearing to listen when really your mind is a million kilometers away and you have not actually heard a word that has been said.

- Personal values (what we believe to be important): each of us has different values.

- What is happening in your own life: this may change your perspective about what the person is going through.

- Preparing a response: if you are preparing what you will say next, you cannot be listening to the person.

- Feeling threatened by what the person is saying.

- Culture: sometimes other person's culture is different to ours.

- Language: many times we are not speaking in our own language and there can be communication difficulties with this.

3.1.2 Verbal listening

Minimal verbal response: These are verbal responses showing that you are listening. Verbal responses include: "mmm…mmm," "uh-huh," or "yes."

These minimal responses show the client that you are listening to them, and encourages them to continue talking.

3.1.3 Non-verbal listening

The SOLERF method is a useful way to "listen" without speaking.

S　　　　**Squarely face person** – not turns to the side.

O　　　　use **Open** posture without crossed arms and legs

L　　　　**Lean** slightly toward the person rather than sitting back in the chair.

E　　　　use Eye contact instead of staring off into deep space.

R　　　　Relax, keep it natural instead of sitting like a board.

F　　　　look **Friendly** and welcoming rather than neutral or scowling.

> **Remember:** Communication is 55% body language, 38% tone and 7% words. Your client may not remember what was **said**, but they will remember how you made them **feel**.

Learning Point: Active listening means that you concentrate on what is being said – **not** on what you need to say or do.

The following activity aims to practice active listening skills. It will also explain how to get more information from the person by at what their body is saying.

> **Activity: Active Listening**
>
> Next time you and a friend or colleague have a chance to chat, think about listening actively. Try to listen without interrupting. Try not to say anything more than two or three words long. Keep her/him talking by saying "uh-huh", really!?", "tell me more", etc.

The table below gives examples of good listening and unhelpful listening.

Listening	Not Listening
Be aware of your own feelings and the way that you are responding	Talking about yourself or your own experiences
Try to find a private, quiet place for counseling / support	Being over-sympathetic
Sit still and look interested	Feeling sorry for the person, and then trying to give hope or platitudes (cliches)
Wait for the person to speak after you have given a short introduction	Promising to do everything
Give the person an opportunity to tell story in their own way	Breaking confidentiality
Don't interrupt the person while the client is talking	Looking irritated or bored, yawning
Feel relaxed with appropriate silences	Concentrating only on the facts and asking lots of questions.
Let the person know that you are willing to listen further	Minimizing the problem ("it could be worse!")
Ask a few questions – ask questions only when you need more information to understand the situation make sure that the way you understan the situation is correct	Preaching or judging
	Giving inappropriate advice with which, the client doesn't agree
	Not believing what the person is saying
	Feeling uncomfortable with someone else's feelings
Reflect back to the person in words that	Over sympathetic
they are feeling and saying	Feeling sorry for the person and then trying to give false hope.

3.2 Asking questions

The question we ask – open and closed – are important for counselling. They can help a person open up or close them down.

Open question: is used in order to gather lots of information – you ask it when you want to get a long answer.

Closed question: is used to get specific information – it can normally be answered with either single word or a phrase.

3.2.1 Open questions

Open-ended questions have no correct answer require an explanation.

For example:

What brought you in here today?

Open Ended Questions are good for:

Starting the information gathering part of the session

Keeping the client talking

To help the client to focus their discussion.

3.2.2 Closed questions

Closed questions are those that can easily be answered with a "yes" or a "no" or brief information.

For example:

What is your name?

Are you ready to stop doing that?

Closed questions are useful for:

For getting necessary information

To help the client to focus their discussion.

> **Activity: Practicing different kinds of questions**
>
> Next time you get a chance to chat with a friend or colleague, try to practice asking questions.
>
> Ask an **open-ended question** like, "How do you feel about what has happened within the past few days?"
>
> You want them to be able to go on at some length.
>
> After a few minutes, you can try to constrain or redirect conversation by asking a **closed question** such as "Does this make you feel good or bad?" You are looking for an either/or answer.

Important points about listening:

It is valuable for a client to be able to talk and be heard.

Talking about important things can be very hard.

Clients need to be able to speak in a safe place, in their own words.

When listening, try not to interrupt.

Concentrate on what is being said, not what you need to say or do.

Listen to the words said, what a persons body tells you and what a person **not** saying.

