

EMPLOYEE ASSISTANCE REPORT

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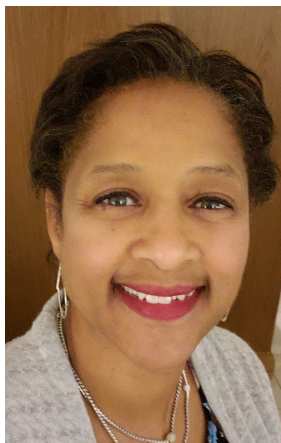
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supporting EA professionals

ATIP: Encouraging Tool for EAPs – Part II

By Paula Harry, MS, LCSW



During more than 15 years of responding to critical incidents around the US with fellow EMDR providers, Roy Kiessling, LISW, founder of EMDR Consulting LLC of Cincinnati OH, recognized firsthand the need to provide relief for mental health responders experiencing secondary traumatization.

Through collaboration with peers, service providers and recipients, Mr. Kiessling developed a technique to give swift relief to the caregivers at the Fort Hood military base in Texas, in New York City after the 9/11/2001 attack on the World Trade Tower, and in New Orleans after Hurricane Katrina.

With Gary Quinn's Immediate Stabilization Protocol (ISP) as a guide, in 2013 Mr. Kiessling introduced a mental health first aid technique called *Acute Traumatic Intervention Protocol (ATIP)*. In 2019, Mr. Kiessling added *Critical Incident Desensitization (CID)*. Both ISP and ATIP/CID use short bursts of rapid bilateral eye movements to quickly reduce acute disturbance and facilitate adaptive coping.

How it Works

Adaptive information processing (AIP) is the theoretical underpinning of EMDR, early EMDR interventions, and variations thereof. When the brain's adaptive information processing functions properly, elements of disturbing events – thoughts, emotions, sensations, sights, sounds and memories - **do not** continue to disrupt a person's functioning over time.

But when the brain's AIP functions don't work properly, elements of disturbing events are repeatedly triggered, leading to symptoms widely recognized as Post-Traumatic Stress Disorder (PTSD) or other trauma-related conditions.

As noted last month, research has established that bilateral stimulation (BLS) reduces the intensity and vividness of trauma-related images and associated disturbance. How does this happen? Uri Bergmann, PhD and other researchers using SPECT scans and fMRI imagery to observe changes in electrical activity,

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glucose usage, and neuronal and structural changes in the brain, report that BLS leads to reduced limbic activation, reduced adrenaline and cortisol production, and reduced hyperactivity.

In my experience, it is not typically necessary to consult an optician or other eye care professional prior to rendering ATIP/CID or EMDR. If the patient, or responder, is concerned about an issue of ocular health, or there is a stated preference to not participate in eye movements, an effective alternative is tactile BLS (tapping).

“ATIP/CID reduces the likelihood of symptoms developing into more complex, trauma-related issues and shortens subsequent trauma-focused treatment.”

ATIP/CID as CPR

Similar to CPR, the ATIP/CID intervention can be taught to professionals and para-professionals. Also, ATIP is meant to be applied as instructed, with thoughtful consideration, at times when clients might be seriously dysregulated and have temporary difficulty communicating.

It is important that psychological first aid be provided by those who have been appropriately trained. ATIP/CID is intended to mitigate acute disturbance such that clients can be referred to the next level of appropriate service.

ATIP/CID Trainings

ATIP/CID training uses lecture and discussion, video and live demonstration, and monitored practicum experience to guide learners in applying the technique effectively. The lecture covers the basics of limbic function, neurobiology of memory formation, and an overview of traumatic stress reactions including dissociation. Participants are introduced to adaptive information processing, the underlying theory for ATIP/CIP. Briefly, when traumatic events occur, sensory information is encoded in networks of connected neurons along with pertinent associations. The strength of neuronal network connections is decreased when working memory is taxed with bilateral eye movements.

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The body's natural coping and recovery process is facilitated when the intervention is paired with proactive guidance. After receiving ATIP, clients have less overall negative impact and the need for future treatment is reduced.

A Case Example

To illustrate how ATIP/CID can be applied in a traumatic event, I share with trainees my experience of an automobile accident as a freshman college student. On my way to a grocery store to get supplies for an all-night cramming session, I collided with an oncoming vehicle while entering the grocery store parking lot. I describe the damage, injuries, police interactions and the accident scene.

