2026 Global Missions Health Conference

How to Bring Brief Therapy and Psychoeducation to Underserved Countries Via 5-Day Onsite Clinics

Presented By: **Dr. Lisa Steiner**, Ph.D., LPC, LMHC, LCPC

Today's Presenter:

- Leads 30 licensed counselors, all Christian believers, at Wellsprings Counseling Center, LLC since 2008
- Ph.D. from Regent University
- MA in Counseling from Nyack College
- MBA from Pace University
- Over 20 years of experience as a clinical counselor; Licensed in 7 states
- Certified Empowerment Coach
- Designed/launched an online MA in Mental Health Counseling degree at Nyack College
- Launched Wellsprings Ministry, Inc. in 2022 to focus on global mental health needs

Wellsprings COUNSELING CENTER, LLC

Wellsprings Ministry Inc.

Dr. Lisa Steiner



Dr. Lisa Steiner, Ph.D., LPC, LMHC, LCPC
Leader of Wellsprings Counseling Center, LLC
& Wellsprings Ministry, Inc.
www.Wellsprings.org

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Learning Objectives

Objective 1

Participants will **analyze current global mental health needs** and consider how **The Greatest Commandment** reinforces the importance of short-term mental health missions work abroad.

Objective 2

Participants will **learn about a culturally responsive short-term mental health missions plan** that has been designed and implemented to reach the needs of underserved communities abroad.

Objective 3

Participants will **be encouraged to use their clinical counseling skillset abroad in spreading the Gospel** or to partner with Christian believers who have that expertise.

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Overview

01 The Inception of the Mental Health Clinics

02 The Needs of Under-Resourced Countries

03 Clinical and Ethical Considerations

04 On-Site Clinics: Protocols & Practices

05 Client Testimonials

06 Clinician Self-Care

07 Limitations and Closing Considerations

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The Inception of the Mental Health Clinics



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The Needs of Under-Resourced Countries

Global Mental Health (GMH)

Globally, **more than one *billion* people** live with a mental health condition (WHO, 2025).

The **need for action** on mental health is **indisputable and urgent** (WHO, 2025).

Risk Factors

Risk factors for mental disorders include **income** security, exposure to **violence**, **migration**, natural **disasters**, **parenting** education, social **support**, and systemic **racism** (Lund et al., 2018).

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The Greatest Commandment

Matthew 12:30

Love the Lord your God with all your heart and with all your ***soul*** and with all your mind and with all your strength

With ALL Your *SOUL*



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- It is **difficult** for others **to Love God** with all of their **Soul** when they have **unresolved Mental Health issues** affecting how they:
  - ***Think (Mind)***
  - ***Feel (Emotion)***
  - ***Choose (Will)***

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Clinical and Ethical Considerations

- As Christians, we can take our clinical counseling skill set globally.
  - Clinically trained mental health counselors who love the Lord / know the Bible are powerful missionaries!
- Consider licensure status in countries.
  - Professional terms utilized
  - Liability insurance limitations
- Beware of stigma
  - Public stigma which are negative or discriminatory attitudes toward individuals who have mental illnesses (American Psychiatric Association, n.d.)
  - Self-stigma which are negative attitudes and internalized shame related to one's own mental health status (American Psychiatric Association, n.d.).
- Analyze the needs and resources within the country.
- Consider the ethical responsibilities of counselors.
  - Cultural responsiveness and cultural humility (Stubbe, 2020).
  - Educate self on the culture of the population you will work with (NBCC Code of Ethics, 2023).
  - Expose but not impose our values (Conlin & Boness, 2019).