3.3 Reflection skills

Reflecting acts like a mirror; it gives back to the client what the client has just communicated to us. It lets the client know what you understand about what he/she has shared and communicates empathy.

Importance of reflecting

Relationship building: reflecting is valuable in building a relationship with the client by communicating trust, acceptance and understanding.

Clarification: reflecting is helpful to be able to clarify for themselves their problems and feelings

Information: reflecting helps the counselor get information about the client and how he/she views the situation.

Verification: reflecting helps the counselor to check the perception of what the clients communicate.

There are four different reflecting skills. These are skills that can be used at any stage in the counseling session, but are really important for building trust and exploring the problem.

Reflecting feelings

Restating/reframing

Affirmation

Summarizing

3.3.1 Reflecting feelings

Reflect what the client is feeling. Focus on feelings, NOT the details of what is said.

Example:

Client: "Ever since I broke up with her, I just mope around. I am just at a loss"

Tips for reflecting feelings:

Listen for and reflect both verbal and non-verbal communication of feelings.

Read body language and reflect what you see if feelings are not expressed verbally.

3.3.2 Restating/rephrasing

This is saying what you understand the client to be communicating. By doing this you are letting the client know that you understand and, if you don't, are willing to be corrected.

Tips for restating:

- Use your own words to explain your understanding of what the client is saying.

- Use slightly different words that have the same meaning; do not just repeat what the client said.

- Rephrase both content and feelings.

- Convey empathy, acceptance and genuineness.

- Be tentative and respectful, i.e. "I hear you saying…," or "it sounds like…"

> ***Example:***
>
> *Client:* "I know it doesn't help my depression to sit around or stay in bed all day"
>
> *Counsellor:* "it sounds like you know you should avoid staying in bed or sitting around all day to help your depression"

Start a restating statement with phrases like

"What I'm understanding is …"

"In other words…"

"So basically what you're saying is…"

"Do you mean…?"

"It sounds as if…"

"I'm not sure that I'm understanding you correctly, but…"

3.3.3 Affirmation

This encourages the client in the choices he/she has made. Affirmation can be for choices, knowledge or behavior.

- This skill is very similar to how a teacher affirms or verbally rewards a learner, or how a parent might encourage a child by saying "well done" or "you have done a good job" or "you have done your best"

- This may begin with the counselor affirming the client for choosing to come for counseling.

- But, unlike the affirmation of a teacher to a learner, the key skill of affirmation in counseling is encouraging the client to affirm herself; this is something the client can do for himself/herself, rather than depend on the counselor for it.

For instance, instead of saying, "I am so proud of you for coming back to get your test results," the counsellor should say, "You should be very proud of yourself for…returning for your results."

Affirmation is an important skill for empowering clients; by affirming them, we are encouraging our client in the healthy decisions and behaviors they have chose and helping them to continue making similar choices.

3.3.4   Summarizing

Summarizing highlights the most important areas, feelings, or themes of what the client has been saying.

Usefulness of summarizing:

- Draws together the important points and makes them clear.

- Reviews the session, then briefly describes the most important points and says what could be covered next time.

The following activity puts together all the skills you have learnt so far, and helps you to practice. It is not always easy to dot it right! Learn from the mistakes that are made. The more you practice. The more you practice, the easier it is to use the new skills.

Activity: *Putting the skills together*

When you next have a chance to chat to a friend or colleague, try to use **active listening, reflecting feelings, restating, summarizing and affirmation**

Get ready to listen actively.

Think about your encouraging body language.

Think about non-verbal encouragers.

Use open-ended questions like. "How are things going for you today?" You want the speaker to go on at some length.

Think about what the speaker is saying and reflect it.

Think about the speaker

Do you think that the speaker felt they were being heard with empathy?

What did the speaker feel when they left the session?

Think about listening

1. How did you feel inside yourself when you were listening?

2. Did you feel you were "on the same page" as the speaker? If not, why not?

3. How accurately do you think you were able to summarize the speakers information? 10%? 90%? Why?

4.   CARING FOR THE COUNSELLOR

One of the biggest problems for people working in the helping or caring professions is '**burnout**'. This can happen when you give too much of yourself to your work, but do not know how to take care of your own needs.

If you don't take care of yourself, you can start to feel:

Exhausted

Lacking in motivation

Loss of job satisfaction

Resentment of the work that you have to do / people that you work with

Isolation from colleagues

Sick

Try to get your healthy facility or organization to think about taking care of the staff.