Aside from the injuries, the REAL trauma was seeing my beloved car being towed away in a crumpled heap! Acute affective dysregulation and temporary difficulty communicating was triggered. Trainees engage in a lively period of sharing

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thoughts and questions regarding how, when, and where ATIP/CID might be applied to a distraught 18-year old female acutely impacted by a motor vehicle accident. For instance:

- Can ATIP/CID be applied at the scene of an incident?
- Is ATIP/CID applied after the client regains composure or *before*?
- How might the client have benefited if the sheriff's deputy or paramedics had administered ATIP/CID?
- What if the client isn't able to describe their physical sensations or emotions?
- Can a distraught person give consent?
- Is it reasonable to expect the Subjective Unit of Disturbance (SUD) to decrease to 1 or 0?

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More on the Case Example

A case illustration, such as the one described in the main story offers an important opportunity for trainees to share and discuss clinical judgment concerns among peers who can share, support and strengthen confidence in novel situation decision-making.

Survivors of critical incidents may experience temporary difficulty in communicating effectively. It is a significant benefit for clients and responders that verbalizing the traumatic experience is not necessary. For clients, it is sufficient to simply indicate the degree to which they notice any decrease in somatic or emotional disturbance. (**Editor's note:** See part I for info on the Subjective Unit of Disturbance; or SUD rating scale.) When the client reports their disturbance has stopped decreasing, the ATIP intervention then moves onto strengthening elements of positive coping.

The benefit for responders is reduced exposure to others' traumatic experiences, thereby reducing the risk for secondary traumatization, fatigue and burn-out. Providing ATIP to clients and others, responders can better withstand the stresses of engaging in critical incident recovery efforts.

Similarly, ATIP applied in residential and secured-living settings can lead to increased environmental safety by reducing tensions and facilitating *improved* coping for staff and residents. ■

-- Paula Harry



Editor's Notebook

This month, Paula Harry continues her discussion of *Acute Traumatic Intervention Protocol* (ATIP), and why it is an important critical incident response (CIR) tool for EA professionals. Paula describes how to become trained in ATIP, and she presents an interesting case study. In the past six years, ATIP trainings have been presented to chaplains, teachers, and scores of other helping professionals. *Could your EAP be next?*

Elsewhere in this newsletter, loneliness is becoming an increasing concern in today's often-isolated society, and the March *EAR* includes the reports: "Loneliness at a Record High Level" and "The Loneliness of Leadership" (Part I).

Employee health is always important to employers, a point that the coronavirus is driving home. See article on page 7. And don't forget the monthly "HR Corner" and "Money Matters" features. See pages 6 and 4 respectively.

There are other benefits to reading *EAR*, including the inserts. Kindness is much more than some "touchy, feely" topic; it turns out that kindness also has scores of benefits in workplaces. This month's *Brown Bagger* explains why this is the case.

Last month's *Lifestyle Tips* explained how Millennial employees think differently than their older counterparts, and what to do to bridge the gap in these differences. This month's insert continues this discussion by considering Baby Boomers' point of view.

Finally, while *Payroll Stuffers* is a misleading name in today's direct deposit age, *EAR* points out the opportunities they afford as quick, visual reminders of the EAP you can share with your customers. Are YOU passing them along?

As always, happy reading!

Mike Jacquart

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Is Your Spouse Financially Unfaithful? – Part I

By Gary Foreman

Infidelity. It can be a stiletto through the heart of a marriage. The hurt. The loss of trust. The feelings of being cheated upon and used. Could it be happening to you right now and you not know it?

According to a recent online poll, 1 in 20 Americans admit to having a checking, savings, or credit card account that their spouse or significant other doesn't know about. (*source: CreditCards.com*) That means that over 13 million people are cheating on their mates.

How Financial Infidelity Starts

Just like more traditional cheating, most financial infidelities start small. Instead of flirting with the opposite sex at work, the cheater will stop at Starbucks on the way into work every day and not mention it to their spouse. It doesn't seem like much, but before a year has gone by, they've spent over \$1,200 that their mate doesn't know about.

It might be the occasional online purchase that wasn't part of your spending plan. They don't want you to know about it, so they use a secret credit card. It may take years, but sooner or later, the unpaid balance becomes significant.

