

FACILITATOR'S HANDBOOK

For conducting a Workshop
based on the Guide



MENTAL ILLNESS AND SUICIDE

A Family Guide to Facing and Reducing the Risks

Introduction

The following pages provide an outline to help facilitators organize and lead a workshop – either one day in length or consisting of a series of sessions – to discuss the guide **Mental Illness and Suicide: A Family Guide to Facing and Reducing the Risks**. The goals of the workshop are the same as those of the guide, specifically:

- To help reduce the risk of suicide among people living with serious mental illnesses through focusing on informing families/caregivers
- To build awareness and skills among family caregivers of people living with serious mental illness
- To introduce preventative support systems to families in all parts of the world (*servicing families and caregivers in both developed and developing countries*).
- To recognize the emotional distress and trauma from suicide and suicide attempts that is common to all families no matter where they live.

As with the guide, the workshop is intended for all families and caregivers of people who are mentally ill

Workshop Logistics

Invitations and advertisements (*small posters*) should be sent out to appropriate agencies, family support groups, libraries, churches, etc. at least two months in advance of the workshop.

The ideal number of participants for the workshop would be no more than 40 participants. Twenty would be ideal for a more interactive session – perhaps to be conducted specifically for families of a self-help organization. If you are in a hotel conference room it will be possible to arrange the chairs in a circle or double/ or triple circles, one inside the other, so that no one will be “at the back”. Give your contact at the hotel a drawing of the set up. The facilitator should have a chair in the first circle but stand and move around inside the circle from time to time.

If you are in a school or college classroom or auditorium, this arrangement may not be possible. Make sure that people fill the seats at the front.

An airy, bright room is preferred. Refreshments mid morning and/or mid afternoon should be provided in breaks of about 20 minutes. Participants may be requested to bring their own lunches or lunch may be provided depending on the level of sponsorship. One hour is sufficient for lunch. A bookseller might be invited to bring selected books for sale in a booth outside the sessions, with a list of the most appropriate books provided by the organizer.

Materials

At the first session of the workshop, each participant should be given a copy of **Mental Illness and Suicide - A Family Guide to Facing and Reducing the Risks**. Facilitators will work from both the guide and this Facilitator's Handbook.

Facilitators

Facilitators should be those who are experienced in working with families and who also have expertise in suicide prevention. It is particularly important that the person have good interpersonal skills and experience in leading workshops for family support, as there is no set format for the workshop and flexibility of delivery is essential. The optimum delivery would be by a person with family experience of a suicide or suicide attempt and an assistant who is used to working with families of those with mental illness.

Facilitators should have thoroughly familiarized themselves with the content of the guide, and of this handbook, prior to conducting the workshop.

Workshop Format

The workshop format is open-ended in that the facilitator does not know the outcome of asking the questions or asking for comments on the stories and situations. There are no prepared answers, except the suggested comments given for the "Separating the Facts from Myths" exercise outlined for Session 1. As in the conducting of support groups, there are no absolute answers to discussion points. It is the sharing and knowledge exchange that provides the assistance.

The vocabulary and language has been kept as simple as possible. Any technical words are explained within the text.

Each workshop will have a different dynamic. Facilitators may benefit from the Facilitator's Notes (*attached as an appendix*). These give tips on how to overcome teaching/learning obstacles during the sessions.

Delivering the Content

The content has been divided into four, 90-minute sessions. These can be held at different times in different groupings e.g., course of four weeks with one 90-minute session a week.

If the guide is to be covered in one day, two sessions each would be held in both morning and afternoon with refreshment and lunch breaks. This gives plenty of time for participants to mingle and share information with each other in the refreshment and lunch times. It will also give time for the participants to free themselves of the emotional tension that could occur with this topic.

If you need to reduce the 360-minute total for a shorter one-day session, consider leaving the “Separating the Facts from Myths” exercise for participants to do on their own at a later date, and omit Section 7 on bereavement. However, keep in mind that the Myths exercise sets up a good atmosphere among participants and bonds the group nicely before going on to the in-depth program, so do this only when absolutely necessary.

Each participant will be able to follow the text from their own copy of the guide.

Note: The points highlighted in each section in this handbook are for guidance and are not inclusive of everything to be covered in the guide.

Confidentiality, Sensitivity

Within the workshop setting it is important to realize the very private nature of the personal experience of those attending. Even when giving the workshop to professionals, you cannot know people’s personal experience of the topic.