The following points may be helpful to you:

* Recognize the stressful nature of your work – what are the particular stresses that you and your colleagues have to deal with?

* Try to take some time to think about your own needs – not just those of your clients

* Help to develop systems of support (formal and informal) for youself and your colleagues.

* Speak to the leadership within the health facility or organization so that they can protect and support staff.

Prevent burnout

This is a stressful and emotional job. Staff who provide counselling need to 'de-brief' and share the load. You will not be able to keep listening and helping other people if you are not cared for yourself!

5.   CONCLUSION

The skills and approaches to counselling that are outlined in the previous sections have been used to help distressed people. This shows how important it is to be able to tell their story and be listened to without being judged.

Summary highlights

Tread carefully – respect people's feelings and do not judge.

Listen – to what is being said, how it is expressed and to what is not being said aloud.

The client may not remember what you say, but they will remember how you make them feel

You need to understand your own feelings to understand others.

To take cate of others, you need to look after yourself

Module 3: Mock Counseling Session

Module Introduction:

Welcome to the Mock Counseling Session module! In this hands-on experience, participants will have the opportunity to apply their counseling skills in a simulated environment. Through role-playing scenarios, we aim to enhance your empathetic listening, communication, and problem-solving abilities, providing valuable insights into the dynamics of counseling. Get ready to engage and practice, fostering the essential skills needed for effective and supportive counseling interactions.

Objectives:

- Participants will practice empathetic listening to enhance their ability to understand and connect with those seeking counseling.

- Participants will learn and apply foundational counseling techniques, like reflective listening and open-ended questioning, in simulated counseling scenarios.

- Participants will gain awareness and showcase cultural sensitivity, recognizing the significance of diversity in effective counseling.

- Participants will refine verbal and non-verbal communication to ensure clear and effective interactions with individuals seeking counseling.

Target Learners:

Fourth-year Psychology students of Saint Mary's University

Materials:

- Mock Counseling Scenarios: Develop realistic counseling scenarios or case studies that participants can use for role-playing.

- Discussion Facilitation Guide: Develop a guide for facilitating discussions and debriefing sessions after each mock counseling session to encourage reflection and learning.

- Training Room Setup: Ensure the training room is arranged to facilitate small-group discussions and role-playing activities.

- Timer or Bell: Use a timer or bell to signal the beginning and end of mock counseling sessions, ensuring that participants have a defined time for their simulations.

- Evaluation Forms: Participants should complete the skill assessment form .

Mock Counseling Session:

The instructions are as follows:

- Pairing Up: Find a partner for the mock counseling session. Decide who will be the counselor and who will be the counselee for the first round.

- Role Assignment: The designated counselor will take on the role of a supportive listener and guide, while the counselee will act out a scenario or share a personal concern.

- Scenario Selection: If no specific scenario is provided, the counselee can choose a situation to discuss, keeping it within the agreed-upon time frame for the simulation.

- Time Management: Allocate a set amount of time for each counseling session (e.g., 10 minutes per round). Be mindful of the time to allow both participants an equal opportunity to practice their roles.

- Counselor's Focus: Counselors, focus on applying active listening skills, using open-ended questions, and demonstrating empathy. Remember to maintain a non-judgmental and supportive attitude.

- Counselee's Role: Counselees, feel free to express emotions and thoughts relevant to the scenario. This is an opportunity to explore the dynamics of counseling and provide the counselor with a realistic situation to respond to.

- Switching Roles: After the first round, switch roles. The counselee becomes the counselor, and vice versa. Choose a new scenario or continue with the same one, adjusting as needed.

- Mindful Application: In both roles, be mindful of the counseling techniques and skills discussed in the training. Practice active listening, use appropriate verbal and non-verbal communication, and consider cultural sensitivity.

- Debriefing: After each round, take a few minutes to debrief with your partner. Share your experiences, discuss what went well, and provide constructive feedback based on the counseling skills practiced.

- Rotation: If time allows, consider rotating partners to experience different counseling dynamics and scenarios.

Narrative Sharing:

After the mock counseling sessions, engage in a brief period of personal reflection, sharing your narrative experiences with your partner. Discuss the emotional and practical aspects of the counseling scenarios, highlighting key insights and challenges faced. This narrative sharing phase aims to deepen understanding, foster mutual learning, and enhance your overall counseling skills through collaborative reflection.