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Connecting with Organizations



Wellsprings Ministry Inc.

connected with

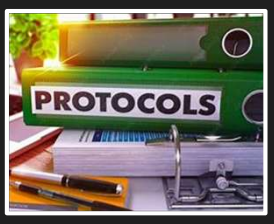
Medical Missions OUTREACH

and created a global offering called

Soul Care

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On-Site Clinics: Assessments, Crisis, Modalities & Psychoeducation



Protocols:

- Bring a team of four: 3 for 1:1 therapy, 1 for group psychotherapy
- Utilize the PHQ-2/9 and GAD-7 for screening of depression and anxiety
- Establish a crisis protocol
  - Create crisis cards with local resources
  - Bring safety plan templates
  - Collaborate with stakeholders/leaders in the city/country.
- Identify modalities counselors will use:
  - CBT, DBT, brief solution-focused therapy, crisis work/stabilization, play therapy with children, etc.
- Develop psychoeducation in the local language regarding coping:
  - Led by bilingual mental health professional
  - Provide psychoeducation booklets, in the local language, that participants can take home

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On-Site Clinics: Upfront Screening

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

EMR#: _____ *(Page 1)*

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9 (PHQ-9)

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas?

(Marque con una "✓" para indicar su respuesta)	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1 Poco interés o placer en hacer cosas	0	1	2	3
2 Se ha sentido decaído(a), deprimido(a) o sin esperanzas	0	1	2	3
SUBTOTAL Q1 + Q2 = _____: IF >3 Send to Soul Care				
3 Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado	0	1	2	3
4 Se ha sentido cansado(a) o con poca energía	0	1	2	3
5 Sin apetito o ha comido en exceso	0	1	2	3
6 Se ha sentido mal con usted mismo(a) – o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3
7 Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión	0	1	2	3
8 ¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario – muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal	0	1	2	3
9 **Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera**	**0**	**1**	**2**	**3**

(For office coding: Total Score: ☐ = _____ + _____ + _____*)*

Provided Crisis Resources? Initials: _____ Date: __/__/___

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(GAD-7) *(Page 2)*

Durante las últimas 2 semanas, ¿con qué frecuencia ha sentido molestias por los siguientes problemas?

(Marque con una "✓" para indicar su respuesta)	Nunca	Varios días	Más de la mitad de los días	Casi todos los días
1 Se siente nervioso/a, intranquilo/a o con los nervios de punta	0	1	2	3
2 No puede dejar de preocuparse o no puede controlar la preocupación	0	1	2	3
SUBTOTAL Q1 + Q2 = _____: IF >3 Send to Soul Care				
3 Se preocupa demasiado por diferentes cosas	0	1	2	3
4 Tiene dificultad para relajarse	0	1	2	3
5 Esta tan inquieto/a que es difícil permanecer sentado/a tranquilamente	0	1	2	3
6 Se molesta o se pone irritable fácilmente	0	1	2	3
7 Siente miedo como si algo terrible pudiera pasarle	0	1	2	3

(For office coding: Total Score: ☐ = _____ + _____ + _____*)*

Soul Care Notes: _____

☐ **1:1 in Soul Care with:** _____ **Date:** __/__/___

☐ **Psychoeducation with:** _____ **Date:** __/__/___

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1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying

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On-Site Clinics: Practices 3 C's

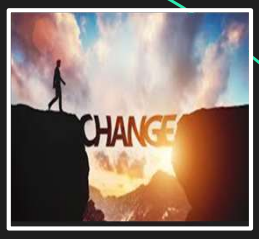
Crisis



Identify crisis clients: Q9 on PHQ-9 *(Thoughts of being better off dead or of hurting self)*

Train counselors on crisis protocols including safety plans and crisis cards

Change vs. Cope



Train counselors to evaluate:

Is this a situation that the participant can ***change***?

If not, the participant needs ***coping*** skills.



Provide every participant with psychoeducation (in their language) on coping with anxiety and/or depression.

Participants are given booklets of the slides to take home.