The subjects of mental illness and of suicide should not be talked about lightly or without sensitivity and their confidential nature should be respected. In addition, participant families will be very sensitive to their cultural norms and taboos. The need to honor privacy for participants is essential. Should a participant reveal some confidential or sensitive information, the facilitator should express to them the thanks of the group and the information should remain within the group and session.

Workshop Session 1

(Time 90 Minutes)

Covering Introduction and Section 1 of the Guide

Welcome participants

Actively welcome participants as they arrive and suggest that while they wait they should fill in the sheet described below.

Establish if there is a possible crisis in the room (*Time 5 minutes*)

The Canadian Suicide Prevention course ASIST begins by giving participants a sheet to fill in anonymously which must be handed back before the first break. This was designed to help the facilitators be aware of any traumatized participants and enable them to re-direct persons if necessary or simply take extra care as the workshop proceeds. The sheet was as follows:

Questionnaire

- | | |
|--|-------|
| » <i>Do you know someone who has attempted suicide?</i> | Y / N |
| » <i>Have you had suicidal thoughts yourself?</i> | Y / N |
| » <i>Do you know someone for whom you are concerned about suicide?</i> | Y / N |
| » <i>Do you need help now?</i> | Y / N |
| Another question you might add: | |
| » <i>What has made you come to this workshop today?</i> | |

For those who arrive really early suggest that they read the Introduction of the Guide. You may wish to give out sticky labels as name tags. With large groups it is not possible to conduct a “Getting to Know You” exercise, but give a minute or two for people to meet and greet their neighbor. With smaller groups you may conduct the exercise below.

Getting to know you exercise *(for small groups 20 & under) (Time 10 minutes)*

Divide participants into pairs with “the person next to you on your left”. If there is an odd number the facilitator will pair with a participant. Each person is to ask three questions of his/her partner to elicit important information from them. This important information should not relate to the workshop topic. Each will then introduce the other to the group using the answers to the three questions.

Introduce yourself and your co-facilitator

Make sure everyone has a copy of *Mental Illness and Suicide: A Family Guide to Facing and Reducing the Risks*, and that all are comfortably seated.

Cover rules of workshop discussion *(Time 7-10 minutes)*

Ensure confidentiality in the workshop. Ask participants to treat everything said in the session in confidence. The facilitator should emphasize the rules of group participation: that comments, when given, should be positive in nature; that people should give each other time to take part and no one person should dominate the discussion (*see Table 1*).

Rules of Workshop Discussion for Facilitator(s) and Participants Table 1

- » *Everything we talk about in the session is confidential and doesn't go beyond these walls.*
- » *Every one of you is important and should take an active part.*
- » *You should encourage each other.*
- » *Listen well.*
- » *Listen well to others.*
- » *Ask questions of each other as well as the facilitator.*
- » *Share your feelings openly.*
- » *Be respectful of everyone's contribution.*
- » *Remember that the facilitators are volunteers rather than paid staff.*

Start the workshop by exploring some facts and myths about suicide *(Time 40 Minutes)*

Find out what everyone knows or thinks they know about suicide by leading a discussion of the 10 statements given in Section 1 of the guide under “Separating the Facts from the Myths”. You might like to get the ball rolling by posing the first statement and asking whether participants think it is true, false or a bit of both. *(If participants have the Guide in front of them ask them to close it or cover the answers as each question is asked aloud by a participant.)*

Note: The ten statements are also available at the back of this book, on a separate sheet, without the answers, for ease of delivery of this section.

Give enough time for everyone to think about the question. *(Count by seconds to 10 before asking randomly for an answer.)*

This discussion will give insight into the fact that though some statements are true/false in some circumstances, they are not always true/false. There is often a grey area that can be recognized and used in discussion.

The discussion is also a useful way to break the ice in a workshop if you do not have the introductory sessions.

[Comment: *This particular exercise was piloted as a True/False Quiz by a group of families belonging to the Uganda Schizophrenia Fellowship (USF). USF members are families that have a relative with bipolar disorder, depression or schizophrenia. An unexpected result was that after two sessions families began to talk about their own experiences in an open manner, something not done before.]*

Close the discussion after 45 minutes even if the group has not finished. You may return to the statements later if there is extra time.

