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MENTAL HEALTH IN LIBRARY SETTINGS TRAINING COURSE

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Working with Mental Health Situations in Library Settings

- Training course developed by licensed social workers in consultation with library professionals
- Consists of 3 modules
 - Module 1 | Mental Health Situations Encountered in Libraries
 - Module 2 | Intervention Strategies in Library Settings
 - Module 3 | Librarianship as a Sustainable Practice
- Self-paced course, takes about 3 hours



Who I am

- Licensed Clinical Social Worker
- Certified Clinical Trauma Professional
- 15 years experience as a mental health professional
- Background in crisis intervention & suicide prevention
- Currently, psychotherapist specializing in complex trauma
- Adjunct Instructor – UIUC School of Social Work



Goals and Objectives

- Develop a basic awareness of mental illnesses
- Understand the impacts of trauma including trauma responses
- Clarify the role of library professional in responding to mental health issues
- Review basic intervention skills
- Discuss de-escalation and crisis response
- Learn self-care strategies to prevent compassion fatigue



Mental Illness Overview

- The importance of a humanistic view to build empathy
- Symptoms of mental illness are *human experiences*
- These *human experiences* exist on spectrums
- Psychopathology occurs when these *human experiences* significantly disrupt one's functioning
- Those who struggle with mental illness also possess individual strengths
- Mental illness does not necessarily make a person dangerous



Mental Conditions Overview

- Mood Disorders
- Anxiety Disorders
- Psychosis
- Substance Use Disorders
- Post-Traumatic Stress Disorder
- ***NOTE: the full training offers specific tips on strategies for responding to patrons exhibiting different mental illnesses (i.e. psychosis or mania)***



Stigma Surrounding Mental Illness

- Many stigmatizing beliefs and attitudes related to mental health persist in our society
- Examples include viewing mental illness as exaggerated, attention-seeking, or the result of personal weaknesses
- Negative attitudes and beliefs toward those with mental illness will influence how one interacts with patrons who are struggling
- Internalized stigma is normal – but it is important to examine one's own beliefs and attitudes about mental health



What is Trauma?

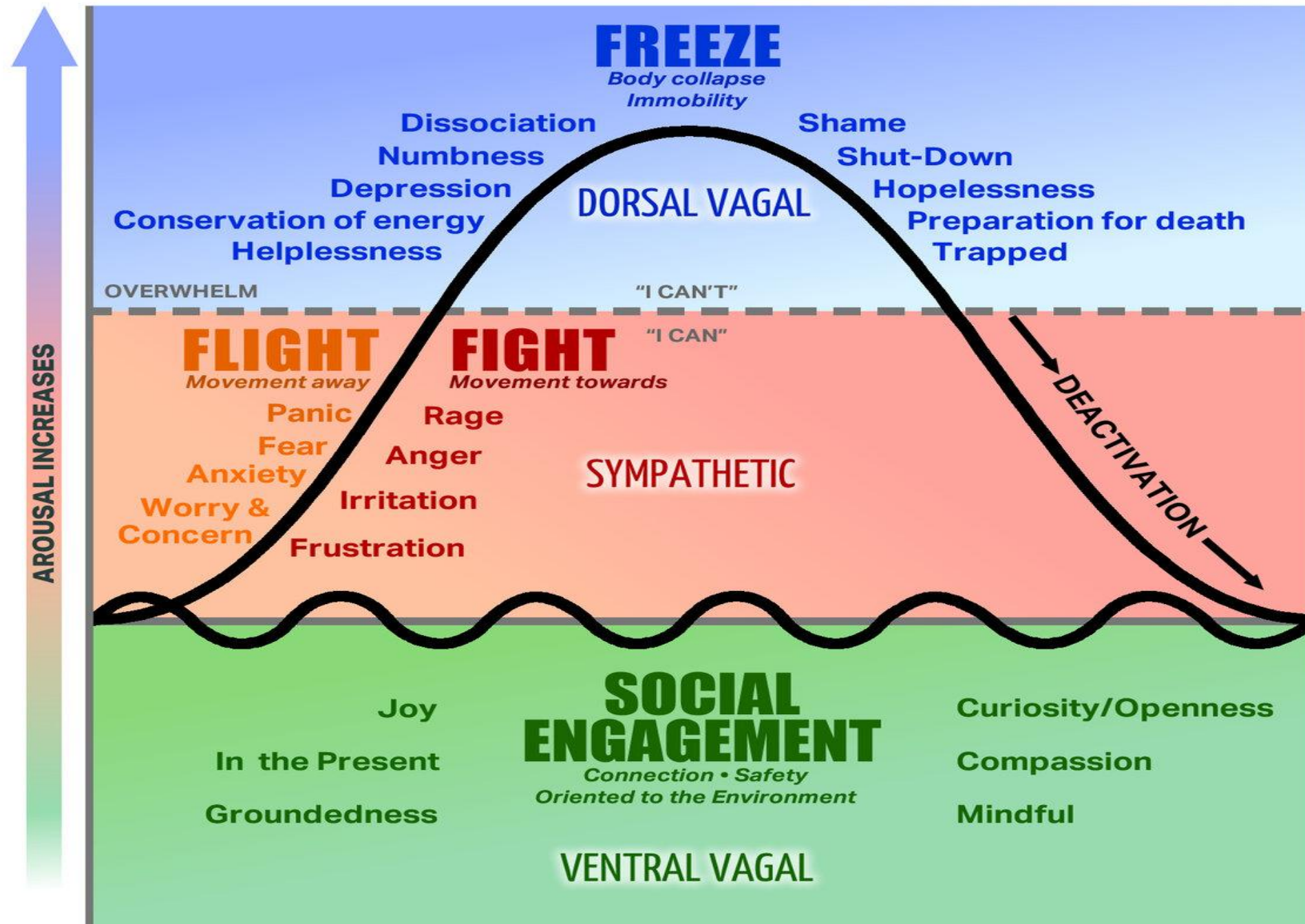
- Definition: A Wound (Greek Origin)
- Trauma occurs when an individual's internal resources are inadequate to cope with perceived threat.
- Situations of helplessness in the face of a life threat = severe trauma
- PTSD is a condition of being “stuck” as the body attempts to process and heal from the traumatic experience
- Having emotional support and connection to others in the aftermath of a traumatic event can protect against post-traumatic symptoms