Skills Evaluation Form: Counseling Skills & Techniques

Student name: _____   Person Completing Evaluation: _____

Instructions:

- Clearly write your score in the far-right column titled "Score". Place an "X" in the "Score" column if the standard was not observed.

- When this form is completed, turn it into CES administrator for data entry.

- Counseling skills and techniques is the first formal place in the master's program to evaluate students counseling skills. There will be other places such as practicum and internship that formally assess counseling skills as well. During Counseling Skills and Techniques, items scored as 3 and 4 are considered acceptable. It is not expected that students receive a score of "5" on any of the items in the evaluation because they are considered to be beyond what is expected at this point in their development. If any items are scored as 1 or 2, the instructor should discuss specific concerns with the student and ways the student can improve.

- All scores contribute to the overall grade in this course

Standard	1	2	3	4	5	Score
1. d. Self-care strategies appropriate to the counselor role	The student cannot verbalize a need for self care	He student cannot verbalize strategies for self-care	The student can verbalize self-care strategies but does not or cannot implement the strategies	The student integrates self-care strategies but not continuously	The student continually integrates and adapts new self-care strategies	
5 B Counselor characteristics and behaviors that influence helping process						
5. b. Empathy	The verbal and behavioral expression by the student does not attend to and detract significantly from the client	When the student responds, they do so in such a way that it subtract noticeable effect from the communication of the client	The expression of the student are essentially interchangeable with those of the client in that they express the same affect and meaning	The responses of the student add noticeably to the client in such a way to express feelings level deeper than those expressed by the client	The student's responses add significantly to the feeling and meaning of the client expression and when the client is in on going deep self-exploration, the students remains immediate to that experience	
5.b. 2 Unconditional positive regard	Does not show ANY ability to suspend judgmental thinking, value clients as individuals, and think positively	Shows one of three the following qualities; suspend judgmental thinking, value client ass individuals, and think positively about them	Shows two of three of the following qualities; suspend judgmental thinking, value client as individuals, and think positively about them	Shows three of the following qualities (but not consistently across clients); suspend judgmental thinking, value client as individuals, and think positively	Student is ABLE to show consistently across clients the ability to suspend judgmental thinking, value client as individuals, and think	
5.b. 2 Congruence	Is incongruent among, self, thoughts, and actions	Is aware of incongruence among, self, thoughts, and actions	Begins to take action in clients session to be more congruent in their experience of the client.	Takes regular action in client sessions to be more congruent in their experience of the client	Demonstrates consistent congruence among self, thoughts, and actions	
5.C. Essential interviewing and counseling skills						
5. c. Establishing Relationships	Shows no pattern for establishing a counseling relationship	Starts counseling relationship with introduction but w/o structured ethical introduction (professional disclosure, fees, cancellation, orientation, confidentiality, informed consent, question)	Start counseling relationship with introduction but misses many components of a structured ethical introduction (professional disclosure,fees,cancellation,orientation,confidentiality,informed consent, questions)	Starts counseling relationship with introduction but misses a few components of a structured ethical introduction (professional disclosure, fees,cancelation,orientation,confidentiality,informed consent, questions)	Demonstrate a complete process of establishing a counseling relationship with a complete ethical introduction (professional disclosure, fees, ,cancellation, orientation, confidentiality, informed consent question)	
5.c. 2 Attending	Does not practice attending behavior	Shows some inaccurate and inconsistent attending behaviors; visual contact,verbal tracking,vocal qualities, body language	Attending behavior is accurate but inconsistent; visual contact,verbal tracking, vocal qualities,body language	Attending behavior is mostly consistent and accurate; visual contact, verbal tracking,vocal qualities, body language	Attending behavior is accurate and complete	
5.c. 3 Questions	Asks few questions or the questions do not appear to follow any logical pattern; does not verbally	Uses unintentional pattern of question and does not follow logical pattern of client verbal tracking	Selects open and closed ended questions appropriately; does not follow client verbal tracking	Selects open and closed ended questions approximately and mostly tracks client	Include questions approximately; using closed and open ended questions and closely follows verbal tracking	