Sharing Experiences *(Time 30 Minutes)*

Many people have a hard time speaking out about their difficulties, especially in this area. Read to the end of Section 1 in the guide and ask if any of the participants were reminded of anything that they have experienced through the workshop so far. *[Wait patiently – someone usually says something if you wait. If absolute silence ensues you may wish to read the case history below and ask participants to respond. Do not get into too much in-depth material yet.]*

Just before the school term ended Joan received a letter from the university telling her she had won a place for the following year. She was delighted and so was all the family. By the end of the school holiday she had all her belongings ready for starting university classes. But after her first few days at university – the days she was to plan her timetable and subjects – her family noticed that she didn't seem excited any more, in fact she seemed quite unemotional. None of the family asked her about this, thinking that it was probably just nerves at the new experience. She had almost finished this first year at university when her university counselor (everyone had been assigned one upon enrolling) phoned home to say that Joan's parents should come quickly to the local hospital where Joan had been admitted after an “accident” and that she would explain when she met them at the hospital ward reception room. In fact Joan had cut her wrists. She was found by her roommate and immediately emergency services took her to hospital. She survived her injuries.

This may set the conversation going and could get into a debate about how the family could have been aware of what was happening to their daughter – and more.

Otherwise several people may wish to share a version of their stories. The facilitator will lead this ad lib session and guide participants, keeping them within the subject matter and controlling the length at which people talk. You might relate the stories back to the exercise where you discussed the suicide facts and myths – or not, as you think fit. The story-telling will go on until time comes for refreshments.

Refreshment Break *(20 Minutes)*

N.B. It is important that you find out before the next session whether someone in the room is contemplating suicide. The papers you gave out at the beginning should tell you this immediately before the second session starts so that a third person you have appointed to be there may interview anyone in crisis quietly outside the workshop using all the techniques that the participants are about to learn.

Workshop Session 2

(Time 90 Minutes)

Covering Sections 2 and 3 of the Guide

Section 2: Why People Commit Suicide; What's going on in their minds?

(Time 45 Minutes)

Read the key factors underlying suicide risk in the Guide together. As you go along ask if anyone recognizes these symptoms in their relative. If someone raises their hand to say “yes”, invite them to describe what the family has experienced. Take no more than **four experiences, e.g., two from Depression, and two from bipolar disorder**. There is a lot more in this section than symptoms. Encourage participation and guide the discussion to what participants can do to help. The following provides some additional points to guide the discussion in this section.

Presence of psychotic symptoms

Command voices: Families of people with schizophrenia or other psychotic illness are very often worried about what the voices are saying to their relatives. Some family members in the group may have experienced attacks provoked by command voices – family members are the most vulnerable to assault and are also concerned about command voices directing their relative to do harm to themselves. Voices of other kinds can be involved, particularly those that bring on paranoia – belief that someone is out to harm them and involving family members – in their minds – in this harm scenario.

Thought and cognition difficulties

Ask participants if they have any experience of what their relative is feeling and thinking at the time symptoms are improved.

Family susceptibility or history

- **Impulsivity** – is this a real threat? Discuss
- **Anxiety** – is it paranoia or is it like a panic attack? Should we know more about panic attacks?

Section 3: Risk Factors that May Trigger Suicide (*Time 45 Minutes*)

Factors that May Trigger Suicide: Ideas to Reduce their Effect

- **Triggers** – make sure people understand what a trigger is. It is not a cause but something that provokes or sets off an action. It is used as both noun and verb. Note there are two different types of triggers in this section: internal and external.
- **Internal triggers** – the triggers we are talking of here are those that are set off by inner feelings, thoughts or emotions. Find ideas to reduce their effects in the last paragraph of each sub-section of this part of the guide.
- **Existence of a previous suicide attempt** – (*see end of first paragraph in Section 3*) Has anyone experienced this? Tell participants that as we go through this Guide, they will see that there is a section for families whose relative has tried suicide along, with the emotions they feel at the time and subsequently.
- **The quote** from the website Metanoia shows us the inner turmoil and pain – sometimes quite physical – that comes with being at the “end of one’s endurance”.