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On-Site Clinics: Crisis Screening

EMR#: _____ *(Page 1)*

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9. Thoughts that you would be better off dead or of hurting yourself in some way

Safety Plan

Safety / Self-Care / No-Harm Plan
STEP 1: Warning signs that a crisis may be developed (thoughts, images, mood, situation, behavior):
1)
2)
3)
STEP 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (e.g. relaxation technique, physical activity, music):
1)
2)
3)
STEP 3: People and social settings that provide distraction:
1)
2)
3)
STEP 4: People whom I can ask for help:
1)
2)
3)
STEP 5: Crisis hotlines:
- **Call: 811** - To report crisis situations or emotional distress – 24 hours a day
- **Chat: https://aquiestoy.chat/** - 2pm to 10pm Monday-Saturday; 1pm to 9pm Sunday
- **Call: *212** - Protect women/children from violence – 24 hours
- **Email:** lineaemergencia@mujer.gob.do - 24 hours
STEP 6: Making the environment safe - Things I can do:
1)
2)
STEP 7: The one thing worth living for:
1)

Crisis Cards

Tu Línea de Confianza:

Línea nacional de salud mental:
811 24/7

Aquí Estoy Chat: Apoyo emocional a través de WhatsApp
https://aquiestoy.chat/
2pm a 10pm de Lunes a Sábado
1pm a 9pm de Domingo

Línea de emergencia *212:
Proteger a las mujeres y a los niños de la violencia
*212 24/7
lineaemergencia@mujer.gob.do

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On-Site Clinics: Practices ⟵ 3 C's

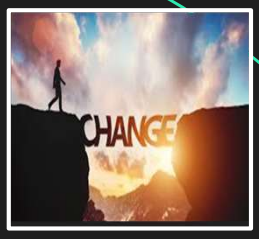
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Assess: Can they *Change* the Situation Causing the Distress?



Sample Starting Questions:

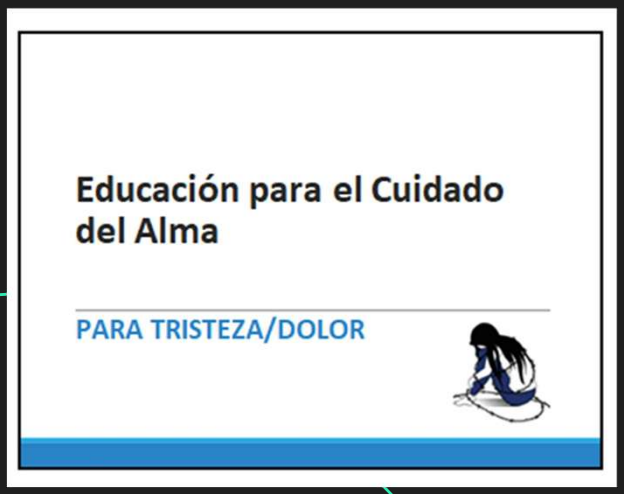
- When did your symptoms begin?
- What was happening at the time when the symptoms began?

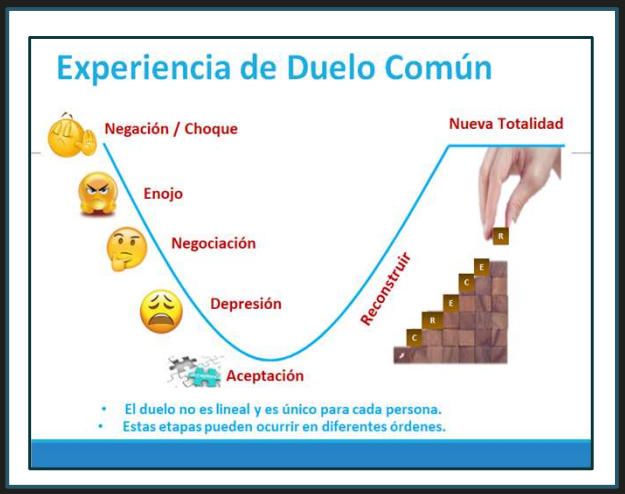
Common Modalities:

- Brief solution-focused therapy
- Crisis work/stabilization
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Play therapy with children
- etc.