Standard	1	2	3	4	5	Score
5.c 5 Observation Skills	Makes no use of observation skills	Demonstrate some observational skills but does not show immediacy in response to the client	Uses observational skills but rarely uses immediacy in presenting them to the client	Uses appropriate observation skills with occasional immediacy	Uses appropriate observation skill and is able to show immediacy with them when working with	
5. c. 6 Encouraging	Makes no use of encouraging skills	Rarely uses encouraging comments to clients	Uses primarily non-verbal or minimal encouragers with client	Uses a range of encouragers (head,nods,uh-huh,keywords,and short statements with clients)	Intentionally uses a range of appropriate/ timely encouraging skills with a client	
5. c. 6 Paraphrasing	Paraphrases without intentionally using any of the four dimensions; sentence stem, key-words,essence, and, checkout	Paraphrase and misses key points in client verbal tracking and components of the four dimension	Paraphrase getting key verbal tracking but missing check-out and use of key words	Paraphrase with check-out but lacks of full breath of the client story	Paraphrase using sentence stem, keywords, essence, and check-out	
5. c. 7 Summarizing	Summarizes without intentionally using any of the four dimensions; sentence stem,keywords,essen	Summarizes and misses key points in client verbal tracking and components of the four dimensions	Summarize getting key verbal tracking but missing check-out and use of key words	Summarize with check-out but lacks full breath of the client story	Summarizes using sentence stem,keyword,essence,a nd check-out	
5. c. 8 Ending a session	Makes no use of skills to end a session	Summarizes end of session; there is little process other than to explain parts of what happened in the session; students assign homework without client involvement	Summarizes end of session; includes check-out with client. Student may or may not assign homework but without client involvement	Summarizes with checkout, may miss one of the following components; clients strength and continuity plan for next session. May or may not assign homework and does so with client involvement	Does complete summary, check-out,strengths,and continuity plan with client as part of summary	
5. c. 9 Reflection of feelings	Does not reflect feelings	Attempts to reflect feelings but does so accurately	Reflect feelings inconsistently with varying levels of appropriateness	Consistently reflects feeling appropriately	Consistently reflects feelings appropriately and integrates it into case conceptualization	
CES 1 Ability to structure a session intentionally	Never	Rarely	Sometimes	Often	Always	
CES 2 Integrates multiple micro-skills fluidly	Never	Rarely	Sometimes	Often	Always	

The evaluator **MUST** check one of the following:

Based on the above standards, I recommend this student for

advancement to practicum   _____

Based on the above standards, I recommend this student for

advancement to practicum **with reservations**   _____

Based on the above standards, I **do not** recommend that this

student advance to practicum   _____

Student Signature: _____   Date: _____

Evaluator Signature: _____   Date: _____

NOTE: As an addition to the evaluation, supervisors may include a written summary, list of recommendations, etc. and attach it to this form.

Student name: _____ Person completing Evaluation:_____

Instructions:

- Please place a check in the appropriate for data entry.

- When this form is completed, turn it into the CES administrator for data entry.

- Professional behavior is expected of all CES students during class, while working in the Counseling and Human Development Center, and while working with other students on class assignments. If any item is marked as 1-3, please inform the CES Master's Programs Coordinator and remediation will be determined. However, there are multiple levels of severity of professional behavior and remediation could occur even if there was only once correction.

- All scores contribute to the overall grade in this course.

Section A: Professional Behavior	Never Occurs After Multiple	Occurs After Multiple Corrections	Occurs After Few Corrections	Occurs After One Corrections	Always Occurs	Not Applicable
	1	2	3	4	5	X
Dresses Appropriately						
Is on time for appointments						
Is on time to site						
Interacts with colleagues in a professional manner						
Interacts with office staff in a professional manner						
Has professional demeanor on telephone with clients/parents						
Completes record keeping in a timely manner						
Treats clients with respect in waiting areas						
Comes to site on agreed dates and times						
Calls to report inability to come to site in timely and professional man-						
Comes prepared for supervision						
Assists colleagues when appropriate and needed						
Follows site guidelines/policies						
Accepts feedback						
Comes prepared for client sessions						
Takes initiative on projects when appropriate						
Has proper personal hygiene						

Section B: Professional Behavior	Serious Concern	Always
Discusses client cases only in appropriate settings		
Maintains client confidentiality through proper record handling		
Is respectful of all clients regardless of any differences		
Complies with supervisor directions		
Seeks supervision		

The evaluator MUST check one of the following:

- Based on professional behavior, I recommend this student for advancement to practicum _____

- Based on professional behavior, I recommend this student for advancement to practicum ***with reservations*** _____

- Based on professional behavior, I ***do not*** recommend that this student advance to practicum _____

Student Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

NOTE: Please attach any written narrative that may help contextualize this evaluation.