Cover the internal triggers, including:

- **Impaired Reasoning**
- **Avoidance of social contact** – withdrawal
- **Hopelessness** – depth of depression
- **Sense of being a burden** – Can we role play here? Read through the paragraph. Have someone be the person who is suicidal and the other person a family member, possibly a sibling.
- **Sleep Disturbance**
- **Feeling Isolated and Alone** – The person has a need to feel loved. Hug and show your affection, even if the person is not showing affection towards you. Remember that some people with SMI suffer from inability to be happy or inability to show emotion. They may still be feeling emotion internally.
- **Lack of self-esteem**

Review and questions/discussion should occur here before the next section. After reading through all the internal triggers, ask participants for their questions and see if the participants might resolve any of them given their own experiences. Many times, however, families just do not realize what internal trauma (*pain*) their relative is experiencing and going through and this list can be an enlightening process. You may do the same thing for the External Triggers that follows, which families may be more aware of.

External Events and Influences as Triggers and Warning Signs

- **Substance abuse** – 50% of those with SMI abuse alcohol or drugs so it is likely that your relative may do this. Discuss if someone has this problem.
- **Quarrels and upheavals in the family** – Ask how participants deal with anger and conflict. Instead of quarrelling how could you “let off steam”? Is there a possibility of having family group meetings to help solve problems – to avoid misunderstandings?
- **Release from hospital/premature discharge/improved condition** – Some participants may question the possibility of being involved. Maintain the truth that family involvement is an essential component of good comprehensive care.
- **Negative life events – severe disappointments** – Share the grief; do not hide it
- **Suicide reports in the media**
- **Incarceration** – Some families, desperate for help, charge their relative with assault or like crime. Emphasize that this is unwise for many reasons.
- **Teasing, cruelty, rejection, bullying** – This can be personal from family, from passers by on the street and from fellow students at school. It can destroy someone’s self esteem if repeated too often. It should be talked about where possible. Doing some problem solving with the person may help counteract the effects.
- **Employment or occupational problems**
- **Marital difficulties**
- **Lack of appreciation, neglect and high levels of criticism by family** – changing your expectations does not mean giving up.

Medications are in Section 5

Lunch

Workshop Session 3

(Time 90 Minutes)

Covering Sections 4 and 5 of the Guide

Do you feel suicidal now? You need to talk to someone right away

In fact you will not be addressing this question directly, but with a view to educating the participants about what to do for a person in an emergency. (*You will already have determined anyone in crisis in the break after session 1 – see above.*)

Go through this information in the guide when preparing for the workshop and correct any incorrect information, checking websites (*they have a habit of changing*), adding any numbers or organizations of your own that have not been included or are local to your region.

The long quote from Monochrome Days may be something that will give people a reason not to inflict self harm. Families may wish to discuss this excerpt to familiarize themselves with the feelings of someone who is considering suicide. Also you might ask: “Why did the mother stay up late?” (10 Minutes)

For Families and Friends: Warning Signs of Imminent Suicide Attempt (Time 45 Minutes)

This is probably the most important area of the workshop and you should spend considerable time on practicing interviews with the participants. **Read through very carefully.**

What to do when suicide seems imminent

The direct questions you must ask are extremely difficult to ask unless the person themselves says they are going to commit suicide. Read on in this section to get an idea of how this difficult topic is approached. Once the first question has been asked, it becomes easier to go to the next question.

Non-imminent but still serious situations

Some families may recognize some of the statements as things their relative has experienced. If someone in the group has a relative who has attempted suicide they might be willing (*but reserve their right not to*) to share some of the things that happened.

Think of your own situation and how you might approach your loved one. Think up one question each exactly as you would phrase it and tell it to the class

Or

Perhaps there are two brave people who will volunteer to act as 1) the person at risk and 2) the close friend or family member. Role playing like this can raise points that have not been contemplated by the guide or by other participants. (*Time 20 Minutes*)

Refreshment Break (*20 Minutes*)

Can the event be averted? (*Time 25 Minutes*)

Giving hope Conversations with the person – not the same as questions asked to find out how near suicide might be – but those that will help build a relationship. These statements are called “active listening” and require a great deal of self-control on the part of the listener not to but in or state his own point of view. Remember these conversations are designed for families to find out what their relative is thinking and feeling so that they can change or improve things to the best of their ability. If your participants are willing another role play can be done using these guidelines.

Drawing up a Suicide Prevention Plan

Discussion: what would be included? Addresses of people who can help? How would your and your relative’s plan differ?

Have people make notes for a prevention plan.