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Cope: Depression Booklet Sample (2 of 16 slides)

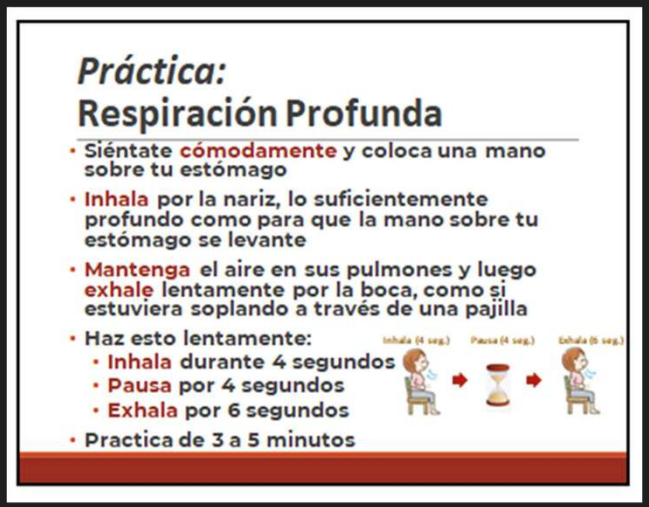




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Cope: Anxiety Booklet Sample (2 of 16 slides)