TRAINERS' GUIDE:

Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training Module

DISCLAIMER

This training module has been developed by the Guidance and Testing Office of Saint Mary's University with the primary aim of enhancing counseling training programs. The content draws inspiration and valuable insights from the Psychological First Aid and Mental Health and Psychosocial Support Training Manual for the Sub-national Social Service Workforce in Lao PDR. It is important to note that there is no intention to claim intellectual rights for this module from the original source; rather, this adaptation is a testament to our commitment to advancing mental health education and support within our academic community. We express our gratitude to the source material and affirm our dedication to ethical knowledge dissemination.

BROCHURES/FLYERS PRODUCED IN THE GTO

A. **SOCIAL ANXIETY**

B. SCHIZOPHRENIA

HOW CAN YOU HELP YOURSELF IF YOU HAVE SYMPTOMS OF SCHIZOPHRENIA

1. **Educate Yourself:** Learn about schizophrenia and its symptoms.
2. **Seek Help:** Reach out to a mental health professional for evaluation and treatment.
3. **Stay Connected:** Maintain relationships with supportive friends and family.
4. **Take Care of Yourself:** Practice self-care, including healthy habits like regular exercise, sleep, and nutrition.
5. **Follow Treatment Plan:** Adhere to medication and therapy recommendations from healthcare providers.
6. **Manage Stress:** Use stress-reduction techniques such as mindfulness or relaxation exercises.
7. **Avoid Drugs and Alcohol:** Substance use can worsen symptoms, so it's essential to avoid them.
8. **Stay Positive:** Focus on your strengths and celebrate small achievements.

SOURCES

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Schizophrenia. (n.d.). National Institute of Mental Health (NIMH). https://www.nimh.nih.gov/health/topics/schizophrenia
WebMD. (n.d.). Understanding Schizophrenia: Symptoms, Types, Causes, and More. Retrieved April, from https://www.webmd.com/schizophrenia/mental-health-schizophrenia

GUIDANCE AND TESTING OFFICE SHEPHERD-COUNSELORS

Dr. Edwin Edilberto N. Mania
Head, Guidance and Testing Office
CP#: 09057159067
Mrs. Jennifer Ann M. Torres, RPm
In-charge, Individual Analysis
1st year & Transferee Shepherd Counselor
CP#: 09261184122
Miss Richelle D. Francisco
Career Wellness Attrition Service
1st Year &Transferee Shepherd Counselor
CP#: 09397566797
Miss May Juliet S. Palina, RGC, RPm
In-charge, Testing Service
2nd Year Guidance Counselor
CP#: 09362927008
Miss Mayline L. Limmapa
In-charge, Career Placement & Information Service
3rd Year Guidance Counselor
CP#: 09982857007
Miss Leslie Doris M. Divina, RGC, RPm
In-charge, Research & Development Service
4th & 5th Guidance Counselor
CP#: 09551405586
Mr. Reiner B. Dulawan, RGC, RPm
On Call Guidance Counselor

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SCHIZOPHRENIA

SCHIZOPHRENIA

"I tried to ignore the voices, but they just got louder"

WHAT IS SCHIZOPHRENIA?

Schizophrenia is a chronic and severe mental disorder characterized by disruptions in thought processes, perceptions, emotions, and behavior. It affects about 1% of the population worldwide and can significantly impair daily functioning and quality of life.

SYMPTOMS OF SCHIZOPHRENIA

A. Positive Symptoms: These include hallucinations (perceiving things that aren't there) and delusions (strongly held false beliefs).
B. Negative Symptoms: A lack of normal emotional responses or behaviors, such as apathy and social withdrawal.
C. Cognitive Symptoms: These affect cognitive abilities like thinking, memory, and concentration and may include disorganized thinking and poor executive functioning.

CAUSES AND RISK FACTORS

A. Genetic Factors: Schizophrenia tends to run in families, suggesting a genetic component.

B. Environmental Triggers: Stressful life events, substance abuse, and prenatal exposure to viruses or malnutrition can contribute.
C. Brain Chemistry Imbalance: Imbalances in neurotransmitters like dopamine and glutamate may play a role.

TREATMENT OPTIONS

A. Medications: Antipsychotic drugs are commonly prescribed to manage symptoms, but they may have side effects.
B. Therapy: Counseling and therapy can help individuals cope with symptoms and improve their quality of life.
C. Support Services: Programs and services can assist with daily living skills and social integration.