Trauma Responses – The Four ‘F’s

- Fawn Response
- Fight Response
- Flight Response
- Freeze Response
- Polyvagal Theory and “neuroception”
- “Triggers” are any stimuli that our nervous system perceives as a threat and activates a real-time trauma response (the stimuli can include our own memories, emotions, and bodily sensations)





PARASYMPATHETIC NERVOUS SYSTEM DORSAL VAGAL - EMERGENCY STATE

Increases

Fuel storage & insulin activity
Endorphins that help numb and raise the pain threshold.

Decreases

Heart Rate • Blood Pressure
Temperature • Muscle Tone
Facial Expressions • Eye Contact
Intonations • Awareness of the Human Voice • Social Behavior • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

Blood Pressure • Heart Rate
Fuel Availability • Adrenaline
Oxygen circulation to vital organs
Blood Clotting • Pupil Size

Decreases

Fuel Storage • Insulin Activity
Digestion • Salvation
Relational Ability
Immune Response

PARASYMPATHETIC NERVOUS SYSTEM VENTRAL VAGAL

Increases

Digestion • Intestinal Motility
Resistance to Infection
Immune Response
Rest and Recuperation
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
Ability to Relate and Connect

Decreases

Defensive Responses

Trauma-Informed Care

- “A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**”

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach



School of Social Work

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

THE PUBLIC LIBRARY ASSOCIATION
SOCIAL WORKER TASK FORCE



A Trauma-Informed Framework for Supporting Patrons

THE PLA WORKBOOK OF BEST PRACTICES



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What is your role?

- ***Recognize - Respond – Refer***
- Learn signs of mental health problems
- Educate yourself on trauma-informed approaches
- Develop basic intervention skills
- Maintain an up-to-date knowledge of available social services (mental health, housing, addiction treatment, etc.) including local and national crisis resources
- Provide referral information to patrons
- Be aware of how to request emergency/security services



What is *BEYOND* your role?

- Providing clinical treatment or diagnosis to patrons
- Engaging in clinical risk assessment
- Remaining in an unsafe situation
- Becoming personally involved (beyond your professional role) in lives of patrons experiencing the crisis
- Assuming responsibility for patrons



Putting Values Into Practice

- Both skills to practice and a “way of being”
- Empathy
- Non-judgement
- Open-mindedness
- Authenticity
- Self-awareness



Active/Reflective Listening

- Attend to the patron using non-verbal cues
- Listen to both the content and the emotions being expressed
- Use reflection to show you are listening
- Ask clarifying questions as needed
- Summarize to ensure accurate understanding



Active Listening – what does it sound like?

- “What I’m hearing is. . .”
- “It sounds like you are saying. . .”
- “It seems like you are feeling. . .”
- “If I’m hearing you correctly, . . .”
- “Let me summarize what you have said to make sure I understand. . .”



Validating Emotions

- Acknowledge and name the emotions you observe in the patron
- Avoid judgments or assumptions
- Normalize the emotional experience
- Conveys empathy and understanding
- Contributes to emotional regulation
- NOTE: We can validate emotions while still setting limits around certain behaviors (“It’s okay to be angry but it is not okay to be verbally abusive to staff,” for example)



Validation – What does it sound like?