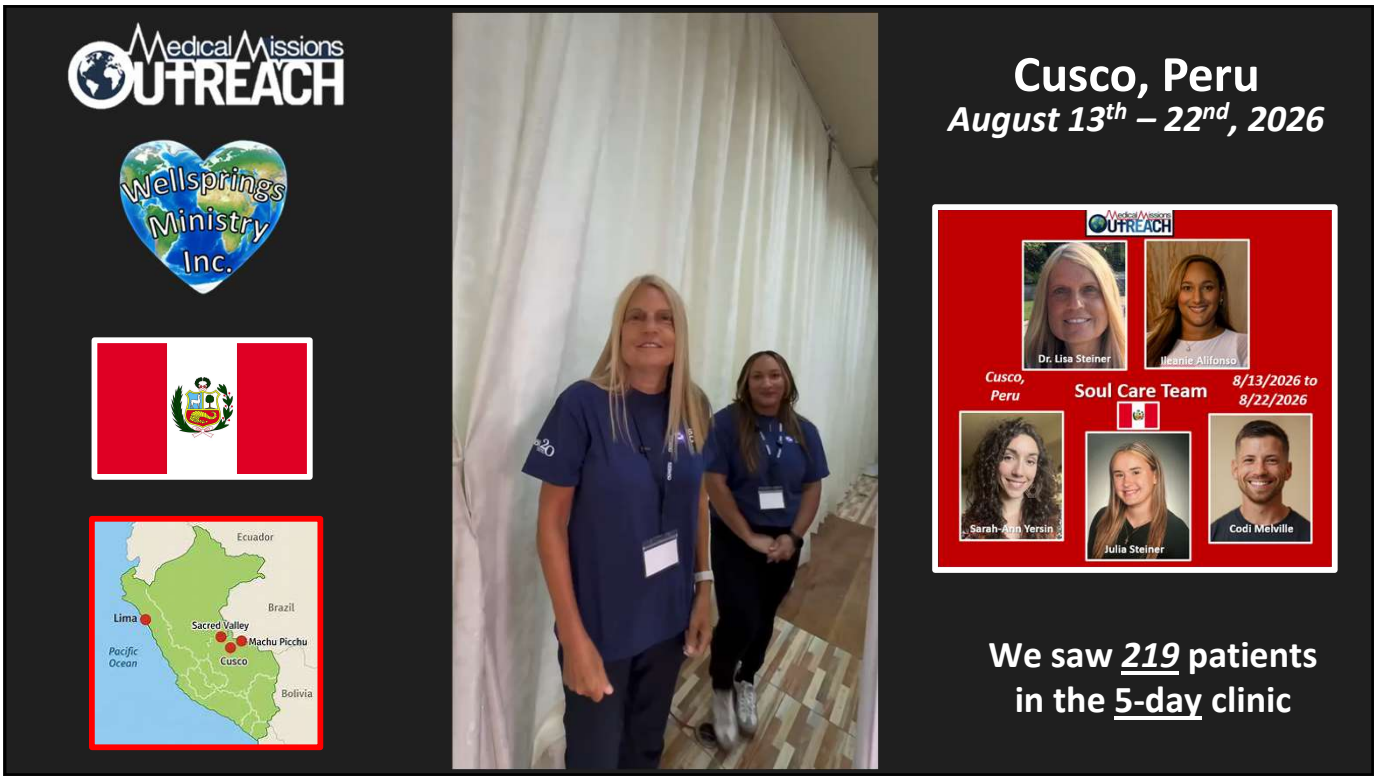




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Soul Care
Soul Care
El Progreso,
Honduras 2024
Santa Rita,
Honduras 2025
Medical Missions OUTREACH
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Soul Care - El Salvador 2025
Medical Missions OUTREACH
Wellsprings Ministry Inc.
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Client Testimonials

(Over 1,500 clients counseled on the 10 trips to-date)

Self-Care of Clinicians: Provide Debriefing Sessions



- The aim of self-care is to guard against, cope with, or reduce stress and related adverse consequences that may develop in demanding work-related settings including burnout (Butler et al., 2019).
- Burnout is characterized by the overextension and depletion of emotional resources, a detached response to the individuals receiving care, and a decline in feelings of competence and success in one's work (Maslach, 1993; Stosic et al., 2022).
- Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation/assistance as warranted as well as intervene as appropriate to prevent harm to clients (ACA Code of Ethics, 2014, F.5.b, paraphrased).

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Example Debriefing Questions:



Mental - The Mind's Journey:
- What surprised you mentally or emotionally on this trip?
- Did you experience any mental fatigue, anxiety, or moments of self-doubt? Explain.

Physical - The Body's Experience:
- How did your body respond to the demands of the trip?
- What rhythms or habits helped sustain your energy (or what did you wish you had done differently)?

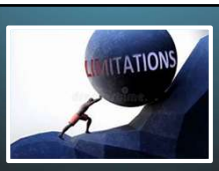
Spiritual – The Soul's Encounter:
- Where did you experience spirituality most clearly on this trip?
- Did any spiritual truth take on new meaning? Explain.

Relational – The Team Dynamic:
- Were there any moments of relational tension, misunderstanding, or disconnection?
- Is there someone whose presence or actions made a lasting impression on you? Explain.

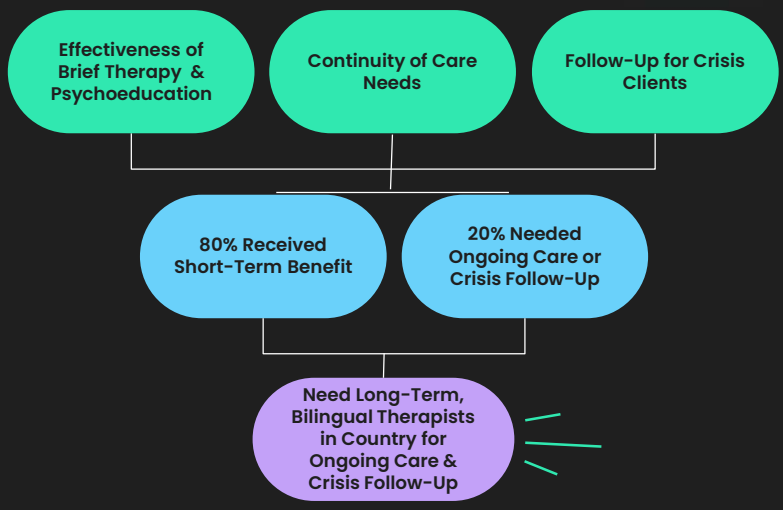
Integration & Transition:
- How has this experience changed you — even in a small way?

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Limitations



- Need Long-Term, Bilingual Therapists in Country for Ongoing Care & Crisis Follow-up



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Closing Considerations

- Maybe **it's time** for more **Christians** who are trained as clinical **mental health** counselors to **take their skills abroad!**



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2027 MMO Trips with Soul Care



https://medical-outreach.com/short-term-opportunities

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Thank you!

Contact our team

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