Workshop Session 4

(Time 90 Minutes)

Covering Sections 5, 6 and 7 of the Guide

Section 5 – Read through without too much interactive work (25 Minutes)

Pro-active Ways of Helping to Avoid Suicide

- **Quote:** What do participants think about working full-time to prevent self harm?
- **Medical** – Some would consider medical treatment the most important step to reduce mental illness and perhaps avoid suicide. Sometimes an “involuntary hospitalization” will give the person the treatment they need and thus avoid further crisis at this time.
- **Psychological** – There may be a very low availability of psychological help in your town/ area.
- **Cultural and Social**
- **Developing strategies for dealing with suicidal thoughts** – Participants may wish to add their own ideas here.
- **Methods/weapons used** – Read through this section.
- **The Role of medications** – Tell participants that we are not doctors and cannot go into this aspect of care in any detail; they might wish to discuss medications with their relative’s physician/psychiatrist.
- **Be prepared – make a Family Crisis Plan** – Somewhat different from suicide prevention plan, but might be useful for some. Ask if participants feel this is just one more thing they don’t need. (*They may say that one plan is enough.*) BE PREPARED is the message. Nevertheless all the instructions in this list are extremely important and invaluable if followed.

Section 6

After a suicide attempt (25 Minutes)

- **Serious injury** – Making people aware that death by suicide is not always accomplished.
- **Stigmatizing and avoidance by friends**
- **The need to handle the grief and bewilderment**
 - * *Feelings of Families after a Suicide Attempt*
 - * *Feelings of those who have survived a suicide attempt themselves Read to end*

Section 7 (30 Minutes)

After a Suicide – Read through

- **Grief recovery and suicide bereavement** (*family*) – and
- **Recovering from Bereavement** – Since this is not a bereavement group – this should be dealt with in less detail than the prevention issues.
- **Stigma** – read section with participants.

Final Words

Thank participants for attending these sessions. Express the hope that they have been useful and that you would enjoy hearing their feedback. Invite them to take a moment to fill in the evaluation forms provided. By filling them in they will help us to improve the workshop.

Appendix 1

Statements for discussion in Session 1

1. The people who talk about suicide don't do it.
2. People with mental illness have a high incidence of suicide.
3. The problems people have are not enough for them to take their lives by suicide.
4. If someone is going to die by suicide nothing can stop them.
5. If a person is thinking about suicide, a weapon close by may precipitate it.
6. When people seem to cheer up it is a sign that the danger is past.
7. Suicide or attempted suicide usually happens without warning.
8. People who attempt suicide are just seeking attention.
9. Assisting people who are thinking about suicide can help prevent it.
10. Suicide occurs mainly in the rich/poor.

Appendix 2

Facilitation Techniques and Tools

A “Facilitator” is:

One who helps participants learn from an activity. The literal meaning of facilitator is “one who makes things easy.” The facilitator serves as a coordinator and organizer of groups, and ensures everyone is participating and staying on task.

Facilitators Should:

- Know the material well.
- Think through the exercises and visualize potential problems and pitfalls: one of the biggest is not allotting enough time for activities.
- Determine needed supplies, room requirements, seating arrangement – make sure participants will be comfortable.
- Exude confidence: be clear, enthusiastic, breathe!
- Use humor, stories, and examples that directly relate to the topic at hand.
- Clearly explain activity directions and be prepared for questions. Pose a question to the group clearly; ask only one question at a time.
- Engage all participants and ensure no one dominates the discussion – use specific tools to encourage participation.
- Maintain focus on the task.
- Break tension using specific tools and techniques.
- Manage difficult participants and/or offensive comments.
- Let the group know that you are available to talk/debrief during break times and before/after the training.
- Evaluate needs of the group, especially at the end of the day to see what you can change for the next day.
- Evaluate the experience and write down notes for future trainings.

Facilitators Should Not:

- Downplay people's ideas.
- Push opinions as the "right" answer.
- Dominate the group.
- Say "umm," or "aahh" or "you know".
- Read from a manuscript without looking up.
- Allow people to bully others in the group or dominate discussions.
- Allow the group or one's self to wander off topic.
- Make assumptions about the group's experiences or opinions.

Presentation Skills

- Make eye contact.
- Pause.
- Use open body language, pay attention to your stance and posture.
- Use variation in voice, project so everyone can hear.
- Pay attention to the pace and energy in the room – don't drag or rush through.
- The perennial problem of what to do with your hands: these must not wave aimlessly through the air, or fiddle constantly with a pen, or (*worst of all*) juggle change in your trouser pockets. The key is to keep your hands still, except when used with your speech. To train them initially, find a safe resting place which is comfortable for you, and aim to return them there when any gesture is completed.
- Avoid using mannerisms such as smoothing or otherwise touching your hair, pulling your ears, pulling or smoothing your clothing.
- Rehearse.