The transgressions typically get worse as time goes on. It's not uncommon for the cheated on spouse to find out that their mate has an entire financial life that they knew nothing about.

How to Spot Financial Infidelity

How can you tell if your spouse is being financially unfaithful? Surprisingly, it's not that hard to spot even if you're wearing "I'm in love" tinted glasses.

Unexpected or unexplained packages, bills, or statements are a giveaway. In a good marriage, partners know about each other's financial decisions. They don't keep secrets or important information from each other.

Does your spouse keep you away from some or all financial statements? It's hard to know if anything is wrong if you never see any statements. While it's fine for one person to take the lead in financial affairs,

they should spend some time each month explaining what's going on in the couple's financial lives.

If your mate's explanations don't seem to make sense, it's time to ask questions. Answers about how money disappeared or where they found money to buy things that weren't budgeted should be easily understood. If they sound like they're trying to hide the truth, that's probably exactly what they're doing. ■

NEXT MONTH: How to avoid and fix financial infidelity.

Gary Foreman is the editor of The Dollar Stretcher (www.stretcher.com), which has been helping people live better, for less since 1996.

Editor's note: Money Matters provides EAR readers with practical tips to share with their employee clients who may be having personal finance problems.

EMPLOYEE ASSISTANCE REPORT

Expanded Focus

With articles on workplace trends, news, and benefits, *EAR* is a valuable resource not only for EA professionals, but also for **Human Resources**.

While EAP will always remain our *primary* focus, HR Corner has been appearing in each issue.

What resource other than *EAR* can present articles and suggestions on how EAP and HR can work **together** for employees' benefit?

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The Loneliness of Leadership — Part I

By *Melanie Parish*

Being a leader is lonely work. As an executive coach, I hear it from new leaders often—especially if they are promoted from within. They say, “*I was doing a good job as an individual contributor, but now I’m not sure what I should be doing after my promotion. I feel really alone.*” They find themselves in a leadership role without much guidance and they aren’t sure how they can “skill up.”

Every leader has to find their own way of doing the work of leadership. They have had a variety of bosses in their career but they aren’t sure who to emulate, and they may feel like they aren’t providing any real value in the organization any more. Some get sucked into a spiral of trying to do more and more work, while missing the real work of leading.

And it is true, as a leader, you are alone. You can’t express doubts to your boss because you don’t want them to doubt you. You can’t express your doubts to the people you manage because you don’t want them to know you aren’t sure of yourself. You are careful about what to share at work and you may be unsure about who to trust.

But there *are* ways you can ease the loneliness. Several of them are listed below. The remainder will be presented in part two of this two-part article.

Establish lifelines.

Find friends outside your industry and workplace to spend time with. You need a safe space to vent, and it will be better for you to have an outside perspective. For about a year, I was a leader in a very toxic workplace. One of my friends said, “*You are really different lately, you seem really edgy and unhappy.*” He was right, I was. It helped me to think about the situation differently and to make some different decisions. I was less lonely because he cared. Having friends helps.

Exchange answers for questions.

Give up on the idea of being a leader who knows all the answers. Instead, allow yourself to say, “*I don’t know. How do you think we can find out?*” Your staff will be amazed by your engaging leadership, and will be more empowered. You won’t be solving as many problems alone late at night by yourself. Your questions will allow people to work on problems together

and it will create a deeper sense of team for everyone to share problem solving—including you. ■

NEXT MONTH: More tips are presented.

Melanie Parish is a public speaker, author, and Master Coach. An expert in problem solving, constraints management, operations, and brand development, Melanie has consulted and coached organizations ranging from the Fortune 50 to IT start-ups. She is the author of “The Experimental Leader: Be a New Kind of Boss to Cultivate an Organization of Innovators.” For more information visit www.melanieparish.com and connect with her on Twitter, @melanieparish.

Clinical Perspective

Loneliness at a Record High Level

Three in five adults experience loneliness and social isolation, pushing the social determinant of health and mental health challenge to its highest level on record, according to the 2020 Loneliness Index from Cigna.

Using survey data from over 10,400 adults and the UCLA Loneliness Scale, the 2020 Loneliness Index assesses self-reported and subjective feelings of loneliness or social isolation. Nearly 61 percent of all respondents reported to have at least some level of loneliness, which is a seven-percentage point increase from last year’s Index report.