MANAGEMENT

A. Long-term Outlook: With treatment and support, many individuals with schizophrenia can lead fulfilling lives, although the course of the illness varies.
B. Relapse Prevention Strategies: Strategies such as medication adherence, stress management, and regular follow-up with mental health professionals can help prevent relapses.

C. Lifestyle Modifications: Healthy lifestyle habits, including regular exercise, adequate sleep, and a balanced diet, can contribute to overall well-being.

WHO IS AT RISK?

Anyone can get schizophrenia. It affects people all over the world, from all races and cultures. The disorder affects men and women equally although symptoms generally appear earlier in men. Children over the age of 5 can have schizophrenia, but it's rare before adolescence.

HOW CAN YOU HELP PERSON WITH SCHIZOPHRENIA?

1. **Educate Yourself:** Learn about schizophrenia.
2. **Listen and Validate:** Offer non-judgmental support.
3. **Encourage Treatment:** Support seeking and sticking to treatment.
4. **Provide Practical Help:** Assist with daily tasks and accessing resources.
5. **Create a Supportive Environment:** Foster understanding and minimize stress.
6. **Empowerment:** Involve them in decisions about their care.
7. **Be Patient and Prepared:** Understand recovery takes time and be ready for crises.
8. **Promote Self-Care:** Encourage healthy habits for both of you.
9. **Seek Support:** Connect with mental health professionals and support groups.

C. POST TRAUMATIC DISORDER

what can I do to help myself?

- Engage in exercise, mindfulness, or other activities that help reduce stress.
- Try to maintain routines for meals, exercise, and sleep.
- Set realistic goals and focus on what you can manage.
- Spend time with trusted friends or relatives and tell them about things that may trigger symptoms.
- Expect your symptoms to improve gradually, not immediately.

NOT ALONE *in my* **RECOVERY**

Guidance and Testing Office

Office hours:

Monday - Thursday
7:30 AM - 12:00 PM
1:00 PM - 5:30 PM

Friday
8:00 AM - 11:30 AM
1:00 PM - 5:00 PM

Get in touch with us!

Tel. Number:
(078)3629670

Facebook Page:
www.facebook.com/SMUGuidance

Scan the QR Code to be directed to your Guidance Counselors

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BAYOMBONG, NUEVA VIZCAYA, PHILIPPINES
Guidance and Testing Office

I am fighting PTSD

Post Traumatic Stress Disorder
Understanding PTSD

What is PTSD?

Post - Traumatic Stress Disorder (PTSD) is a disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event.

People with PTSD may experience different symptoms that may affect their well-being.

SYMPTOMS OF PTSD

Symptoms of PTSD begins within the 3 months of the traumatic event. These symptoms may be present for more than one (1) month and are severe enough that it interferes with a person's daily life, such as their work or relationship with others.

These symptoms affects the emotional, physical, and psychological state of a person.

1 Emotional Symptoms

- feeling irritable, angry, or aggressive
- become emotionally numb
- having trouble feeling affectionate

2 Physical Symptoms

These symptoms include:
- being easily startled
- feeling tense or on edge
- physical signs of stress

3 Psychological Symptoms

- Relieve their trauma through flashbacks and dreams. These flashbacks can be triggered by images, sounds, smells, or feelings triggered by ordinary occurrences.
- avoiding places, events, of objects that remind
- trouble remembering important details of the traumatic event

HOW IS PTSD TREATED?

One main treatment to PTSD is Psychotherapy, commonly called talk therapy.

A common type of psychotherapy is called Cognitive Behavioral Therapy. This type of therapy helps to change unhealthy ways of thinking, feeling, and behaving.

CBT uses practical self-help strategies designed to improve quality of life.

DID YOU KNOW?

June is Post-Traumatic Stress Disorder (PTSD) Awareness Month.

A teal ribbon signifies a call for a awareness and support to initiate conversations centered on PTSD.

D. BORDERLINE PERSONALITY DISORDER

Suggestive Ways to help yourself if you have BPD

Seek help from mental health professionals such as psychiatrists, psychologists, social workers, and school counselors.

Try to spend time with your loved ones. Confide to people who you are comfortable with such as your family and friends.

- Try to keep a journal.
- Try to maintain a stable routine of your meals and sleep time.
- Do not push yourself too much. Divide big jobs into smaller ones.