Facilitation Techniques

*The most important advice for facilitating any discussion, is to **be prepared**. Be prepared for any answer, or no answers at all. Be prepared to answer the question you posed to the group. Be prepared for long answers, wrong answers, or off-topic answers. Be prepared to bring the conversation back to the original topic, to suggest better alternatives, or to be challenged in the answer you give. This will all come with practice, but here are some useful techniques to get you started.*

- **Be Clear.** Ask specific, clear questions. Never ask more than one question at once.
- **Active Listening.** Use active listening techniques to encourage participants. Use attentive body language (*such as nodding, smiling*) to be supportive of the participants. Nod your head and encourage their ideas with positive comments. Ask open-ended questions to continue the conversation.

- **Clarify Group Comments:** Repeat back and paraphrase answers given: “you’re saying that you find X very helpful, because it leads to Y”, or “are you’re talking about...?” This technique can be used for many reasons: to make sure everyone heard the comment, to present the comment in a clear and concise way, summarizing the main point, and to check that you understood the point they were making. Use this often.
- **Ask if the Group Needs Clarification:** Ask the group, “Does anyone have questions?” or “Does this all make sense?” Use this after presenting difficult or confusing materials.
- **Getting back on track.** Restate purpose. For example, “We’re getting off track here. Remember we are answering the question: X?”
- **Break.** Call a break. Get people to roll their shoulders; have a stretch. Play a short game or do an icebreaker to reduce tension or get the group’s focus back.
- **Affirm, then defer.** An important tool can be to accept the statements, even when emotional and/or off topic without letting the whole discussion get off topic. For example, “That’s a good point,” or “It’s clear that you have some very strong opinions about this. Let’s keep thinking about how to turn these problems into solutions.” Another example: “That’s a critical issue. Keep it in mind because we’re going to talk about that a bit later in the class.”

Ensuring Equal Participation:

- **Once-Around:** ask a direct question, go around the circle so that each person gives an answer. Use this technique to ensure everyone participates equally.
- **Adaptation:** if the discussion in the class is persistently dominated by only part of the class, you can divide the group into smaller discussion groups and then use the once-around. This is less intimidating for many people, particularly if the question is difficult or very personal.
- **Over to you.** Although it can be intimidating to call on individuals who are not voluntarily participating, if there is more than one person who hasn’t participated, you can ask the question directly to this sub-group. For example, “The group at the back there have been awfully quiet. What do you think about...?” or “There seem to be some quiet people in the class. I’d like to hear from someone who hasn’t answered yet.” In order to make people feel more comfortable, this is best done to fairly easy questions. This can be better than the once-around for stimulating free discussion.
- **Write it down.** You can ask people to write down their answers, and then ask the group to share. You do not need to use the once-around, but make sure everyone gives their answer. This can be useful for ensuring equal participation.

- **Stimulating Discussion.** Open discussion by asking a direct question. Ask only one question. If no one is offering opinions, or the discussion seems to slow down, offer an answer yourself to help them understand what type of answer you are looking for or to fill the blank space. Ask if anyone has tried this idea or is aware of it. Describe it if need be. Then ask for other ideas again. When the group is out of ideas, add points from your own notes.
- **The polite interruption.** When one participant is participating too much, you will need to step in and redirect to the other participants, sometimes even in the middle of a long rambling answer. One way to do this is to jump in at a pause, and ask the rest of the class if they have had similar experiences. If no one has, add your own experience. Ask the original question to the group again, starting with, “*Does any one else . . .*”
- **Alternative solution:** affirm, then defer. Writing their answer on the flipchart can be even more affirming before you move on.

Responses to challenging people that you can use:

- When a participant interjects a question that challenges the answer you have given, it can be helpful to turn that question to the group. Ask the group, “Has anyone else found that?” or “What experience has the rest of the group had with X?”
- “Can we talk further about this at break?” or “That is an interesting dilemma, perhaps we can discuss this over lunch.”
- “You are very knowledgeable about this topic. Thank you for sharing another perspective.”
- “For this presentation I pulled these resources from...”
- “I hear 3 questions. Let’s deal with one question at a time. (*then repeat the questions you heard them ask to check for clarity, answer each one in turn*)”
- “Thank you for asking. I don’t think I was clear. Let me try to explain in a different way.”



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