The reasons for the increase in loneliness and social isolation are manifold, the Cigna researchers said. Notably, the researchers identified a link between the loneliness increase and the work habits of the average American. Most individuals will complete nearly 90,000 hours of work across their lifetimes, and perhaps surprisingly, it’s those who work less than they’d like who are more apt to feel lonely.

Employee loneliness is having a bad impact on business, Cigna added, with those who report loneliness being less productive, more likely to miss work, and less able to submit quality work.

Cigna encouraged employers to foster better culture within their offices as a part of the payer’s efforts to address social isolation. Offices may promote a culture of openness, while pushing the use of technology to make connections with co-workers and other team-building activities. ■

Maximizing Trainings in the New Year – Part II

By Kate Zabriskie

Each year, organizations waste thousands of dollars on training that doesn't deliver what the people who bought it thought it would. Consequently, many of those remorseful purchasers determine that either training has no value to their employees, the training facilitators don't know what they're doing, the program designers are out of touch with reality, or all three.

If one of your corporate client's trainings isn't delivering what they think it should (or perhaps your own training!) leaders may be suffering from one of three major problems that plague organizations big and small.

Create a Strong Ecosystem: Recap

Creating a strong learning ecosystem is an ongoing and often complex endeavor. It takes time to build a holistic structure that supports continuous development. That said, start small. For example:

- Prior to training, do managers explain to people why they will attend a course and how they are expected to use what's learned after the session?
- Will someone with authority (other than the facilitator) launch the session by explaining how the workshop ties into the bigger picture?
- Are there check-in opportunities after training to ensure that participants are implementing new behaviors?

If the answer to any of these basics is "no," the business leader needs to shift those answers to "yes."

Consider the incentives that can be put in place to encourage behavior change, to drive success, and the corrective action that will be taken if what's happening in the classroom isn't replicated on the job.

Once training is thought of holistically, the first step will be taken in maximizing training dollars.

Few annual development plans exist.

The world doesn't stagnate, and employees shouldn't either. If they're doing their work the same way they were five years ago, and nobody is encouraging or demanding change, why should they care about training or think management cares about them?



Solution

Regardless of level, every employee should have a development plan and some learning and growth goals that connect to the big picture and enhance their skills.

"I want to improve XYZ skill to drive ABC result, and 123 is how I plan to grow," is a quick and easy format to follow when setting development goals and three to five goals is a good number for most people.

Better still, if the employee can tie those goals to performance reviews, he/she will be amazed at the interest people develop in improvement, training, and implementing new skills.

As with the other solutions presented last month, start small. If the company, for example, has no development plans, choose a department and pilot them.

Act Now

Whether the corporate client (or your own organization) suffers from one, two, or all three of the problems described in this two-part article, take action now. When thoughtful goals and development plans are put in place throughout an organization, people are conditioned to ask the right questions and drive toward improvement, and a strong learning ecosystem supports learning, it is almost impossible not to realize a stronger return on your training dollars. ■

Kate Zabriskie is the president of Business Training Works, Inc., a Maryland-based talent development firm. She and her team help businesses establish customer service strategies and train their people to live up to what's promised. For more information, visit www.businesstrainingworks.com.

Coronavirus Serves as Reminder for Employers

The recent outbreak of coronavirus in China reminds employers that they need to take certain precautions to be prepared for public health crises. This article outlines some of them.

Your corporate clients should strive to keep your safety policies and practices up to date. They should consider what policies or practices they can adopt now that may come into play if there is a pandemic or major outbreak. Employee education is an important part of every safety program.

The www.pandemicflu.gov website offers information that may be used to educate employees. Most experts recommend that employers educate employees about misconceptions, as well as the signs of the flu and other contagious diseases, how to avoid them, and what to do if they become sick.

“Social distancing” is one area that can be overlooked. This is simply a fancy term for making arrangements to separate employees as much as

possible during day-to-day business. Social distancing may include moving away from carrels and combined workrooms and to also encourage some degree of remote work.

Regarding corporate travel, employers should track the Centers for Disease Control and Prevention (CDC) and other updates on safe travel. If a disease begins to spread and worsen, efforts should be made to limit travel, as well as offer guidance on how to travel safely.