SOURCES

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Guidance and Testing Office

Location: Second Floor, Fr. Godfrey Lambrecht Building SMU Main Campus, Ponce ST. Bayombong 3700 Nueva Vizcaya, Philippines:

Cellphone Number: 0955-129-3356
Telephone Number : (078) 362-9670

Website:www.smu.edu.ph/guidance@smu.edu.ph

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BORDERLINE PERSONALITY DISORDER

What is BPD?

Borderline personality disorder is a mental illness that severely impacts a person's ability to manage their emotions. This loss of emotional control can increase impulsivity, affect how a person feels about themselves, and negatively impact their relationships with others.

Symptoms

- A strong fear of abandonment
- A pattern of unstable, intense relationships.
- Unstable Self-Image
- Periods of Stress-Related Paranoia
- Impulsive and Risky Behavior
- Threats of Suicide or Self-Injury
- Wide Mood Swings

When does borderline personality start?
- BPD usually begins during adolescence or early adulthood. Some studies suggest that early symptoms of the illness may occur during childhood.

What illness often co-exist with BPD?
- Women with BPD are more likely to have co-occuring disorders such as major depression, anxiety disorders or eating disorders. In men, BPD is more likely to occur with disorders such as substance use disorder or anti-social personality disorder.

What are the risk factors for BPD?
- Being a victim of emotional, physical or sexual abuse.
- Being exposed to long-term fear or distress as a child.
- Being neglected by 1 or both parents.
- Growing up with another family member who had a serious mental health condition, such as bipolar disorder or a drink or drug misuse problem.

Suicide and Self Harm

- Individuals diagnosed with borderline personality disorder (BPD) are at high risk in self-injurious behaviors, including suicide, attempted suicide, and non suicidal self-injury (NSSI).

- As many as 80 percent of people with borderline personality disorder have suicidal behaviors, and about 4 to 9 percent commit suicide

Suggestive Ways to help a friend or relative who have BPD

- Offer emotional support, understanding, patience and encouragement.
- Learn About Borderline Personality Disorder
- Never ignore comments about someone's intent or plan to harm himself or someone else.
- Suggest them to seek help from mental health professionals
- Know when to protect yourself

E.   AUTISM SPECTRUM DISORDER

HOW CAN YOU HELP?

- Learn about Autism Spectrum Disorder (ASD).
- Identify their triggers.
- Try to be patient and kind
- Be patient and use clear, direct communication.
- Respect their sensory sensitivities and create a sensory friendly environment.
- Establish predictable routines and maintain consistency.
- Guide the conversation, if needed.
- Respect their personal space and their comfort levels with physical contact.
- Recognize their diversity and celebrate the different perspectives they offer.
- Reward good behavior.
- Seek help.

"Embrace the Difference, Celebrate the Strengths."

CONTACT US!

SMU - GUIDANCE AND TESTING OFFICE

A212, Fr. Godfrey Lambrecht Building (Near 4 Pillars)

(078) 362 9670 or 0932 341 1493

guidance@smu.edu.ph

SMU Guidance

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AUTISM SPECTRUM DISORDER

ABOUT AUTISM

Also known as **Autism Spectrum Disorder (ASD)** is a condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication. The disorder also includes limited and repetitive patterns of behavior. he term "spectrum" in autism spectrum disorder refers to the wide range of symptoms and severity.

Key Facts about ASD
- About 1 in 100 children has autism.
- ASD is nearly 4 times more common among boys than among girls.
- About 1 in 0 (17%) children aged 3-17 years were diagnosed with a developmental disability, as reported by parents, during a study period of 2009-2017. These included autism, attention-deficit/hyperactivity disorder, blindness, and cerebral palsy, among others.

TYPICAL SIGNS OF STUDENT WITH ASD

1 Impairments in Social Communication and Social Interaction

- Avoiding eye contact
- Not paying attention to people or not responding to them
- Not sharing their joy with others by pointing or showing things
- Being slow to respond to their name or other calls
- Difficulty with gestures like pointing.
- Starting to babble but then stopping in the first year.
- Delayed language development
- Communicating through pictures or sign language
- Speaking only in single words or repeating phrases
- Echoing words or phrases they hear Using words in a peculiar way

2 Restricted, Repetitive patterns of behavior, interests, or activities

- Engaging in repetitive motions or unusual actions
- These behaviors can be noticeable or subtle, like arm-flapping or finger movements

Diagnosing ASD usually involves two steps. First, doctors do general developmental checks during regular check-ups. If they suspect ASD, they'll do more detailed evaluations to confirm the diagnosis.