- “I can see you are really upset right now”
- “It seems like you are feeling anxious about. . .”
- “I know you are angry. . .”
- “It makes sense you are feeling. . .”
- “Of course you are upset given the situation”



“Pre-Escalation” Strategies

- “Pre-escalation – everything we do to try to prevent an issue from becoming a crisis in the first place”
- Offer friendly, welcoming environments
- Establish trust and rapport with patrons
- Provide friendly, consistent service to all patrons
- Use a collaborative approach with patrons
- Avoid punitive measures whenever possible

Taken from the Public Library Association’s publication “A Trauma-Informed Framework for Supporting Patrons” (2022)



How to Approach the Situation

- *A Trauma-Informed Approach (pun intended!)*
- Remain calm and emotionally regulated
- Scan for any safety concerns and be aware of exits
- Use an open posture and non-threatening body language
- Do not restrict the patron's movement
- Avoid loud noises and sudden movements
- Approach the person from within their line of vision (not from behind)



Establishing Rapport

- Speak slowly yet confidently, using a gentle tone
- Clearly introduce yourself and your role
- Ask for patron first name and use it to build connection
- Express a desire to help
- Offer your assistance
- Be respectful and exhibit empathy
- Avoid assumptions and judgements



“Kindly Inform – Enforce through Choice”

- Kindly inform patrons of policies and behavioral expectations
- If patrons violate policies or expectations (once aware), then enforce by providing patron choices
- Helps de-escalate the situation by not making patrons feel trapped or threatened
- An example – Patron who is not wearing shoes:
 - *Kindly Inform: “We’re glad you’re here! We ask that everyone in the library wear shoes for health and safety.”*
 - *Enforce through Choice: “If you would like to stay in the library, we will need you to wear your shoes. If you would prefer to keep your shoes off, you are welcome to do so outside the library.”*

Taken from the Public Library Association’s publication “A Trauma-Informed Framework for Supporting Patrons” (2022)



De-escalation Tips

- Remain calm and regulated (your presence is as important as what you say)
- Allow the patron time to respond – give them space
- Validate emotions – “Name it to Tame it”
- Ask non-judgmental, open-ended questions – “What do you need in this moment?” or “How may I help you today?”
- Try to remain empathic – remember that all disruptive behaviors are attempts at getting needs met and underneath anger is often fear/pain.
- Use a collaborative approach – include the patron in decision-making as appropriate



De-escalation – Things to Avoid

- Judging, belittling, or invalidating the patron's emotions or needs
- Power struggles (ignore challenging questions/statements)
- Over-reacting or becoming defensive
- Interrupting
- Making threats (set limits using the “enforce through choice” method)
- Arguing the facts of the situation (focus on the emotions)
- Making promises you cannot keep



When to call for help

- Trust your instincts! If you ever feel that your personal safety is threatened, remove yourself and call 911 (or security if available)
- If patrons express thoughts of wanting to harm themselves or others
- If patrons appear disoriented, disconnected from reality, or unable to communicate appropriately
- Medical emergencies
- The goal of de-escalation interventions is to prevent the need for more punitive or restrictive measures. However, safety is the top priority



Incident De-Briefing

In the aftermath of a crisis event, a structured de-briefing can help:

- Allow for important emotional processing
- Build trust and connection between staff members
- Help protect against post-traumatic symptoms and burnout
- Create an opportunity to re-think and improve upon existing procedures
- Give direct staff members an avenue to provide feedback to administrators about needed policy changes, improved supports, etc.



Incident De-Briefing Tips

- Led by a person with prior training in debriefing who was not intimately involved in the crisis event
- Must be a **confidential process** where participants feel safe to share
- Should occur as soon as possible following the crisis event, yet only after the situation is resolved and all those involved are no longer activated
- Attendance should not be required, but open to all those involved
- Patrons are not included (this would be a separate process)
- Create clear action plans for any proposed changes or follow-up



Re-thinking Self-care

- Traditional self-care recommendations focus on healthy individual habits, such as sleep, nutrition, and relaxation strategies
- While important, this adds yet another “thing to do” for helping professionals who are already over-burdened and under-resourced
- Self-care includes fostering connections with others, while also setting boundaries with people/situations that drain our energy
- Structural changes to make institutions more conducive to self-care is also important, including removing barriers to engaging in self-care (paid leave, for example)



Preventing Compassion Fatigue/Burnout

- Learn the warning signs of burnout
- Set emotional boundaries (with patrons and co-workers)
- Engage in hobbies and social connections outside of work
- Practice self-compassion
- Use healthy coping strategies (find ones that work for you!)
- Seek professional supports as needed
- Identify workplace-specific strategies (places to take breaks, using mental health days, connect with safe co-workers)