For instance, current advice with respect to coronavirus is that individuals returning from China should not be allowed to return to work for 14 days upon their return. ■

Source: Dr. Albert Brannen. Additional recommendations can be found at <http://exclusive.multibriefs.com/content/coronavirus-a-reminder-for-employers-to-have-contingency-plans-for-health-c/business-management-services-risk-management>

In the News

More DOT/SAP Trainings

EAPA's well-established, detailed and highly interactive DOT/SAP course meets the U.S. Department of Transportation Substance Abuse Professional qualification and requalification training requirements under 49 CFR Part 40.281(c) and (d)(1) for SAPs.

The training is intended for those who want to begin their initial SAP qualification, those seeking requalification and EA professionals and EAP affiliate providers who are seeking to add or maintain a SAP services component in their practice.

April 24 - 25, 2020: Baltimore, Maryland-
Renaissance Baltimore Harborplace Hotel

June 11 - 12, 2020: Denver, CO- Hilton Garden
Inn Denver Union Station

For more info and to register visit <http://www.eapassn.org/SAP>. ■

Source: Employee Assistance Professionals Association.

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Workplace Outcome Suite Update

Editor's note: *As an EAR reader, are you aware of, or familiar with the Workplace Outcome Suite (WOS)? If not, you should be as the WOS has emerged as an EAPA-endorsed, industry standard self-report tool for outcomes measurement in the EAP field. The following is an update.*

As you are likely aware, LifeWorks/ Morneau Shepell acquired Chestnut Global Partners and through this acquisition became the owner of the Workplace Outcome Suite (WOS) collection of outcome measures.

After the publication of the 2018 annual report, Dave Sharar and Ivan Steenstra have worked on transitioning the WOS to Lifeworks/ Morneau Shepell, a transition that is now completed. Ivan Steenstra will be the main contact for any questions on implementing the WOS in your organization and analyzing the collected data. He may be reached at isteenstra@morneaushepell.com.

Since our last update, we have completed 24 WOS reports for 18 companies, four of which were new to us.

We have received an additional six new license agreements and have done three information sessions on the implementation of the WOS. The WOS will likely also be used in a number of scientific research studies initiated by universities and government agencies in the near future.

Next Steps

We are preparing the 2020 WOS report under the scientific and independent supervision of Dr. Mark Attridge. This year we can potentially add 9,871 new cases to the existing 26,088 cases in the dataset. In the next few weeks, we will actively approach license holders to request they send us their data in an effort to boost the number of new cases for this year's report. Analysis will start in 2020 and it will take us a few months to get the final report ready for you. ■

Source: Lifeworks / Morneau Shepell.

ATIP...

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For Additional Consideration

Might emergency room procedures go more smoothly if nurses and/or physicians administered ATIP/CID? Might family members be located more quickly if a patient is treated with ATIP/CID?

Is ATIP/CID ever contra-indicated? In other words, is there ever a good reason to NOT use the intervention? If someone has a broken leg, walking up several flights of stairs would be contra-indicated. If a patient is unconscious, ATIP/CID would be contra-indicated.

How might medical and emotional recovery be improved with ATIP/CID? Can ATIP/CID be used as a follow-up recovery method in the weeks after an incident?

Finally, and most importantly, might ATIP/CID be an appropriate response for your particular EAP? Remember, any victim could be an employee client of the EAP or even the EA professional.

Summary

ATIP/CID is a brief, structured intervention that can be administered in under 15 minutes during, immediately after or in the days and weeks after a

critical incident. It gives responders an effective means to take care of each other as well as incident survivors.

In the past six years ATIP/CID training programs have been presented to military chaplains, school administrators and teachers, law enforcement agencies, paramedics, corrections and residential facility staff, and community mental health agencies and associations, *including EA professionals.*

ATIP/CID reduces the likelihood of symptoms developing into more complex, trauma-related issues and shortens subsequent trauma-focused treatment. ■

Paula Harry, MS, LCSW, is a licensed clinical social worker currently working in private practice in Wisconsin. Ms. Harry retired from 15 years of providing trauma-focused and other mental health services in a secured psychiatric facility serving residents of the WI Department of Corrections. Ms. Harry originally provided EMDR training in 1998, achieved Certification in 2006 and became a Consultant in 2016. Ms. Harry is a coach, trainer, and consultant affiliated with Roy Kiessling and EMDR Consulting, LLC. More information about training in ATIP/CID can be found at www.emdrconsulting.com or contact Mr. Kiessling at roy@emdrconsulting.com or paulafharry@hotmail.com, respectively.